DATA LABEL: Public

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

7 November 2019

A meeting of the **West Lothian Integration Joint Board** will be held within the **Blackburn Partnership Centre, Ashgrove, Blackburn, EH47 7LL** on **Tuesday 26 November 2019** at **2:00pm**.

BUSINESS

Public Session

1. Apologies for Absence

2. Order of Business, including notice of urgent business and declarations of interest in any urgent business

3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest

4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Tuesday 10 September 2019 (herewith)

5. Minutes for Noting

   (a) IJB Strategic Planning Group held on 6 June 2019 (herewith)

   (b) Integrated Care Forum Minute 1 August 2019 (herewith).

6. Membership & Meeting Arrangements -

   Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.

Public Items for Decision

7. Review of Strategic Planning Group and Locality Planning - Report by Chief Officer (herewith)

8. National Memorandum of Understanding Between IJBS and Hospices - Report by Chief Officer (herewith).

9. Members' Code of Conduct - Annual Report 2018/19 and Review - Report by Standards Officer (herewith)

10. Public Sector Climate Change Duties - Report by Chief Officer (herewith)

11. Chief Officer Report

Public Items for Information

12. Primary Care Improvement Plan - Report by Chief Officer (herewith)

13. Action 15 of the Mental Health Strategy Update on Progress - Report by Chief Officer (herewith).

14. Risk Management - Report by Chief Officer (herewith)

15. Revised Integration Scheme - Report by Standards Officer (herewith)

16. Winter Plan - Report by Chief Officer (herewith)

17. Progress Report on Implementation of the IJB Strategic Workforce Development Strategy 2018-2023 - Report by Chief Officer (herewith).

18. Joint Inspection (Adults) The Effectiveness of Strategic Planning - Report by Chief Officer (herewith).

19. Complaints and Information Requests Quarter 2 of 2019/20 (herewith)

20. IJB Quarter 2 Finance Update - Report by Chief Finance Officer (herewith).

21. St John's Hospital Staffing Pressures - Report by Chief Finance Officer (herewith).

22. IJB Performance - Report by Chief Officer (herewith).

23. Workplan and List of Cyclical Reports (herewith)

NOTE **For further information please contact Anastasia Dragona on 01506 281601 or anastasia.dragona@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 10 SEPTEMBER 2019.

Present

Voting Members – Martin Hill (Chair), Martin Connor, Andrew McGuire (substituting for George Paul), Dom McGuire, Bill McQueen and Damian Timson

Non-Voting Members – Jim Forrest, Jo MacPherson, Alan McCloskey, Martin Murray, Patrick Welsh and Rohana Wright

In attendance – Carol Bebbington (Interim Head of Health), Yvonne Lawton (Head of Strategic Planning and Performance) and James Millar (Standards Officer)

Apologies – Harry Cartmill, Elaine Duncan, Mairead Hughes, Alex Joyce, Caroline McDowall, George Paul and Ann Pike

Absent – David Huddlestone

1. ORDER OF BUSINESS

The Chair congratulated St John's Hospital on the revalidation of its Healthy Working Lives Gold award.

2. DECLARATIONS OF INTEREST

There were no declarations of interest made.

3. MINUTES

The Board approved the minute of its meeting held on 13 August 2019 as a correct record. The minute was thereafter signed by the Chair.

4. MINUTES FOR NOTING

The Board noted the minute of the meeting of the West Lothian Integration Joint Board Strategic Planning Group held on Thursday 1 August 2019.

5. MEMBERSHIP AND MEETING ARRANGEMENTS

The Clerk advised that there was nothing to report under this item.

6. AUDIT OF THE 2018/19 ANNUAL ACCOUNTS

The Board considered a report (copies of which had been circulated) by

the Chief Finance Officer advising members of the outcome of the 2018/19 Audit and providing a summary of the key points arising from the Auditors' (EY) Annual Report.

The report outlined EY's conclusions on their audit of the 2018/19 accounts. Both the Annual Audit Report (Appendix 1) and the Annual Accounts (Appendix 2) had been considered by the IJB Audit, Risk and Governance Committee on 4 September 2019, and the Committee had agreed to recommend to the Board that the annual accounts and the recommendations from management be accepted.

Key points in the EY's conclusions included: No audit adjustments were required; good quality draft financial statements and working papers; adequate core financial management arrangements; further partnership work required to meet IJB's financial plan; a sound basis for demonstrating good governance and transparency in IJB's operational activity; and that IJB's Annual Performance report was published in line with the requirements of the relevant legislation.

The wider scope audit considerations reflected EY's judgements and conclusions on the IJB's arrangements for financial management, financial sustainability, governance and transparency, and value for money. The context for the amber financial sustainability indicator was then discussed, and Board members commented that the result was as expected considering the current challenges the health sector was facing.

Risks in line with auditing standards were also noted; the annual audit report included an action plan with management responses to identified risks.

Board members acknowledged the hard work of the Chief Finance Officer and the team that had prepared the annual accounts and noted their thanks and appreciation to all involved.

It was recommended that the Board:

1. Consider the Auditors' 2018/19 Annual Audit Report including the management action plan;

2. Agree the audited 2018/19 Annual Accounts for signature; and

3. Note the Audit Risk and Governance Committee's recommendations for agreement, following the Committee's review of the Annual Accounts and Annual Audit report on 4 September 2019.

<u>Decision</u>

1. To approve the terms of the report.

2. To record thanks to the Chief Finance Officer, management and team involved in the production of the annual accounts for achieving a clean set of accounts and therefore providing the Board a strong foundation for further progress.

7. IJB FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2019/20 budget forecast position for the IJB delegated health and social care functions.

The report indicated that an overspend of £926,000, which related to Health functions, was forecast against IJB delegated functions. Appendix 1 provided further detail on the forecast position shown.

Further work was progressing as part of the ongoing monitoring based on the approved West Lothian Integration Scheme to mitigate the pressures within the Health budget, and it was noted that the level of budget funding would continue to move throughout the year as a result of additional funding awarded during the year. A summary of key risks and service pressures was shown in Appendix 2.

The overall forecast position for the IJB took account of the position on savings, which stood at £5.372 million and which monitoring indicated would be substantially achieved. Appendix 3 provided further detail on the areas in which savings were being delivered.

It was clarified during discussion that figures were seasonally adjusted for the varying trends at different times of the year. Members also requested an update on budget efficiency and staffing and recruitment issues.

It was recommended that the Board:

1. Note the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions;

2. Note that further action was required by partner bodies in partnership with the IJB to manage within the 2019/20 budget;

3. Note the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions; and

4. Note that further updates on pressures identified would be reported to future Board meetings.

Decision

1. To approve the terms of the report.

2. To agree that a report would be produced for the next Board meeting providing an update on budget efficiency and on staffing and recruitment issues.

8. LOCAL CODE OF CORPORATE GOVERNANCE

The Board considered a report (copies of which had been circulated) by

the Standards Officer reviewing the Board's Local Code of Corporate Governance and considering recommendations by the Audit Risk & Governance Committee concerning the Code and the process by which it was compiled and applied.

The Code had been approved in May 2018 and was first used for 2017/18. The Code was updated for 2018/19 to ensure that the information it contained was comprehensive and up to date; the updated Code could be found in Appendix 1. It was proposed that arrangements continue with regard to consideration of governance issues and interim reports. It was also proposed that further standards to cover gaps were added to the Code, and that the Board delegate authority to the Director to add and update standards.

It was recommended that the Board:

1. Note the completed Local Code of Corporate Governance for 2018/19 as reported to Audit Risk & Governance Committee on 5 June 2019;

2. Note that the Code should be reviewed before the end of 2019 as was agreed when the Code was adopted and used for the first time in 2017/18;

3. Consider and review the Code and in particular to agree the recommendations made by Audit Risk & Governance Committee, as follows:

a) To agree to add the proposed new standards in relation to care governance arrangements, and liaison and planning arrangements with partner bodies

b) To continue the practice of monitoring progress on governance issues and populating the Code through the integrated senior management team

c) To continue the practice of reporting on an interim basis to the committee on progress against governance issues;

4. Agree that the Code should be formally reviewed again in two years' time; and

5. Delegate 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.

Further to the recommendations in the report, members suggested that the proposed delegated authority to the Director should cover minor changes, while matters of significance should continue to be reported back to the Board.

<u>Decision</u>

To approve the terms of the report subject to the following amendment to

recommendation 5:

To add that matters of significance would continue to be reported back to the IJB; and to specify that delegated authority in the recommendation referred to 'minor' changes in terminology or legislation and guidance.

9. NHS LOTHIAN ESCALATION

The Board considered a report (copies of which had been circulated) by the Director providing an update on the decision by the Director-General Health and Social Care and Chief Executive of NHS Scotland (the DG) that had concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian had now been placed at level 3 of the NHS Board Performance Escalation Framework. The report also set out the proposed approach within NHS Lothian and West Lothian to support the delivery of recovery plans.

The report recalled that the DG had written to the NHS Lothian Chief Executive on 12 July to advise that NHS Lothian would now be placed at level 3 of the NHS Board Performance Escalation Framework (Appendix 1). A number of challenging areas where further improvement was required in the context of a challenging financial environment were listed.

The NHS Lothian Corporate Management Team had taken a collaborative, whole-system approach to consider what improvement support was required. As a result, an Oversight Group had been formed to maintain regular contact with NHS Lothian Chief Executive and lead Directors and to deliver a satisfactory Recovery Plan, with a demonstration of progress, against each of the escalated issues by the end of October. It was noted that ongoing updates on progress against delivery of the recovery plans would be reported to future IJB meetings.

A Lothian Integrated Care Forum had also been established to bring together the four IJBs, four Councils and NHS Lothian colleagues to consider issues across the system and provide an opportunity to accelerate systemic and sustainable improvement and transformation of services. Membership of the Forum was then discussed.

It was recommended that the Board:

1. Note the placing of NHS Lothian Board at level 3 of the NHS Board Performance Escalation Framework;

2. Note and support the whole-system collaborative approach involving NHS Lothian and the four Integration Joint Boards, with support from the Council areas, to develop and implement a recovery plan; and

3. Agree to receive future updates on progress being made on the delivery of the recovery plans.

Decision

To approve the terms of the report.

10. SELF-EVALUATION IMPROVEMENT PLAN

The Board considered a report (copies of which had been circulated) by the Director informing members of the submission of the improvement plan for West Lothian based on self-evaluation of progress with integration.

Following consultation with IJB, council and health board, an improvement plan had been submitted to the Scottish Government by the required deadline. It was noted that the points raised at the August IJB meeting had been considered and incorporated in the plan.

It was recommended that the Board:

1. Note the final version of the improvement plan produced following discussion at the previous meeting of the Board; and

2. Note submission of the plan to the Scottish Government by the required date.

Decision

To approve the terms of the report.

11. WORKPLAN AND LIST OF CYCLICAL REPORTS

The workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis were presented.

Decision

To note the workplan and list of cyclical reports.

12. CLOSING REMARKS

In closing the meeting, the Chair on behalf of the Board thanked the Director for his valuable contribution to the IJB and wished him well in his retirement.

The Director then thanked IJB members and officers for their hard work and wished them well for the future.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP held within ROOMS 2 & 3 STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 6 JUNE 2019.

Present – Jim Forrest (Director), Nick Clater (General Manager – Mental Health and Addictions), Marjolein Don (Strategic Programme Manager), Mairead Hughes (Health Care Professional), Yvonne Lawton (Head of Strategic Planning and Performance), Jo MacPherson (Head of Social Policy), Caroline McDowall (Staff Representative – NHS Lothian), Iain McLeod (Health Care Professional), Martin Murray (Staff Representative - WLC), Ann Pike (Carer of Users of Health Care Representative), Pamela Roccio (Voluntary Sector Gateway), Robert Telfer (Commercial Provider of Social Care) and Alison Wright (Carer of Users of Health Care Representative)

Apologies – Carol Bebbington (Interim Head of Health), Elaine Duncan (Health Care Professional) and Pamela Main (Social Care Professional)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Group approved the minute of its meeting held on Thursday 28 March 2019 as a correct record. The minute was thereafter signed by the Chair.

3 ALCOHOL AND DRUG PARTNERSHIP - HEALTH NEEDS ASSESSMENT

The Group considered a report by the General Manager – Mental Health and Addictions (copies of which had been circulated) on the progress on the health needs assessment for alcohol and drug services in West Lothian.

In November 2018 the Integration Joint Board (IJB) had approved funding to support activities within the West Lothian Alcohol and Drug Partnership (ADP), including updating the health needs assessment (HNA) to inform the new commissioning plan. The assessment was developed using a combination of desk research on policy and performance allied to stakeholder engagement.

The ADP acted as the steering group for the HNA and the day-to-day work was directed by the HNA Core Group which was made up of key members of the ADP and Public Health. The objective was to assess the health needs of problem drug users and their families and make recommendations to improve their health and the experience of the most at-risk patients.

The report provided information on the methods used in the HNA and the

work which had been completed to date. The work was being delivered in two phases with phase 1 being completed by mid-June 2019. Phase 1 constituted an initial report which would make recommendations for further work in specific areas. A workplan would then be developed to be implemented during phase 2.

The HNA would inform the new commissioning plan for the ADP which would be developed during summer 2019.

The Group was recommended to support the approach taken by Public Health and alcohol and drug services to complete a health needs assessment in West Lothian.

The representative of Voluntary Sector Gateway West Lothian (VSGWL) explained that VSGWL was currently developing a mapping tool similar to that noted in the report and that it may be useful to co-ordinate this work. Further discussions would take place following the meeting.

Discussion then took place on the themes emerging from the work and it was noted that the key theme was the increase in drug related deaths over previous years. The reasons for this included resource efficiencies, drug users living longer and bad batches of drugs, particularly psychoactive substances. The Group was also advised that the number of deaths was higher in the west of the county than in the east.

Further information was requested on the number of people using drugs while maintaining work and whether this had changed in recent years. The Director advised that it may not be possible to provide this as it was uncertain whether this type of information was collated but undertook to confirm if this was available.

Decision

1) To approve the terms of the report.

2) To request information, if available, on the number of people in work using drugs compared to previous years.

4 UPDATE: MENTAL HEALTH PRIMARY CARE HUBS

A report was presented by the General Manager – Mental Health and Addictions providing an update on the development of Mental Health Primary Care Hubs which were now known as West Lothian Community Wellbeing Hubs.

Two hubs had been developed in Broxburn and Livingston to assist patients with common mental health difficulties such as anxiety and depression. The aims of the hubs were to become the front door to mental health services for adults aged 18 to 65 with mild to moderate problems. The hubs were being delivered in partnership by primary and secondary care and the voluntary sector.

The hubs also aimed to ensure access to meaningful and effective

community supports as an alternative to seeing a GP, to improve care and reduce GP workload which could be better provided elsewhere.

The two hubs were due to commence at the end of June 2019 beginning with GP referrals only in the initial period. This would help to gain an understanding of the key areas of work, before becoming a walk-in service with no appointment required. It was anticipated that patients would attend for around six to eight weeks and would leave the hub with improved wellbeing and confidence to cope better with life's challenges.

The Group welcomed the work to date to establish the hubs and were looking forward to seeing the impact they would have. A further report was requested after around three to six months of operation providing an update on the service and its effectiveness.

Points were raised in relation to the involvement of social work and West Lothian Leisure in providing support for patients. The Group was advised that the HSCP had a long-standing partnership with West Lothian Leisure to provide a range of services. There was currently no social work element to the hubs but other services may be added at a future date once the hubs had been established.

Similarly, other issues including potential confusion caused by the name of the hubs and the partners working in them would be monitored and reviewed if necessary following a period of operation.

The Group was recommended to note the report.

Decision

1) To note the terms of the report.

2) To agree to receive a further report providing an update on the hubs after a period of operation.

5 PUBLIC HEALTH REFORM

The Group considered a report by the Senior Health Policy Officer (copies of which had been circulated) on the public health reform which was currently in progress.

The Scottish Government and COSLA had been leading public health reform in Scotland and in May 2019 NHS Lothian's Public Health Directorate began a departmental review. An update was provided on the national public health reform, the local review and its relevance to the IJB. The key aims of the reform and the six public health priorities which had been identified were set out in the report.

A new national public health body, Public Health Scotland, had been established as a new NHS Board with the Scottish Government and COSLA having roles in its strategic planning and performance functions. It was expected to be operational by April 2020. Public Health Scotland would provide national services for health protection, data intelligence,

health policy and support around public health knowledge and interventions.

NHS Lothian's Public Health Directorate departmental review included all aspects of the directorate, its structure, what it delivered and how its work was supported. The review was expected to be completed by September 2019.

The current Locality Information Support Team which was the national resource that did most work in West Lothian would be incorporated into Public Health Scotland but it was currently unclear whether its role would change. Public health input from national agencies would be on an ad hoc basis. At present, NHS Lothian did not have a dedicated West Lothian public health team but some staff had a locality base in West Lothian and others worked on bespoke projects or topics.

The report noted that any changes to public health staffing and work in West Lothian should be shaped by the needs of the area. The IJB was a key public health stakeholder alongside the Council and community planning partners. It was desirable for the West Lothian Health and Social Care Partnership to work with the NHS Lothian Public Health Department to establish local priorities in anticipation of discussions with Public Health Scotland.

Members were also advised that since the publication of the report the Scottish Government had announced a consultation on the matter and a response would be considered by the IJB in June 2019.

The Group was asked to note the report.

Decision

1) To note the terms of the report.

2) To note that since the agenda had been issued the Scottish Government had announced a consultation on public health reform and a draft response would be presented to the Board on 26 June 2019.

6 COMMISSIONING PLAN PROGRESS UPDATE

A report by the Head of Strategic Planning and Performance (copies of which had been circulated) on the progress of the development of strategic commissioning plans was considered by the Group.

At its meeting in April 2019, the IJB approved a revised planning and commissioning structure to support the delivery of the priorities set out in the Strategic Plan 2019-23. The revised structure aimed to ensure a whole system approach to strategic planning and commissioning focussing on the priorities for integrating health and social care services across West Lothian.

There were five strategic commissioning plans in development which

focussed on specific areas. Two additional plans were being developed for unscheduled and palliative care.

Planning and Commissioning Boards were being established and a sample remit for these was attached at Appendix 2 to the report. The Alcohol and Drugs Partnership had already established an effective approach and this would continue for the development of the plan for substance misuse services. The Boards for the other care groups were due to hold their initial meetings during June 2019.

Needs assessments were being refreshed to inform the plans and stakeholder engagement events were due to take place to determine the key priorities for commissioning going forward. Appendix 3 set out a timeline for the development of the plans.

During discussion, assurance was sought that services would be commissioned from employers which treated their employees fairly. The Director advised that the procurement process ensured all contracted organisations followed appropriate legislation and guidelines. Members were also advised that if there were specific concerns these could be investigated as part of the existing contract monitoring process.

The Group was asked to note:

1. The revised planning and commissioning structure approved by the IJB; and

2. The progress on steps taken to implement the structure and plans to develop strategic commissioning plans in priority areas.

Decision

1) To note the terms of the report.

2) To note that there was a contract monitoring process in place for all commissioned services which was used to identify and deal with any issues.

7 ANNUAL PERFORMANCE

The Head of Strategic Planning and Performance provided a verbal update on the annual performance for 2018/19.

The IJB was required to publish information on its annual performance by 31 July each year. The Group was advised that the data for 2018/19 would not be available until after the meeting; therefore, it was not possible to provide a report with this information prior to consideration by the IJB on 26 June 2019.

The performance was measured against a variety of indicators including the IJB's 23 core indicators, the Ministerial Strategic Group for Health and Community Care, and additional local indicators. It was advised that the data would be presented in a balanced scorecard format and each

indicator would be given a red, amber or green status. These were also aligned to the nine national outcomes and covered the priorities set out in the IJB's Strategic Plan.

The report which would be presented to the IJB would highlight the impact of service developments, identify areas of concern and provide the opportunity for feedback to be given.

The Group expressed disappointment that a report was not able to be submitted for it to consider before the IJB. The Director advised that the timeline of meetings could be revisited to attempt to avoid this for future years.

Decision

1) To note the update provided.

2) To request that the timeline be reviewed for future years to allow the SPG to consider the annual performance prior to being reported to the IJB.

8 LOCALITY PLANNING UPDATE

The Group considered a report by the Director (copies of which had been circulated) providing an update on locality planning progress.

Two locality groups had been established for the east and west areas of West Lothian which were responsible for the production for locality plans for their area. A joint development session of both locality groups had taken place in December 2017. The key issues identified for each locality during this session were noted in the report. The format for the engagement document was also agreed.

The stage 1 consultation had been completed. This sought views on the priorities identified during the development session from a range of groups and stakeholders, staff, community councils and equality forums. Surveys and posters were also distributed to various health locations.

The number of responses to the consultation was poor with 40 being received. A large majority of the responses were from the deaf community and would be taken into account but it was recognised that these were not particularly representative of the wider community. A further development session took place to consider what was working well, what could be developed and actions to be incorporated into the locality plans.

The report set out a timetable of next steps to be taken. The draft locality plans would be presented to the SPG in August 2019, followed by a further engagement exercise. The plans would be considered by the IJB in October/November 2019.

Members commented on the disappointing response to the stage 1 consultation and agreed that the ways the IJB and locality groups engaged with the community should be reviewed. The two staff

representatives suggested that their networks could be useful for encouraging participation.

The Group was recommended to note:

1. The purpose and outcome of the stage 1 consultation;

2. The purpose of the recent joint development session of the Locality Planning Groups; and

3. The timescales for developing and finalising the locality plans.

Decision

1) To note the terms of the report.

2) To note that new approaches to engagement would be explored to improve responses.

9 WORKPLAN

The workplan for future meetings of the Group was presented.

Decision

To note the workplan.

INTEGRATED CARE FORUM

Note of the meeting of the Integrated Care Forum held at 14.00 on Thursday 1 August 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M. Hill	West Lothian IJB Chair, NHS Lothian Non Executive Director (chair)
Mr C. Briggs	Director of Strategic Planning, NHS Lothian
Ms J. Campbell	Chief Officer, Acute Services, NHS Lothian
Mr T. Davison	Chief Executive, NHS Lothian
Ms K. Dee	Deputy Director of Public Health and Health Policy, NHS Lothian
Ms C. Flanagan	Financial Officer, East Lothian IJB & Midlothian IJB
Cllr R. Henderson	Edinburgh IJB Chair and NHS Lothian Non Executive Director
Mr C. Marriott	Deputy Director of Finance
Ms C. Hirst	Edinburgh IJB Vice Chair and NHS Lothian Non Executive Director
Ms A. MacDonald	Chief Officer, East Lothian Health and Social Care Partnership
Prof. A. McMahon	Executive Nurse Director, NHS Lothian
Cllr F. O'Donnell	East Lothian IJB Member and NHS Lothian Non Executive Director
Ms J. Proctor	Chief Officer, Edinburgh Health and Social Care Partnership
Ms B. Pillath	Committee Administrator (minutes)

Apologies:

Ms S. Goldsmith	Finance Director, NHS Lothian
Mr G. Hope	Chief Executive, West Lothian Council
Mr B. Houston	NHS Lothian Board Chairman
Mr A. Kerr	Chief Executive, City of Edinburgh Council
Mr A. McCann	Midlothian IJB Chair and NHS Lothian Non Executive Director
Mr P. Murray	East Lothian IJB Chair and NHS Lothian Non Executive Director
Mr A. Short	Chief Officer, Midlothian Health and Social Care Partnership

1. Note of last meeting, 20 June 2019

1.1 The note of the meeting held on 20 June 2019 was approved as a correct record.

2. Performance escalation and recovery programme

2.1 The draft paper to the Board with proposed focus for addressing performance in response to escalation by the Scottish Government had been previously circulated. Six areas had been identified for improvement. Three of the six areas were delegated functions and joint strategic planning would be required for improvement; this had been made clear in the Board's response to the Scottish Government. It was suggested that the paper would also be presented to the Integration Joint Boards.

2.2 Mr Briggs gave a presentation of the proposal for three programmes of work with programme directors for each programme. Decisions should be made soon on which senior staff would take on these roles, job descriptions and the remits of the programme boards and how they would fit in with other governance groups. This was being worked on through the chief officers group and the corporate management

team. All the Chief Officers of Health and Social Care Partnerships would have a role in the programmes.

2.3 The existing governance structure could be used to govern the programmes of work to ensure that decisions could be made quickly. These were pieces of work already planned in the operational plan. Mr Marriott noted that there had been learning from financial recovery in other Boards and that there needed to be consideration from the beginning about sustainability once the programmes of work had been completed.

2.4 It needed to be clear in the Board paper recommending this that the programme would bring new ways of working, and the new senior posts would be justified. It was noted that the extra posts were needed due to a current insufficient planning capacity when planning for the future had to coincide with improvement of current performance. The benefits for patients needed to be made clear.

2.5 Mr Davison noted that this proposal was a short term improvement plan which is what the Scottish Government required. This needed to be carried out simultaneously with long term planning for sustainable services.

2.6 The programmes needed to be made part of the financial strategy with other funding priorities also taken into account.

2.7 It was noted that outcome measures and use of analytics should be part of the programmes.

2.8 Much of the improvement work ongoing in different areas was having good results and this new programme must not give the impression that this work was not valuable. It was noted that East Lothian was the best performing partnership in Scotland in terms of delayed discharges.

2.9 This group had no governance responsibilities but could act as a forum for discussion, testing ideas and working though difficult issues. It also meant that members had overall background knowledge when working in their own areas.

2.10 It was noted that another four Boards in Scotland were at level 3 or above on the Scottish Government's escalation scale, mostly for financial problems.

2.11 Mr Davison, Professor McMahon, Ms Butler and all four chief officers would be at a meeting with the Chief Executive of NHS Scotland on 3 September to present the proposal.

3. Self-assessment programme and actions

3.1 The letter from Malcolm Wright had been previously circulated for information. This had been discussed at the chief officers' group. The self-assessment would be agreed by all partnerships before submission. More collaborative working was taking place and the chief financial officers of the health and social care partnerships and councils were meeting regularly for discussion.

4. Integrated Care Forum Workplan

4.1 Mr Briggs asked for suggestions of topics for discussion at future Integrated Care Forum meetings. Presentations on mental health, financial position and unscheduled care were suggested, with the relevant executive director presenting each one followed by discussion.

4.2 A schedule of meeting dates and workplan would be circulate to ensure prioritisation in diaries.

4.3 In terms of contributions from the non executive members of the group it was suggested that discussion would help non executive members to have an understanding of overall issues to inform their work in other areas, and that they would be able to scrutinise what was presented and bring challenges where appropriate.

4.4 The group would be reviewed at the end of the financial year.

5. Date of Next Meeting

5.1 The next meeting of this group would take place at **14.00** on **Thursday 3 October 2019** in **Meeting Room 8**, second floor, Waverley Gate.

5.2 Further meetings in 2019 would take place on the following dates:
- Thursday 19 December 2019.

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 7

REVIEW OF THE STRATEGIC PLANNING GROUP AND LOCALITY PLANNING

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

The purpose of this report is to update the Board on recent discussions at the Strategic Planning Group (SPG) and the locality planning groups; to consider the role of the SPG in locality planning; to seek approval for a revised Terms of Reference for the SPG; and to seek approval to publish the East and West Locality Plans.

B RECOMMENDATION

It is recommended that the Board:

1. Note the need to review the Strategic Planning Group following the introduction of the new strategic planning structure
2. Note the challenges experienced in locality planning
3. Approve the East and West Locality Plans for publication
4. Agree to revise the approach to Locality Planning by contributing to existing Regeneration Plans
5. Approve the revised Terms of Reference for the Strategic Planning Group

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	Activities will be carried out within existing budgets.

C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014 and other related statutory instructions and guidance.
C4	**Risk**	There are associated risks regarding failure to implement the Strategic Plan and Community Planning Failure. The risks are captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment is scheduled for Friday 22 November and a verbal update will be given at the meeting.
C6	**Environment and Sustainability**	No environmental impacts have been identified at this stage.
C7	**National Health and Wellbeing Outcomes**	Locality planning will make a positive contribution to strategic plan outcomes, which in turn address the relevant National Health and Well-Being Outcomes in accordance with the IJB Strategic Plan.
C8	**Strategic Plan Outcomes**	Locality planning will be aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators.
C9	**Local Outcomes Improvement Plan**	Improving links with Community Planning will allow the SPG to influence the Local Outcomes Improvement Plan.
C10	**Impact on other Lothian IJBs**	The review does not raise any new issues. The IJBs will continue to share best practice on all matters covered in the review.

D TERMS OF REPORT

1 Strategic Planning Structure

1.1 The IJB approved its refreshed Strategic Plan for 2019-23 at its meeting of 23 April 2019 and a new strategic planning structure was implemented to support delivery of the IJB's strategic priorities through a more integrated approach to planning, commissioning and service development. This structure gives the Strategic Planning Group (SPG) oversight of new Planning and Commissioning Boards. The SPG remit and membership is due to be reviewed in line with the new structure.

1.2 There is consensus that the SPG needs to influence the strategic direction of

service development through robust discussion and debate. Further consideration needs to be given to how best to do this going forward having regard to the new strategic plan and revised structure.

2 Locality Planning

2.1 Updates on the development of the locality plans were presented to the SPG on 1 August 2019 and most recently on 5 September 2019. The SPG recommended that both the East and West Locality Plans be submitted to the IJB for approval, in their present form; and in the meantime officers would work on proposals for strengthening connectivity between Locality Plans, Community Planning and Community Regeneration, working with colleagues in other areas to ensure a cohesive approach to community development.

2.2 There have been ongoing challenges in producing locality plans and in agreeing locality priorities. The challenges have made it difficult to plan engagement and to properly establish a sense of purpose and momentum in the Locality Planning Groups.

2.3 The difficulties around locality planning were discussed at the most recent meetings of the Locality Planning Groups on 24 September (West) and 27 September (East). Both groups were in agreement that the links between locality planning and strategic planning were not clear enough at present and that consideration could be given to incorporating locality planning requirements into the remit of the SPG in an effort to improve arrangements. At the same time links could be strengthened with Community Planning Partnership's regeneration plans ensuring a more comprehensive approach to locality development. It was felt that a revised approach could offer better opportunity for robust discussion around service planning to ensure greater focus on localities in the strategic planning process.

2.4 The groups felt that the current locality planning process was in effect attempting to duplicate work in other areas such as community planning and regeneration. Views were expressed that resources could be better used in developing more cohesive and comprehensive community plans rather than each area developing their own plans with similar priorities. The establishment of the Community Planning Partnership's Health and Wellbeing Partnership provides further opportunity to reflect health and social care priorities in community plans. The Terms of Reference for the Health and Wellbeing Partnership is attached as Appendix 1. Early discussions with Economic Development and Community Planning colleagues indicate that there is a willingness to work together and that a health and social care perspective would add value to the existing Regeneration Plans.

2.5 The East and West Locality Plans are attached to this report as Appendices 2 and 3. The Board is requested to agree these plans and agree to the revised approach to Locality Plans going forward, as set out above.

3 Locality Planning Guidance

3.1 In terms of defining localities, the guidance explains that it is referring to 'the group of people in these areas who must play an active role in service planning for the local population in order to improve outcomes'. Localities must:

a) Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.

b) Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people.

c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

3.2 The guidance also states that Locality Plans should include planned expenditure under each service heading for each locality. Currently the approach to budgeting on a locality basis is limited in West Lothian.

3.3 Locality arrangements need to be fair, accountable, practical and proportionate; be well organised, and with sufficient structure to co-ordinate their input to strategic planning; build upon and take account of CPP arrangements; and create effective relationships that help achieve the national health and wellbeing outcomes.

3.4 In terms of who should be involved in localities, the guidance states that localities should function with the direct involvement and leadership of:

- Health and social care professionals who are involved in the care of people who use services
- Representatives from the housing sector
- Representatives of the third and independent sectors
- Carers' and patient representatives
- People managing services in the area of the Integration Authority

3.5 The guidance centres on aims, purposes, principles, stakeholders, representatives and having locality plans. It does not specifically state that there must be a Locality Planning Group or the format plans should take.

4 Review of the Strategic Planning Group

4.1 The original Terms of Reference for both the SPG and Locality Groups are attached as Appendices 4 and 5. It is recognised that there is substantial overlap in the prescribed membership for the SPG and the Locality Groups.

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

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

4.4 The SPG, at its meeting of 31 October made several recommendations in relation to a revised Terms of Reference, and these are incorporated into the draft attached to this report as Appendix 6. These recommendations were:

- A revised membership including extending the membership to include more third sector representation; a Housing representative and a second GP Cluster Group representative
- The SPG be less formal, i.e. it be an officer-led group with business held in private to encourage open conversations and debate

4.5 The locality planning responsibilities have been absorbed into the revised remit and the reference to the SPG being responsible for oversight of the 3 year action plan has been superceded by oversight of the implementation of the commissioning plans, which will each have an action plan associated with them.

4.6 The Board is asked to agree the draft revised Terms of Reference.

E CONSULTATION

East and West Locality Groups

Strategic Planning Group

Economic Development and Community Planning

IJB Development Session 6 November 2019

F REFERENCES/BACKGROUND

Strategic Planning Group meetings 3 September 2019 and 31 October 2019

West Lothian IJB Strategic Plan 2019-23

Localities Guidance, The Scottish Government, July 2015

G APPENDICES

Appendix 1: Health and Wellbeing Partnership Terms of Reference

Appendix 2: East Locality Plan

Appendix 3: West Locality Plan

Appendix 4: Strategic Planning Group Terms of Reference

Appendix 5: Locality Planning Group Terms of Reference

Appendix 6: Draft Revised Strategic Planning Group Terms of Reference

H CONTACT

Lorna Kemp, Project Officer - IJB
lorna.kemp@westlothian.gov.uk
01506 283519

26 November 2019

West Lothian Health and Wellbeing Partnership

Terms of Reference and Membership

A. Remit of the Health and Wellbeing Partnership

Objectives

The Health and Wellbeing Partnership brings partners together from across the Community Planning Partnership to work together to take forward the inequalities and prevention agenda at a strategic level by;

a) Embedding a preventative focus in the core work of the CPP and providing a platform for preventative efforts to be developed across the partnership.
b) Ensuring health inequalities and prevention is taken forward as a shared priority as part of a wider 'whole system' CPP approach to issues like poverty, housing, education, employment and transport.

The Health and Wellbeing Partnership functions as the West Lothian Community Planning Partnerships forum for health, prevention and inequalities.

The forum will support the delivery of the Local Outcomes Improvement Plan with a specific responsibility for Outcome 7:

- *We live longer healthier lives and have reduced health inequalities.*

Given the cross cutting nature of the Partnership, and the whole system approach that is being taken the forum will have an influence on most of the outcomes in the LOIP.

The objectives of the Health and Wellbeing Partnership will be achieved through the activities outlined below;

- Focus on the fundamental determinants of health and health inequalities to develop partnership solutions to issues relating to health, prevention and inequalities.
- Identify key issues relating to health inequalities that require a partnership solution
- Require a collective approach by partners to tackle the determinants of health
- Support the CPP to thread a focus on inequalities through all business
- Provide expertise and support to the CPP on health inequalities and related issues
- Enable joint work to be carried out on key issues relating to health inequalities and prevention

- Link in to the other thematic groups within the CPP structure to ensure cross-cutting actions are developed to tackle health inequalities.
- Work collaboratively to deliver on the public health priorities for Scotland at a local level.
- Provide a forum for partners to shape upstream conversations about prevention and inequalities in a systematic way.

The direction of the forum should be based on the key issues that need to be addressed in West Lothian in terms of health inequalities and prevention. As with the wider CPP, there should be a focus on those priority issues that require a partnership response.

B. Frequency

The Health and Wellbeing Partnership will meet quarterly.

C1. Lead Officer

Martin Higgins, Senior Health Policy Officer, NHS Public Health and health policy

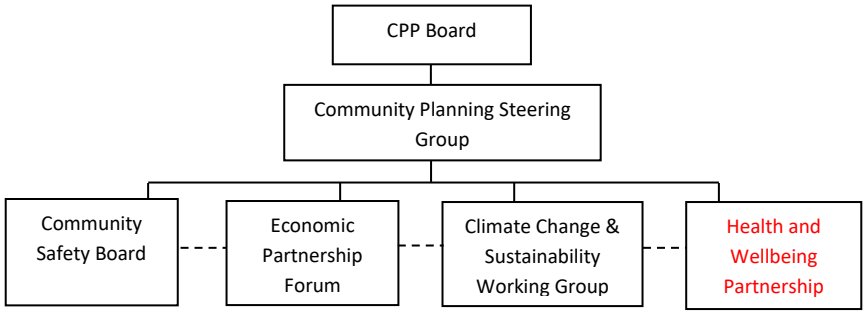
C2. Contact

Susan Gordon, Community Planning Officer, West Lothian Council, 01506 283090
Martin Higgins

D. Reporting

The structure diagram below illustrates the how the Health and Wellbeing Partnership feeds in to the CPP. Further work has to be carried out in terms of what groups report into the Health and Wellbeing Partnership.

The dotted line between the CPP Thematic Groups represents the two-way communication required on cross-cutting, relevant and related issues. There will not necessarily be regular reports between the Thematic Groups but relevant officers will attend other groups to discuss such cross-cutting issues as required. The Health and Wellbeing Partnership will also link in with other CPP groups, most notably the Anti-Poverty Taskforce.



E. Membership Profile

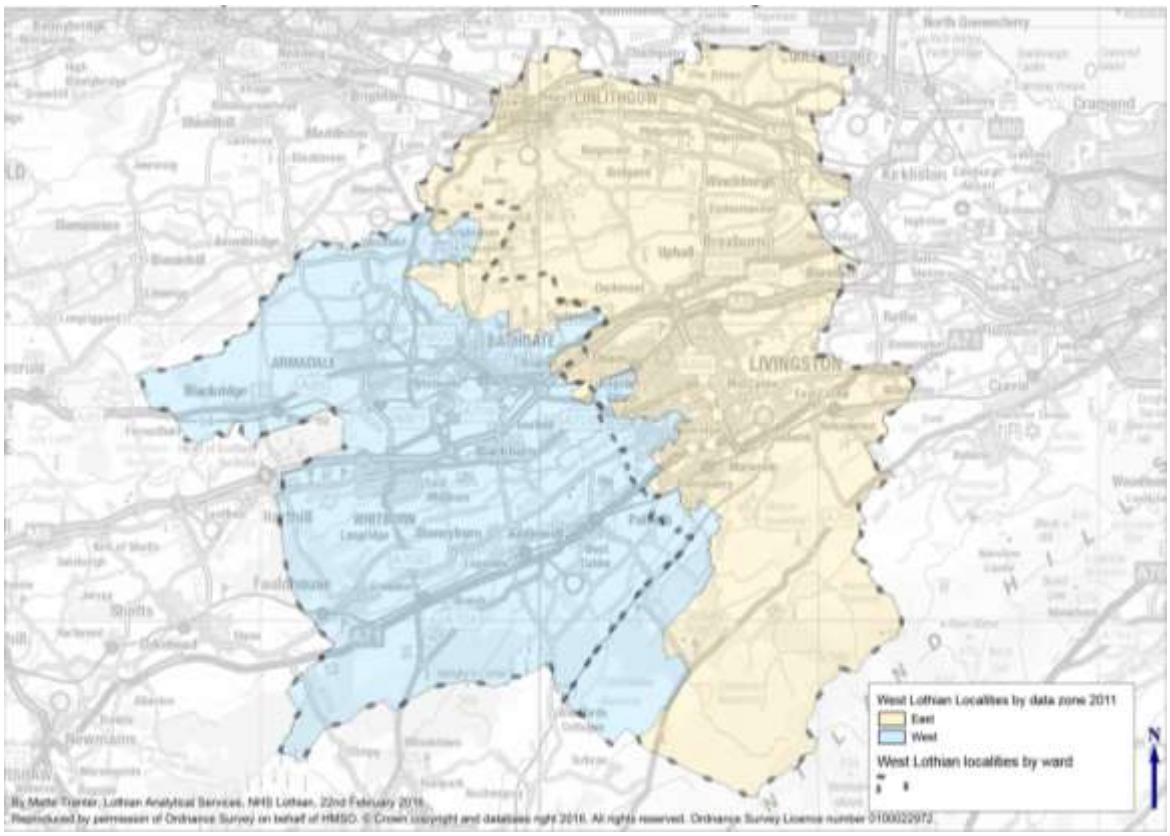
Members are chosen to provide the relevant knowledge and expertise to fulfil the remit of the Forum. Membership includes representatives from various partners in West Lothian. Additional relevant organisations or services may be invited to the partnership depending on the issues that the partnership is addressing.

Members The list below identifies the partners and services that are proposed. Individuals have yet to be confirmed.
Anti-Poverty Taskforce
WLC Housing Services
WLC Regeneration Team
NHS Lothian Public Health
NHS Lothian
Integration Joint Board/Health & Social Care Partnership
Third Sector Interface
Police Scotland
Scottish Fire and Rescue Service
WLC Planning Services
West Lothian Drug and Alcohol Service
WLC Education Services
WLC Economic Development

F. Review

The Health and Wellbeing Partnership remit, progress and membership will be reviewed annually.

West Lothian
Integration Joint Board

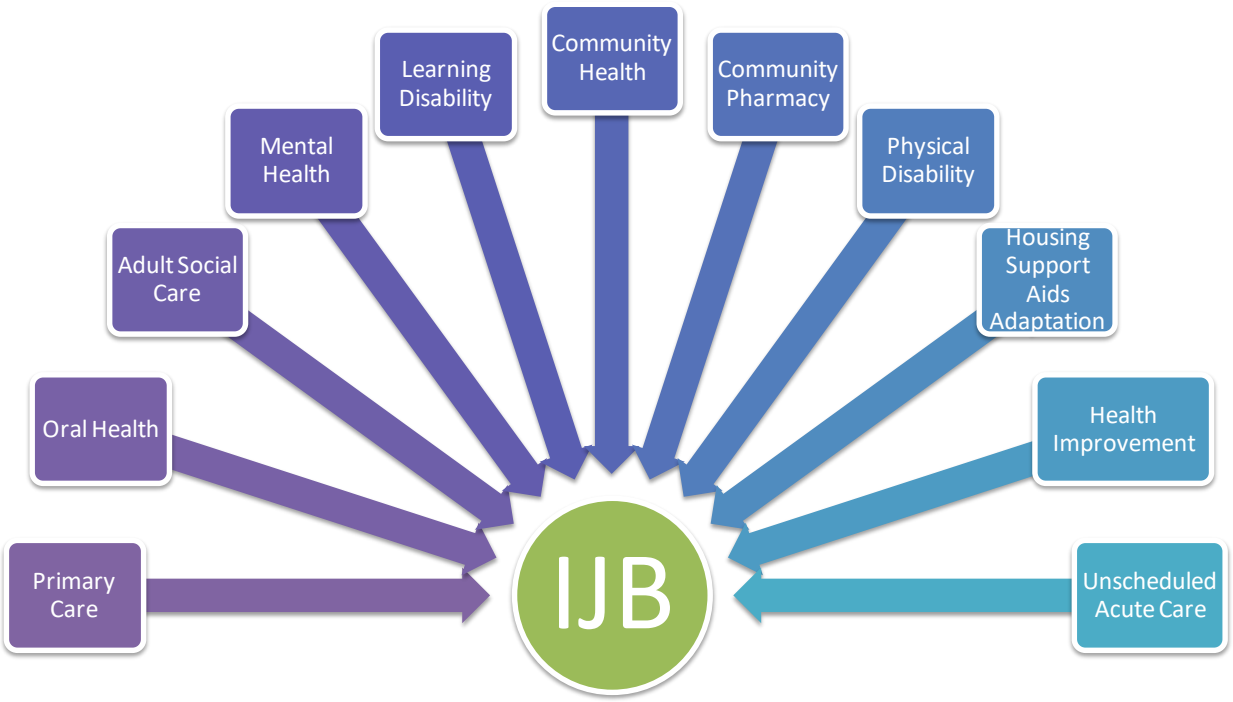


East Locality Plan
2019-22

1 Introduction

What is a Locality Plan?

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to divide its area into two or more localities for the purpose of carrying out its "functions". In West Lothian, these functions include:



We have defined two localities in West Lothian, East and West. The Locality Plan sets out how we will develop new ways of working at a community level in a way that is engaged with the community and contributing to effective strategic commissioning of services.

It is anticipated that locality planning will build upon the insights, experiences and resources within localities, support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes.

Most importantly, we want to support people and communities to support themselves too.

Who is this plan for?

This plan is for everyone who lives in the East of West Lothian and is focused mainly on adults in line with the functions delegated to the West Lothian IJB.

Who will carry out the plan?

The way health and social care services are delivered locally can have an impact on addressing the main health and wellbeing challenges. Locality Groups were formed to ensure local involvement in strategic planning with the direct involvement and leadership of:

- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

Going forward, locality planning will take place alongside strategic planning at the IJB's Strategic Planning Group. The commitments set out in this plan will be taken forward with by key partners including those listed above and by working closely with our Community Planning Partners.

How did people have a say in this plan?

A joint development session took place in December 2017 to examine the profile of West Lothian's East and West localities in detail. This session was well attended by members of the Locality Groups. Key priorities for each Locality were identified.

A survey was conducted seeking views on the key priorities and a wide range of stakeholders were targeted including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing, third sector providers, community councils and equality forums. The majority of respondents were supportive of the priorities proposed.

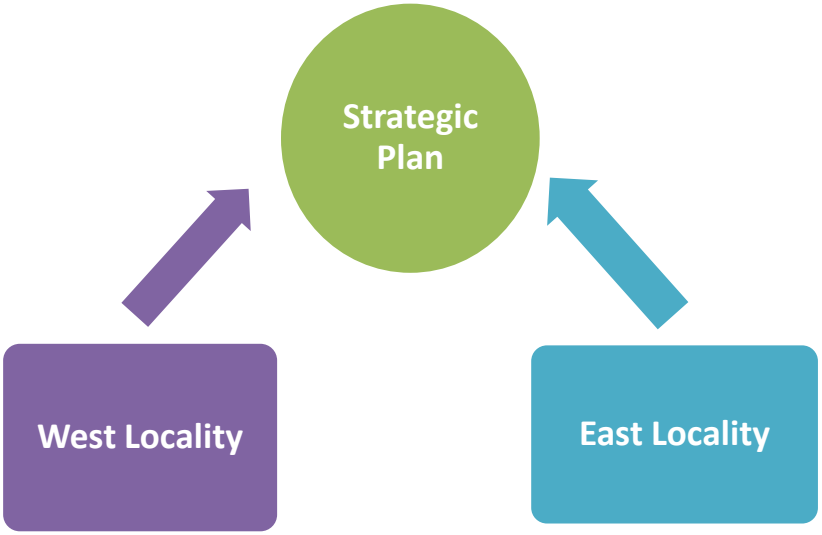
The Locality Groups held a further joint development session in May 2019 and discussed what was working well in their communities, what could be developed and what action was required to meet the key priorities for each Locality and the IJB's strategic priorities.

The outcome of the development sessions and engagement with stakeholders has been used to formulate this plan.

All comments received as part of this consultation exercise will be taken into account by the relevant Planning and Commissioning Board for the individual care group Commissioning Plans.

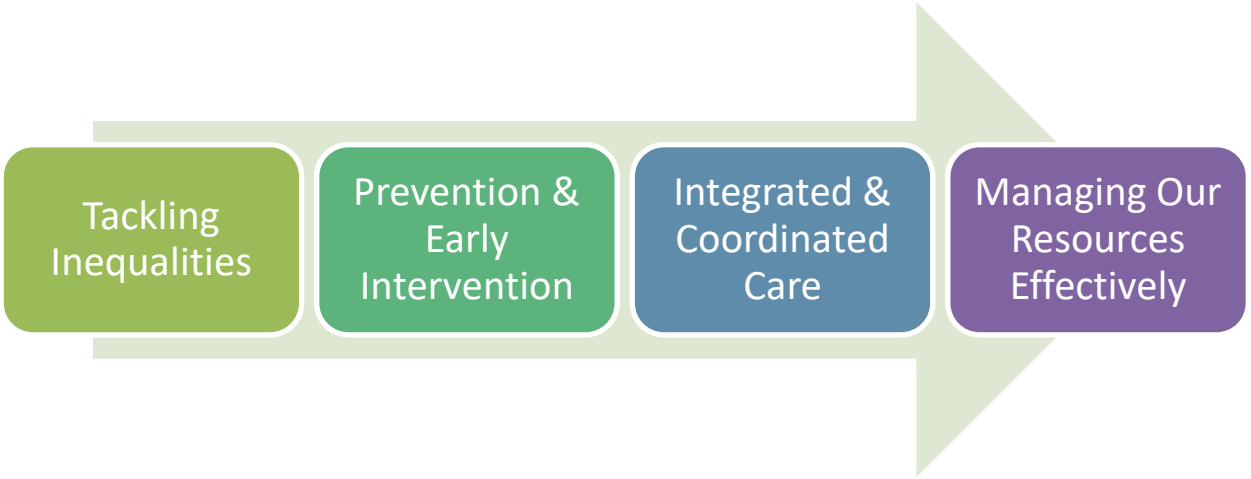
Where does this plan fit in with everything else?

The views and priorities of the localities will be taken into account in the strategic planning and commissioning of services. Locality planning will support the delivery of the IJB's Strategic Priorities at a local level and help to inform future versions of the Strategic Plan.



The Strategic Plan is focused on achieving a sustainable health and social care system for West Lothian. This will require **transformational change** over time in order to improve health and wellbeing outcomes and support the transition to the future model of care.

Underpinning all of this are four strategic priorities:



This Locality Plan is intended to support the aims and strategic priorities of the IJB whilst helping to inform planning and commissioning of services at a local level.

The Strategic Plan is closely aligned to the nine National Health and Wellbeing Outcomes:

• People are able to look after and improve their own health and wellbeing and live in good health for longer	• People as far as possible including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community	• People who use health and social care services have positive experiences of those services, and have their dignity respected

• Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	• People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	• People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
• People who use health and social care services are safe from harm	• Health and social care services contribute to reducing health inequalities	• Resources are used effectively in the provision of health and social care services

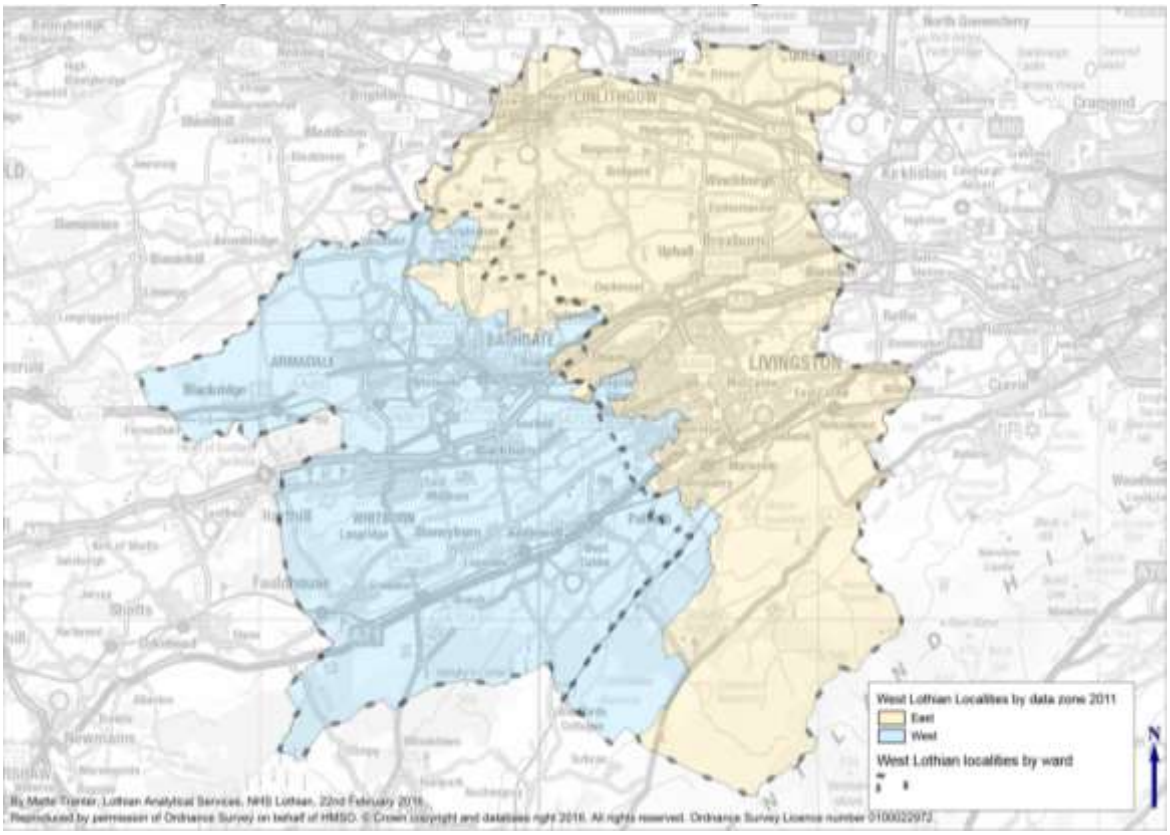
What do we want to achieve?

The West Lothian IJB has set out its vision, values, aims and strategic priorities in its Strategic Plan for 2019-23. You can access the Plan here *(new web link to be inserted*).

Vision and Aims of the West Lothian IJB, 2019-23

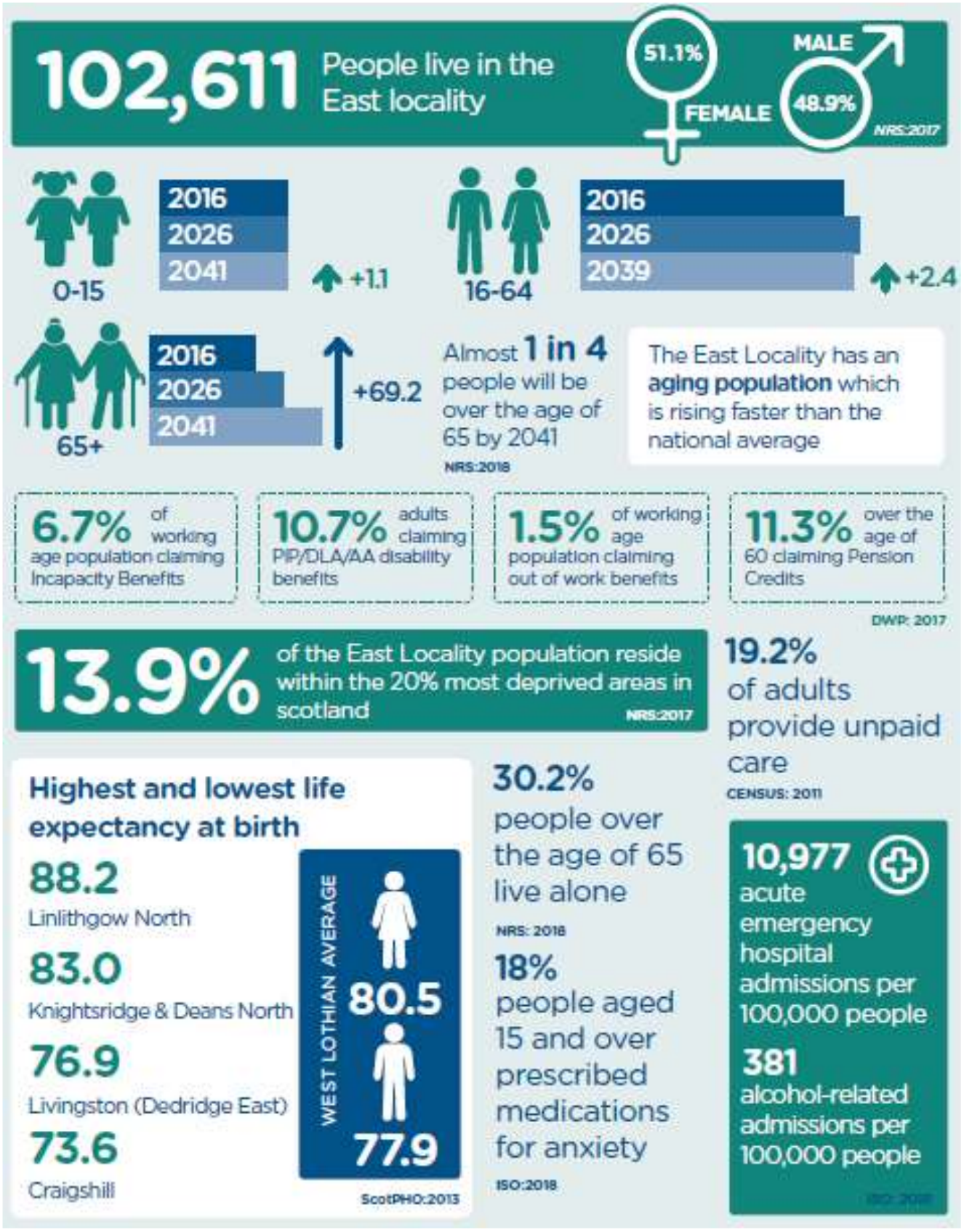
2 About the East Locality

East Locality Geography



The East Locality is home to a number of key towns within West Lothian: Linlithgow, Broxburn, Uphall, Winchburgh, Livingston and East Calder. It contains some of the most some of the most affluent areas of West Lothian such as Linlithgow, as well as the most deprived within Craigshill, Livingston. Livingston is the largest town in West Lothian and contains West Lothian's only large hospital, St John's Hospital.

Summary profile of the East Locality



Key Priorities for the East Locality

Tackling Poverty and Health Inequalities	•13.9% of the population reside within the 20% most deprived areas in Scotland •There is a link between poverty and poorer health outcomes •There is an increasing number of people with multiple long-term conditions, including dementia
Supporting Carers	•Across the whole of West Lothian, almost 7800 adults provide unpaid care for 20 or more hours per week and 4600 of these for 50 or more hours •The population in West Lothian is aging faster than the national average – this means more people need cared for.There are less working-age people to provide care •There is an increasing number of Carers needing greater levels of support to reduce the negative effect their caring role may have on their own health and well-being
Improving Mental Health	•A high number of people (excludes under 16s) are prescribed medication for depression and anxiety •Older people or people with disabilities living alone are more likely to become socially isolated
Supporting Positive Lifestyle Change	•There were just over 390 alcohol-related admissions to hospital in 2016/17 from the East Locality •It is recognised that lifestyle can significantly impact your health and the NHS spends hundreds of millions of pounds treating preventable health issues associated with smoking, alcohol misuse and obesity

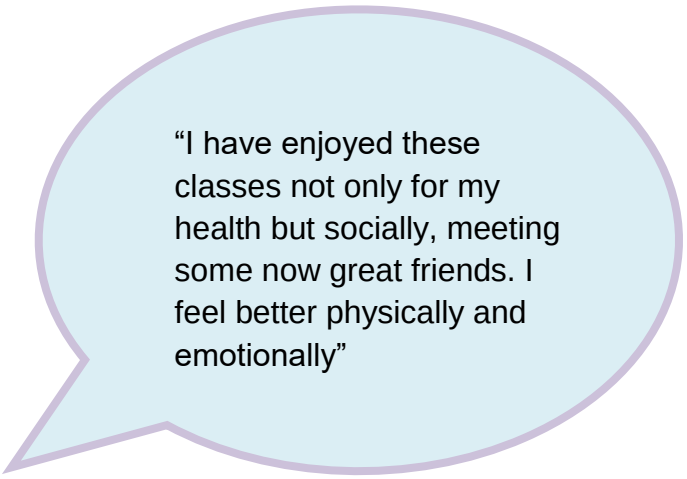
3 What is working well?

This section sets out what people said worked well in their community to address the key adult health and social care priorities for the East Locality.

First STEPS to Health & Wellbeing

This programme supports people with long term conditions to self-manage and increase their functional capacity; the project is committed to reducing health inequality by targeting deprived communities and individuals with the aim of promoting and supporting initiatives to improve the health of the community as a whole. The capacity of STEPs has steadily grown to be able to address needs of those who are not used to using physical activity to improve health and positively manage their long term condition. Supporting self-care is vital if we are to improve health outcomes, slow disease progression and ensure better management of long term conditions. Promoting the health and wellbeing benefits of an active lifestyle and encouraging professionals to promote self-help techniques and alternatives to prescribing and other service dependencies promotes independence and positive self-management, improves health and well-being and will contribute effectively to control of health and social care costs.

From the onset of the Programme (2008), over 24,000 patients have been referred to Xcite from health professionals within West Lothian of which 16,161 having engaged. A recent evaluation suggests that the West Lothian First STEPs to Health & Well-Being project can improve both the physical and mental health of patients referred over the 12 weeks of their participation.



The Brock, Broxburn (www.thebrock.org)

The Brock is a social enterprise assisting people in West Lothian with severe & enduring mental illnesses and issues. Service users benefit from participating in therapeutic horticulture, woodwork and other craft activities. It aims to provide opportunities for people to develop new skills and improve their confidence thereby developing resilience and reducing risk of relapse. The model is to build on the strengths of individuals. The Brock also aims to promote social inclusion by integrating activities in the community. The Brock promotes mental health and wellbeing in ways which will allow stereotypes of mental illness and mental health problems to be challenged.

Ageing Well Project

This project, a partnership between Xcite, West Lothian Council, NHS Lothian and community groups, offers free, low cost activities to improve, maintain and promote the physical and mental health and wellbeing of older people and improve their quality of life.

Singing for health participant Janet says:

"I attend the singing for health session as I love company and enjoy singing with all the other singers they are friendly and as I live alone I really benefit from the company. It lifts my spirits. I have met new friends at the group who are lovely singers"

Community Wellbeing Hubs

With a focus on early intervention and prevention, community wellbeing hubs opened in June 2019, which are based in newly refurbished community resources in Livingston (East Locality) and Boghall (West Locality).

Located in each of the West Lothian localities, the hubs offer support to adults with mild to moderate mental health problems. Services are provided through a community link worker and well-being service, provided by Lanarkshire Association for Mental Health (LAMH). There is support available from psychologists, community psychiatric nurses, mental health occupational therapists, mental health link workers, and practitioners offering mindfulness, Tai Chi, yoga and relaxation classes. The service offers early intervention through a person-centred approach to help people manage their symptoms and improve their wellbeing.

It is too early to know what impact the hubs have had but it is a positive step towards community based services and the impact will be closely monitored.

Sensory Support Service

"Due to my anxiety when being in the hearing world, my support worker would encourage me to go out of the house, go to the café, they are someone I trust to open up to about my problems, to come with me to see my GP or health appointments"

The West Lothian Sensory Support Service is based in Arrochar House in Livingston and provides advice, information, support and equipment for people who are deaf, deafened, hard of hearing, are experiencing sight loss (either partially sighted or blind) or who are deafblind (experiencing dual sensory loss).

The service is delivered by social work staff from both West Lothian Council and Deaf Action. The Deaf Action worker is a BSL (British Sign Language) user. The service can visit people in their own homes and assist with obtaining support based on an assessment of need. The service can also refer to specialist services for assessment and provision of equipment or mobility training.

There is a weekly drop-in facility for BSL (British Sign Language) users.

Integrated Discharge Hub at St John's Hospital

I think that being part of the Hub is raising Carers of West Lothian's profile within the hospital and other staff out-with the Hub are now seeing us as being part of the team, this is a situation that can only get better when we start spending more time in the hospital on a daily basis (**Carers of West Lothian)**

A new Integrated Discharge Hub was launched at St John's Hospital in December 2018 bringing together staff from the hospital, community, social work and Carers of West Lothian in one place to work alongside inpatient teams, patients, carers and families. The intent was to improve hospital discharge planning and reduce the length of time people had to wait in hospital for arrangements to be made for ongoing care and support in the community.

The hub team holds daily, multi-disciplinary 'huddles' to discuss complex discharges working in partnership with the hospital inpatient teams, carers and families. The discharge planning process has been streamlined because everyone who needs to be involved in decision-making and discharge planning can be consulted almost immediately. Improvements are already being seen such as: better communication, reduction in unnecessary delays and reductions in the average length of stay within the medical inpatient wards.

Cyrenians OPAL (Older People, Active Lives) Service

This service aims to maintain or increase older people's independence and well-being across the West Lothian Council area. The free service is funded through a collaboration with West Lothian Council, West Lothian Health and Social Care Partnership, and NHS Lothian and is available for those typically aged 60+.

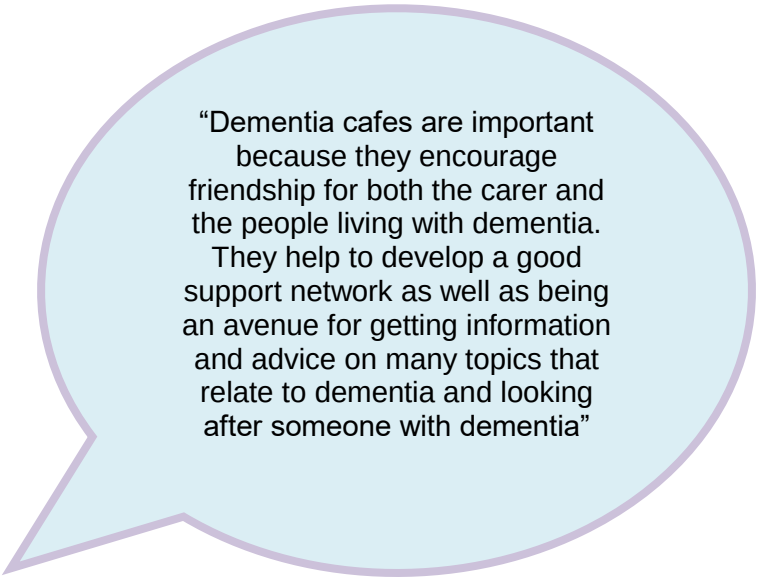
The service is delivered by a team of dedicated, trained volunteers. Volunteers offer encouragement, companionship and support to help older people engage in social, leisure and community activities.

Through the groups programme, 13 regular social and activity groups are delivered across West Lothian which provide a welcoming and relaxed way of getting to know people. Through the One to One/Befriending service, support is offered to older people who additionally may be experiencing one or more of the following:

- Bereavement
- Returning home after a recent stay in hospital
- Living distantly from family or friends
- A Carer responsibility
- Depression and/or anxiety
- A recent/early dementia diagnosis

Dementia/Memory Cafes

Dementia cafes are designed to provide a safe and supportive place for people to discuss their own dementia diagnosis, or someone else's, and think about what it means for the future. There is usually someone from Alzheimer Scotland there to answer any questions and people can meet and learn from other people in similar situations. Feedback from people living with dementia is that Dementia Cafes are an invaluable resource. There are a number of these cafes in the East Locality. Click here to see the list of **local Dementia Cafes.**



Craigshill Good Neighbour Network

Craigshill Good Neighbour Network aims to provide practical help, social opportunities and volunteering opportunities to socially isolated and vulnerable people of all ages in Craigshill and South Howden. Services include lunch club, Tuesday social club, optional local transport to and from clubs, outings, befriending and welfare information. The group also works closely with Alzheimers Scotland, West Lothian Credit Union, the Citizens Advice Bureau and other local agencies to ensure its members have access to specialist services.

Funders talk a lot about "building on local assets." The residents of Craigshill and South Howden are exactly that - their community's greatest asset" **(The Robertson Trust)**

4 What do we need to do?

Community Planning

West Lothian Community Planning Partnership (CPP) is made up of 21 partners from the public, voluntary and private sectors. Community Planning is the process by which people who live, work and provide services in an area work together in partnership to improve how local services are planned and delivered, to make life better for people. Community Planning focuses on how the collective efforts of working as a partnership can improve the quality of life and reduce inequalities in communities.

CPP's are required to produce a Local Outcomes Improvement Plan (LOIP), which sets out the long term outcomes for the CPP. CPP's are also required to produce locality plans which focus on the areas which experience poorer outcomes. In West Lothian, 13 locality plans have been developed based on the areas within the bottom 20% of the Scottish Index of Multiple Deprivation (SIMD). These were originally developed as Regeneration Plans through the regeneration planning process. These plans set out the specific themes, priorities and actions for the local area and are based on extensive, ongoing dialogue and engagement with local communities. Input from partners has brought local knowledge, experience and resource. Steering Groups have been established in each locality area to enable local stakeholders to work in partnership to progress the plans.

Health and Wellbeing Partnership

The CPP's Health and Wellbeing Partnership has been established to take forward health, prevention an inequalities work at a CPP level in West Lothian. Using a determinants of health approach, the partnership provides a platform for preventative efforts to be developed across the CPP. Health inequalities work will be part of a wider CPP approach to issues like poverty, employment, education, housing and transport, enabling inequalities and prevention policies and actions to be developed in a whole system approach involving a broad range of partners. This will allow Community Planning partners, and others to collectively agree a set of priorities around inequalities and prevention and ensure that a local approach is taken in delivering on these.

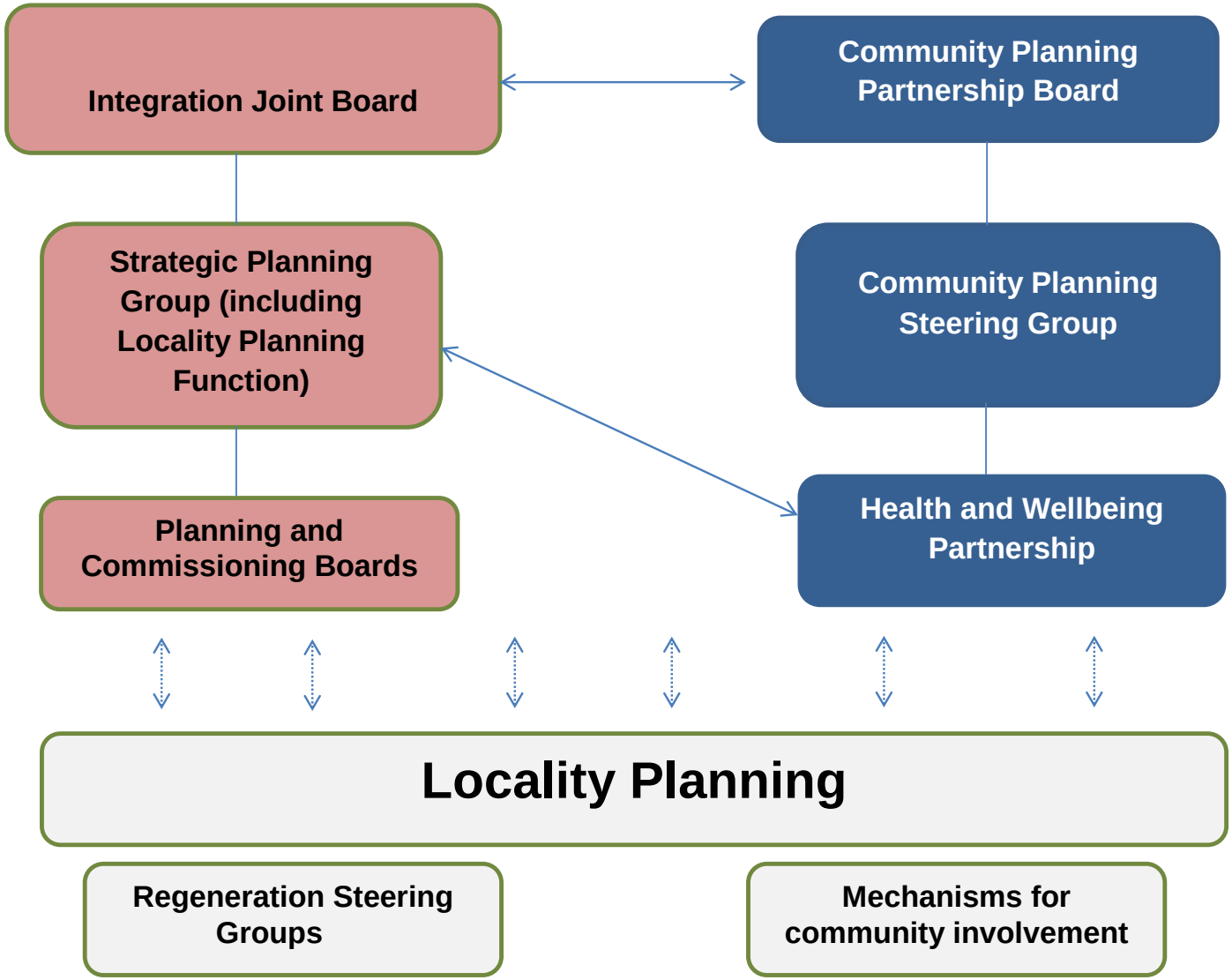
Linking IJB Strategic Planning to Community Planning

The CPP's Regeneration Planning process has provided a robust foundation for engaging with communities, identifying local issues and planning services at a local level. Strengthening links between the IJB and the CPP, at both a strategic and locality level will provide opportunities to further enhance locality activities and reduce duplication, therefore improving outcomes for our local communities as a result of a more streamlined, coordinated approach to locality planning.

Going forward, Community Planning will be represented on the IJB's Strategic Planning Group and the remit and membership of the Strategic Planning Group will be widened to ensure both East and West Localities are represented at a strategic level.

In addition, the 13 existing locality plans will be adopted as joint, comprehensive community plans with the added value of a health and social care perspective.

An illustration of links between Strategic Planning and Community Planning for joint Locality Planning

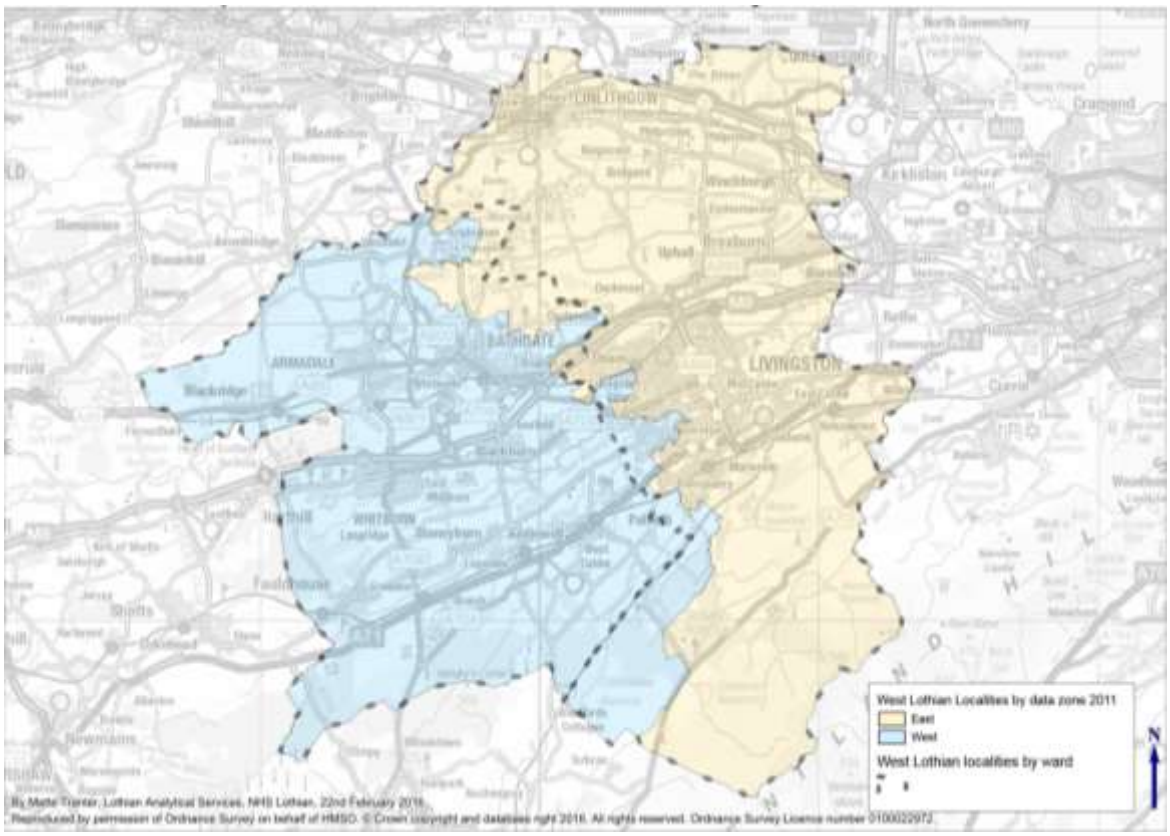


Areas for Development

Community priorities have been identified through the CPP's plans and many of these relate to health. Creating stronger links between the CPP, the Health and Wellbeing Forum and the IJB, (particularly around locality planning) will further enhance these priorities and accompanying actions. Further areas for development have been identified in response to what people told us were the gaps in their communities in relation to the key priorities set out in this plan. West Lothian IJB is committed to working with partners such as the Community Partnership and its Health and Wellbeing Partnership, the third and independent sectors, carers and patient representatives and housing to explore how to address these gaps through closer partnership working.

Areas Identified for Development
Accessible information about local support services or community groups and information about self-care *(Tackling Poverty and Health Inequalities; Supporting Positive Lifestyle Change)*
Understanding of needs at a local level *(Tackling Poverty and Health Inequalities; Supporting Positive Lifestyle Change)*
Social opportunities for those at risk of isolation including carers *(Tackling Poverty and Health Inequalities; Supporting Carers)*
Timely access to Mental Health services *(Improving Mental Health)*
Awareness of eligibility for support and support available for carers *(Supporting Carers)*

West Lothian
Integration Joint Board

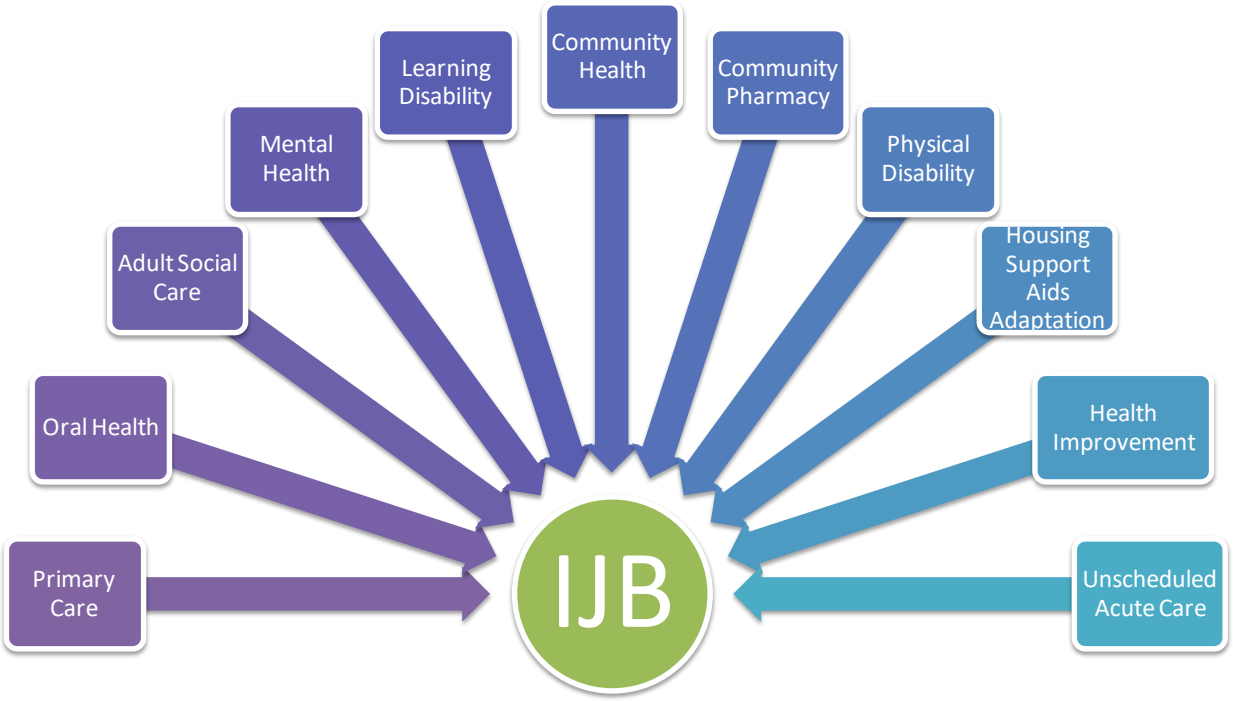


West Locality Plan
2019-22

1 Introduction

What is a Locality Plan?

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to divide its area into two or more localities for the purpose of carrying out its "functions". In West Lothian, these functions include:



We have defined two localities in West Lothian, East and West. The Locality Plan sets out how we will develop new ways of working at a community level in a way that is engaged with the community and contributing to effective strategic commissioning of services.

It is anticipated that locality planning will build upon the insights, experiences and resources within localities, support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes.

Most importantly, we want to support people and communities to support themselves too.

Who is this plan for?

This plan is for everyone who lives in the West of West Lothian and is focused mainly on adults in line with the functions delegated to the West Lothian IJB.

Who will carry out the plan?

The way health and social care services are delivered locally can have an impact on addressing the main health and wellbeing challenges. Locality Groups were formed to ensure local involvement in strategic planning with the direct involvement and leadership of:

- Health and social care professionals involved in the care of people who use services
- Representatives of the housing sector
- Representatives of the third and independent sectors
- Carers and patients' representatives
- People managing services

Going forward, locality planning will take place alongside strategic planning at the IJB's Strategic Planning Group. The commitments set out in this plan will be taken forward with by key partners including those listed above and by working closely with our Community Planning Partners.

How did people have a say in this plan?

A joint development session took place in December 2017 to examine the profile of West Lothian's East and West localities in detail. This session was well attended by members of the Locality Groups. Key priorities for each Locality were identified.

A survey was conducted seeking views on the key priorities and a wide range of stakeholders were targeted including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing, third sector providers, community councils and equality forums. The majority of respondents were supportive of the priorities proposed.

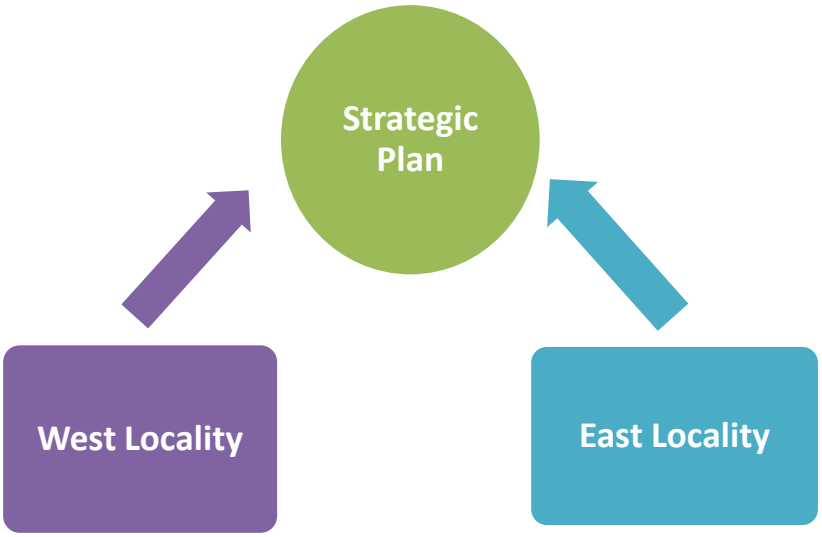
The Locality Groups held a further joint development session in May 2019 and discussed what was working well in their communities, what could be developed and what action was required to meet the key priorities for each Locality and the IJB's strategic priorities.

The outcome of the development sessions and engagement with stakeholders has been used to formulate this plan.

All comments received as part of this consultation exercise will be taken into account by the relevant Planning and Commissioning Board for the individual care group Commissioning Plans.

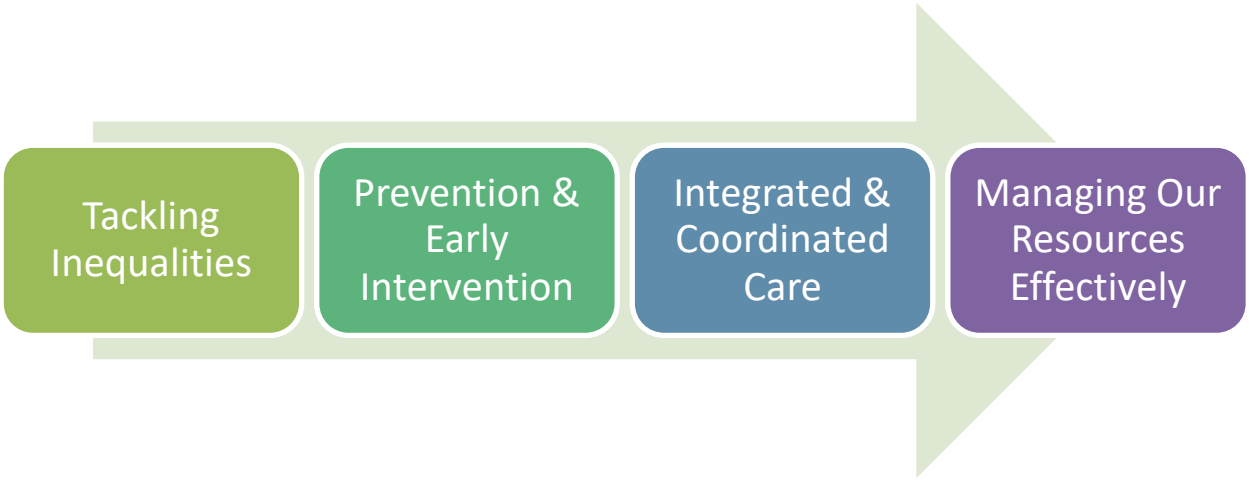
Where does this plan fit in with everything else?

The views and priorities of the localities will be taken into account in the strategic planning and commissioning of services. Locality planning will support the delivery of the IJB's Strategic Priorities at a local level and help to inform future versions of the Strategic Plan.



The Strategic Plan is focused on achieving a sustainable health and social care system for West Lothian. This will require **transformational change** over time in order to improve health and wellbeing outcomes and support the transition to the future model of care.

Underpinning all of this are four strategic priorities:



This Locality Plan is intended to support the aims and strategic priorities of the IJB whilst helping to inform planning and commissioning of services at a local level.

The Strategic Plan is closely aligned to the nine National Health and Wellbeing Outcomes:

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

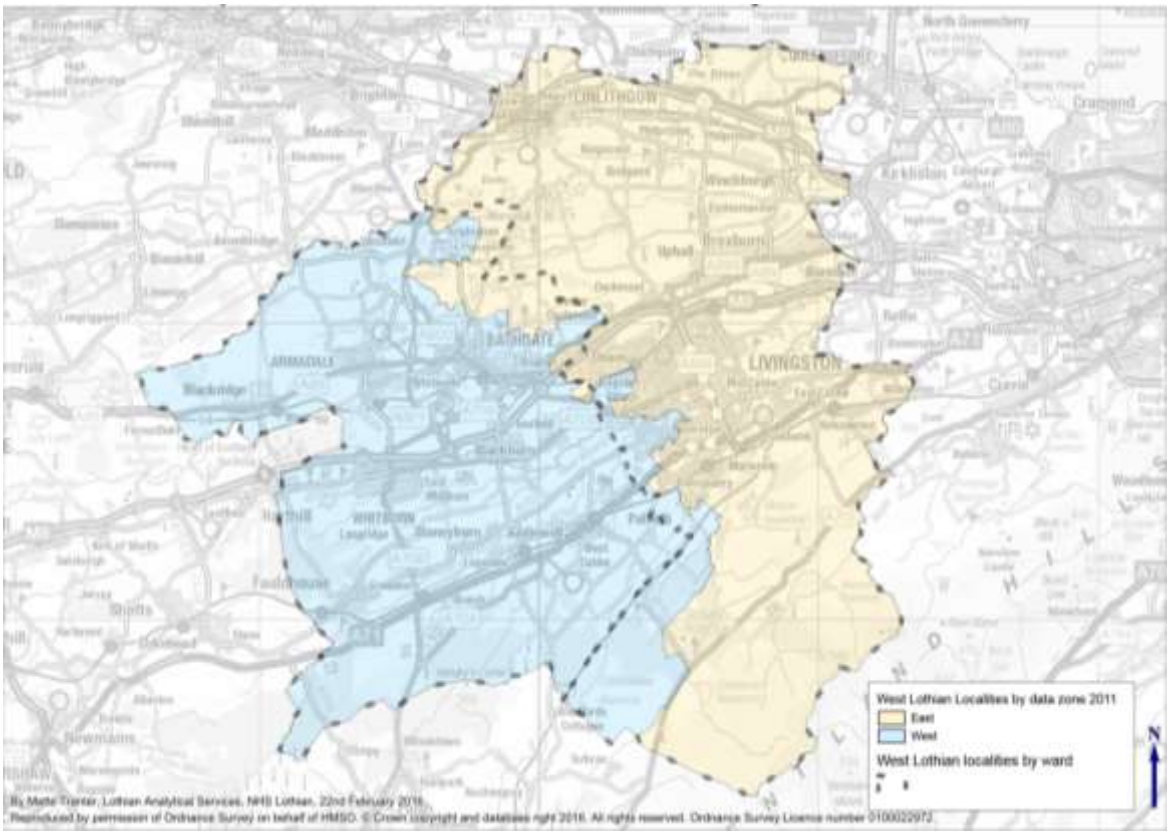
What do we want to achieve?

The West Lothian IJB has set out its vision, values, aims and strategic priorities in its Strategic Plan for 2019-23. You can access the Plan here *(new web link to be inserted*).

Vision and Aims of the West Lothian IJB, 2019-23

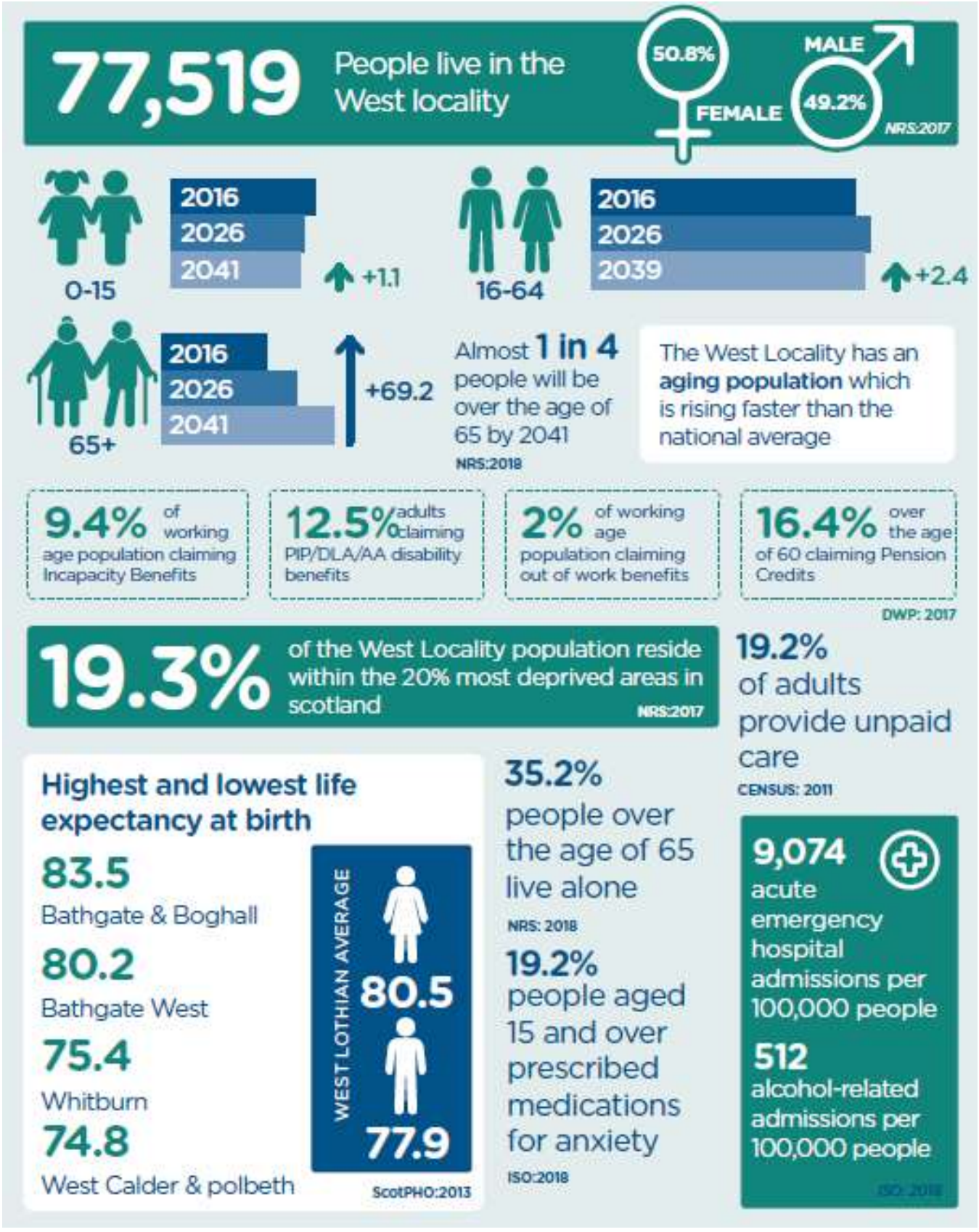
2 About the West Locality

West Locality Geography



The West Locality is home to Bathgate, Whitburn, Stoneyburn, Fauldhouse, West Calder, Armadale and Blackridge. The West Locality has more industrial history in comparison to the East Locality, evidence of which can still be seen when examining the health and social landscape of the area.

Summary profile of the West Locality



Key Priorities for the West Locality

Tackling Poverty and Health Inequalities	•19.3% of the population reside within the 20% most deprived areas in Scotland •There is a link between poverty and poorer health outcomes •There is an increasing number of people with multiple long-term conditions, including dementia
Supporting Carers	•Across the whole of West Lothian, almost 7800 adults provide unpaid care for 20 or more hours per week and 4600 of these for 50 or more hours •The population in West Lothian is aging faster than the national average – this means more people need cared for.There are less working-age people to provide care •There is an increasing number of Carers needing greater levels of support to reduce the negative effect their caring role may have on their own health and well-being
Improving Mental Health	•A high number of people (excludes under 16s) are prescribed medication for depression and anxiety •Older people or people with disabilities living alone are more likely to become socially isolated
Supporting Positive Lifestyle Change	•There were nearly 400 alcohol-related admissions to hospital in 2016/17 from the West Locality •It is recognised that lifestyle can significantly impact your health and the NHS spends hundreds of millions of pounds treating preventable health issues associated with smoking, alcohol misuse and obesity

3 What is working well?

This section sets out what people said worked well in their community to address the key adult health and social care priorities for the West Locality.

First STEPS to Health & Wellbeing

This programme supports people with long term conditions to self-manage and increase their functional capacity; the project is committed to reducing health inequality by targeting deprived communities and individuals with the aim of promoting and supporting initiatives to improve the health of the community as a whole. The capacity of STEPs has steadily grown to be able to address needs of those who are not used to using physical activity to improve health and positively manage their long term condition. Supporting self-care is vital if we are to improve health outcomes, slow disease progression and ensure better management of long term conditions. Promoting the health and wellbeing benefits of an active lifestyle and encouraging professionals to promote self-help techniques and alternatives to prescribing and other service dependencies promotes independence and positive self-management, improves health and well-being and will contribute effectively to control of health and social care costs.

From the onset of the Programme (2008), over 24,000 patients have been referred to Xcite from health professionals within West Lothian of which 16,161 having engaged. A recent evaluation suggests that the West Lothian First STEPs to Health & Well-Being project can improve both the physical and mental health of patients referred over the 12 weeks of their participation.

"I have enjoyed these classes not only for my health but socially, meeting some now great friends. I feel better physically and emotionally"

Polbeth and West Calder Community Garden

The Polbeth and West Calder Community Garden SCIO is a charitable group working to develop a community garden for everyone from Polbeth and West Calder and the surrounding areas in West Lothian. Their aim is to provide an opportunity for local people, schools and community groups to grow fruit and vegetables and take part in a range of outdoor leisure activities. The group have transformed a derelict site into a thriving garden and visitor attraction and they encourage people of all ages to come along and help out in the "green gym" gardens. It is staffed by volunteers and it is free to come along. Some activities have a small cost attached to pay for materials. The garden is accessible to visitors with wheelchairs and mobility issues, buggies and prams.

Ageing Well Project

This project, a partnership between Xcite, West Lothian Council, NHS Lothian and community groups, offers free, low cost activities to improve, maintain and promote the physical and mental health and wellbeing of older people and improve their quality of life.

Singing for health participant Janet says:

"I attend the singing for health session as I love company and enjoy singing with all the other singers they are friendly and as I live alone I really benefit from the company. It lifts my spirits. I have met new friends at the group who are lovely singers"

Community Wellbeing Hubs

With a focus on early intervention and prevention, community wellbeing hubs opened in June 2019, which are based in newly refurbished community resources in Boghall (West Locality) and Livingston (East Locality).

Located in each of the West Lothian localities, the hubs offer support to adults with mild to moderate mental health problems. Services are provided through a community link worker and well-being service, provided by Lanarkshire Association for Mental Health (LAMH). There is support available from psychologists, community psychiatric nurses, mental health occupational therapists, mental health link workers, and practitioners offering mindfulness, Tai Chi, yoga and relaxation classes. The service offers early intervention through a person-centred approach to help people manage their symptoms and improve their wellbeing.

It is too early to know what impact the hubs have had but it is a positive step towards community based services and the impact will be closely monitored.

Time Bank Project – Fauldhouse and Breich Valley Community Development Trust

The Time Bank Project has over 200 volunteers and takes a social prescribing and asset based approach to addressing the issues, needs and aspirations of the community. Over 9,000 volunteer hours were exchanged between individuals and groups to address issues such as social isolation, ill health, mental health and wellbeing. The project also aims to develop capacity in individuals, families and communities to encourage self-help. The benefits of the project include building confidence and self-esteem, enabling learning and development and bringing people together to address needs, concerns and aspirations. The project receives referrals from GPs, Health Visitors, mental health services and social care services. The Fauldhouse and Breich Valley Community Development Trust are currently examining how this project could be extended to other areas of West Lothian.

Cycling Without Age – Fauldhouse

The Fauldhouse and Breich Valley Community Development Trust were successful with a funding application to West Lothian Council's Village Improvement Fund to purchase a trishaw, which has been fondly named after its first passenger, 83 year old Fauldhouse local, Alice. This project is the first Cycling Without Age chapter in West Lothian. Trishaw pilots were recruited through the Time Bank Project to take residents of Crofthead Care Homeout, Bield residential housing and other individuals who may be isolated and lonely, out for a trishaw ride. Heriot Watt University have been studying the impact of these schemes and found multiple benefits to passengers, pilots and staff in care homes. Benefits to the passengers were a sense of freedom, friendship and social opportunities, mood and mental health improvements and just enjoying doing something different in the fresh air.

It's wonderful! I would go out on it anytime…just come and get me!

When I was younger it was the boys that got bikes and I never had one, so the ride in the trishaw was brilliant!

Integrated Discharge Hub at St John's Hospital

A new Integrated Discharge Hub was launched at St John's Hospital in December 2018 bringing together staff from the hospital, community, social work and Carers of West Lothian in one place to work alongside inpatient teams, patients, carers and families. The intent was to improve hospital discharge planning and reduce the

I think that being part of the Hub is raising Carers of West Lothian's profile within the hospital and other staff out-with the Hub are now seeing us as being part of the team, this is a situation that can only get better when we start spending more time in the hospital on a daily basis (**Carers of West Lothian)**

length of time people had to wait in hospital for arrangements to be made for ongoing care and support in the community.

The hub team holds daily, multi-disciplinary 'huddles' to discuss complex discharges working in partnership with the hospital inpatient teams, carers and families. The discharge planning process has been streamlined because everyone who needs to be involved in decision-making and discharge planning can be consulted almost immediately. Improvements are already being seen such as: better communication, reduction in unnecessary delays and reductions in the average length of stay within the medical inpatient wards.

Cyrenians OPAL (Older People, Active Lives) Service

This service aims to maintain or increase older people's independence and well-being across the West Lothian Council area. The free service is funded through a collaboration with West Lothian Council, West Lothian Health and Social Care Partnership, and NHS Lothian and is available for those typically aged 60+.

The service is delivered by a team of dedicated, trained volunteers. Volunteers offer encouragement, companionship and support to help older people engage in social, leisure and community activities.

Through the groups programme, 13 regular social and activity groups are delivered across West Lothian which provide a welcoming and relaxed way of getting to know people. Through the One to One/Befriending service, support is offered to older people who additionally may be experiencing one or more of the following:

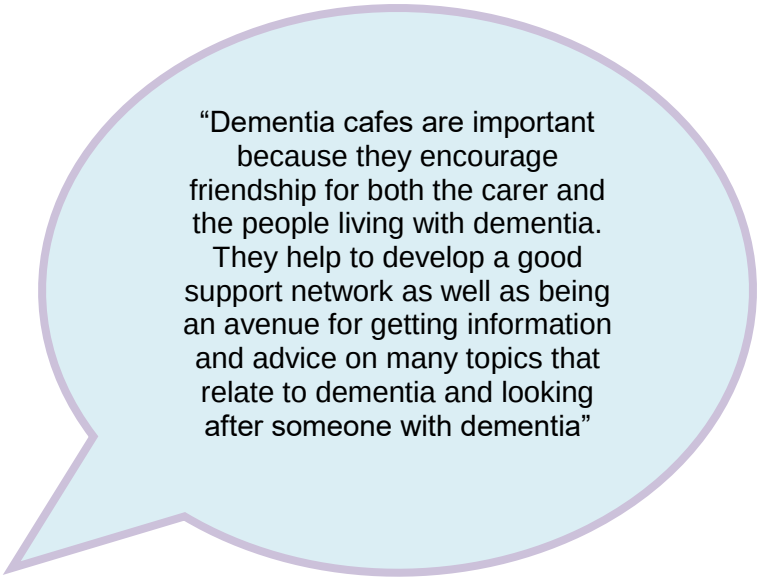
- Bereavement
- Returning home after a recent stay in hospital
- Living distantly from family or friends
- A Carer responsibility
- Depression and/or anxiety
- A recent/early dementia diagnosis

The Dale Pantry – Armadale

The Dale Pantry aims to support families in the area who are affected by food poverty. The project provides surplus food donated by local businesses to those in the community who are in need. Along with the food element, the project has also branched out and is providing a range of second hand clothes for local people to utilise. Other 'community fridges' have opened in Polbeth, Fauldhouse and Stoneyburn.

Dementia/Memory Cafes

Dementia cafes are designed to provide a safe and supportive place for people to discuss their own dementia diagnosis, or someone else's, and think about what it means for the future. There is usually someone from Alzheimer Scotland there to answer any questions and people can meet and learn from other people in similar situations. Feedback from people living with dementia is that Dementia Cafes are an invaluable resource. There are a number of these cafes in the East Locality. Click here to see the list of **local Dementia Cafes.**



Technology Enabled Care

myCOPD is a self-management tool that helps people with Chronic Obstructive Pulmonary Disease to manage their condition better. It can be used to help with inhaler technique, improve breathing, reduce fare ups and track medication. It works by the user logging on to a web based portal, from where they can access a range of self-care tools. The purpose of encouraging the use of myCOPD is to help people manage their COPD independently and reduce reliance on GP and hospital appointments. myCOPD can also be used by health professionals to check in with their patients remotely, track their condition, update medication and improve their overall care. myCOPD has been shown to correct 98% of inhaler errors without any other clinical intervention.

Florence or 'Flo', is a text messaging system that sends patients reminders and health tips tailored to their individual needs. Flo has had a huge impact on people's lives, revolutionising the way patients manage their own health. Since 2010 it has been used by more than 30,000 people in over 70 health and social care organisations in the UK. In West Lothian, Flo is being used in a range of GP practices as well as with a number of individual service users. 'Flo' is being used in the management of Vitamin B12 injections and for medication reminders. It is also being used by patients to check blood pressure with a text being sent back to the appropriate health professional.

4 What do we need to do?

Community Planning

West Lothian Community Planning Partnership (CPP) is made up of 21 partners from the public, voluntary and private sectors. Community Planning is the process by which people who live, work and provide services in an area work together in partnership to improve how local services are planned and delivered, to make life better for people. Community Planning focuses on how the collective efforts of working as a partnership can improve the quality of life and reduce inequalities in communities.

CPP's are required to produce a Local Outcomes Improvement Plan (LOIP), which sets out the long term outcomes for the CPP. CPP's are also required to produce locality plans which focus on the areas which experience poorer outcomes. In West Lothian, 13 locality plans have been developed based on the areas within the bottom 20% of the Scottish Index of Multiple Deprivation (SIMD). These were originally developed as Regeneration Plans through the regeneration planning process. These plans set out the specific themes, priorities and actions for the local area and are based on extensive, ongoing dialogue and engagement with local communities. Input from partners has brought local knowledge, experience and resource. Steering Groups have been established in each locality area to enable local stakeholders to work in partnership to progress the plans.

Health and Wellbeing Partnership

The CPP's Health and Wellbeing Partnership has been established to take forward health, prevention an inequalities work at a CPP level in West Lothian. Using a determinants of health approach, the partnership provides a platform for preventative efforts to be developed across the CPP. Health inequalities work will be part of a wider CPP approach to issues like poverty, employment, education, housing and transport, enabling inequalities and prevention policies and actions to be developed in a whole system approach involving a broad range of partners. This will allow Community Planning partners, and others to collectively agree a set of priorities around inequalities and prevention and ensure that a local approach is taken in delivering on these.

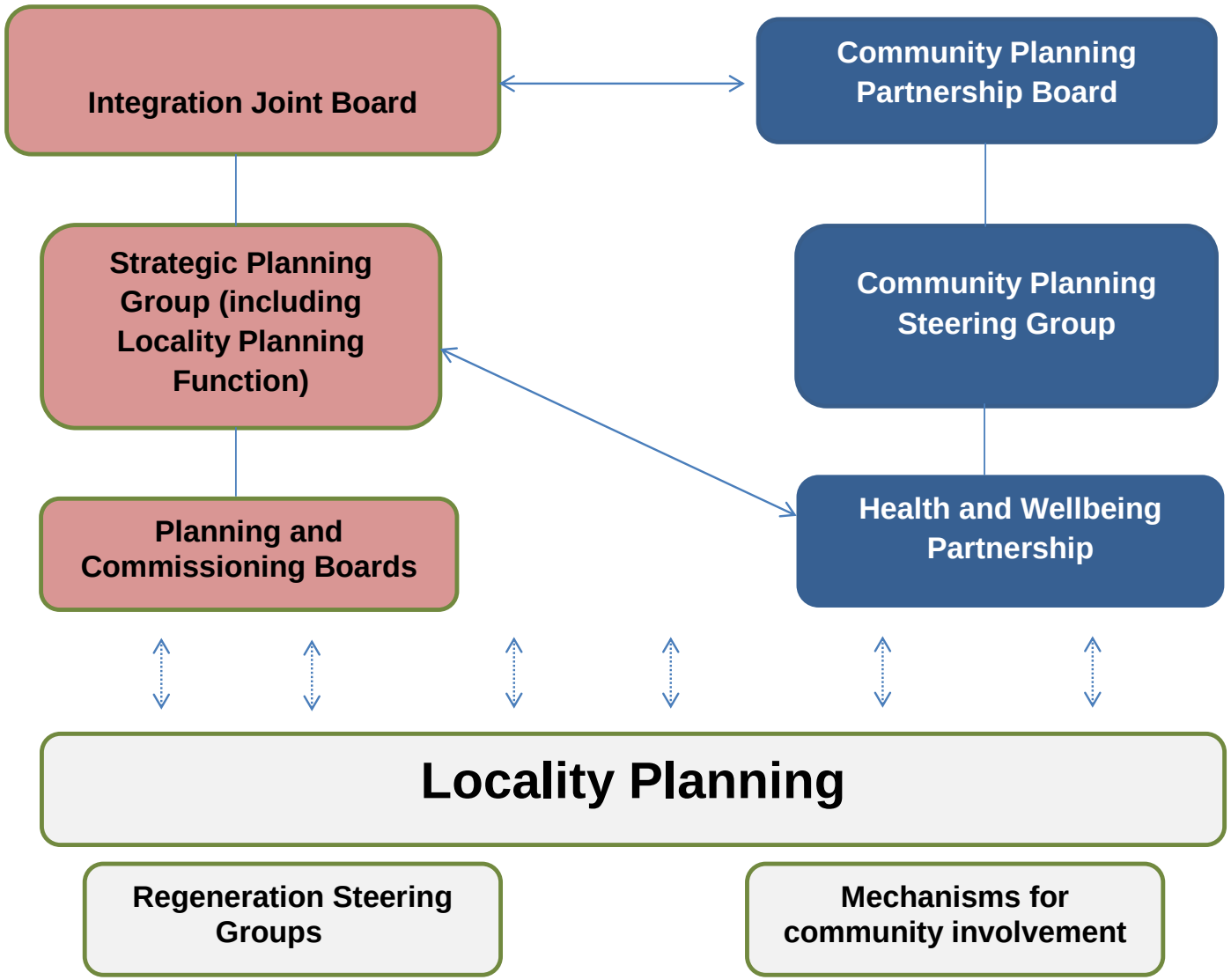
Linking IJB Strategic Planning to Community Planning

The CPP's Regeneration Planning process has provided a robust foundation for engaging with communities, identifying local issues and planning services at a local level. Strengthening links between the IJB and the CPP, at both a strategic and locality level will provide opportunities to further enhance locality activities and reduce duplication, therefore improving outcomes for our local communities as a result of a more streamlined, coordinated approach to locality planning.

Going forward, Community Planning will be represented on the IJB's Strategic Planning Group and the remit and membership of the Strategic Planning Group will be widened to ensure both East and West Localities are represented at a strategic level.

In addition, the 13 existing locality plans will be adopted as joint, comprehensive community plans with the added value of a health and social care perspective.

An illustration of links between Strategic Planning and Community Planning for joint Locality Planning



Areas for Development

Community priorities have been identified through the CPP's plans and many of these relate to health. Creating stronger links between the CPP, the Health and Wellbeing Forum and the IJB, (particularly around locality planning) will further enhance these priorities and accompanying actions. Further areas for development have been identified in response to what people told us were the gaps in their communities in relation to the key priorities set out in this plan. West Lothian IJB is committed to working with partners such as the Community Partnership and its Health and Wellbeing Partnership, the third and independent sectors, carers and patient representatives and housing to explore how to address these gaps through closer partnership working.

Area for Development
Access to a range of health and wellbeing resources for people in rural areas *(Tackling Poverty and Health Inequalities; Supporting Positive Lifestyle Change)*
Joined-up services and closer links between organisations and professionals *(Tackling Poverty and Health Inequalities; Supporting Positive Lifestyle Change)*
Post-discharge community support *(Tackling Poverty and Health Inequalities; Supporting Positive Lifestyle Change)*
Social opportunities for those at risk of isolation including carers *(Tackling Poverty and Health Inequalities; Supporting Carers)*
Timely access to Mental Health services *(Improving Mental Health)*
Identifying and supporting carers in rural areas *(Supporting Carers)*

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE AND PROCEDURAL RULES

1 Role and remit

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

1.2 The SPG will be responsible for the following:-

(a) Developing the initial baseline strategic plan for the IJB, including strategic commissioning priorities, organisational development, localities based activity, and a three year action plan

(b) Overseeing the implementation of the three year action plan

(c) Monitoring performance against national outcomes and locally agreed outputs

(d) Reviewing the strategic plan and the three year action plan

(e) Providing views and comment to the IJB in responding to emerging Scottish Government policy and regulations

(f) Supporting the IJB on key proposals and service changes by linking effectively with staff, users, carers, clinical & care professionals and locality members

2 Membership and members

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

(a) council

(b) health board

(c) health professionals

(d) users of health care

(e) carers of users of health care

(f) commercial providers of health care

(g) non-commercial providers of health care

(h) social care professionals

(i) users of social care

(j) carers of users of social care

(k) commercial providers of social care

(l) non-commercial providers of social care

(m) non-commercial providers of social housing

(n) third sector bodies carrying out activities related to health care or social care

(o) the localities determined by the IJB for the purposes of the Strategic Plan

2.2 The Chair may invite others to attend and participate at meetings on an *ad hoc* basis in relation to specific items or areas of specialist knowledge or expertise (such as hosted services).

2.3 Members will be expected to acknowledge and adhere to the key principles of the IJB Code of Conduct (Appendix 3) in all dealings with fellow members, officers, other stakeholders and the public when performing duties as a member of the SPG.

2.4 For each item of business, members should consider:-

(a) whether they have an interest that should be declared, and

(b) whether that interest means they should leave the meeting while that business is dealt with

2.5 Members do not require to declare an interest in respect of any issue:-

(a) relating generally to the organisation or user group or stakeholder group they represent, or

(b) as a recipient or potential recipient of services, relating to the terms of services which are offered to the public generally

2.6 If a more direct or specific interest arises then members should declare the interest and withdraw if they decide that a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice discussion or decision making.

2.7 If members are unable to attend a meeting they are entitled to arrange for a suitably qualified and able substitute to attend on their behalf, with the name of the substitute to be given to the Chair in advance of the meeting.

2.8 No set quorum is required for a meeting to proceed.

2.9 The Director of the West Lothian Health and Social Care Partnership shall be Chair. In his or her absence the chair shall be taken by his or her nominee, failing which a member chosen by the SPG members then present.

3 Meeting arrangements

3.1 Meetings are held according to a timetable set each year by the IJB to align with the timetable of meetings of the IJB itself.

3.2 The Chair may change the date and/or time of meetings and may call additional meetings, subject to SPG members receiving at least 7 days' notice of the new or adjusted meeting arrangements.

4 Before a meeting

4.1 Although not binding on the SPG, meetings will be called by taking the approach set out in the IJB's Standing Orders insofar as practicable, as follows:-

(a) an agenda will be prepared by the Chair setting out the business of the meeting

(b) written reports on a standard template will be circulated with the agenda

(c) meeting papers will be issued electronically at least five clear days before the meeting

(d) meeting papers will thereafter be made available to the public and published on the internet

(e) the Chair may allow additional items or reports to be added later to the agenda

(f) meetings will be open to the public

4.2 In exceptional circumstances, the Chair may rule that a report should not be made available to the public, or published on the internet, and the agenda shall record that and the reason for the ruling.

4.3 In exceptional circumstances, the Chair may rule that the public should be excluded from a meeting for an item of business, and the minute will record that and the reason for the ruling.

5 During a meeting

5.1 The business of meetings is conducted through and under the control of the Chair who will:-

(a) make rulings in relation to matters of procedure and conduct

(b) treat members and officers fairly and even-handedly

(c) give members and officers a reasonable opportunity to participate in the business of the meeting through questions, comment and debate

(d) conduct meetings efficiently

(e) carry out business expeditiously

(f) ensure that a conclusion is reached on each item of business

(g) record the business conducted and conclusions reached in a minute of the meeting

5.2 No motions, amendments or voting will be permitted.

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

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

6 After a meeting

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

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

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

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

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

APPENDIX 1

NATIONAL HEALTH AND WELLBEING OUTCOMES

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

2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

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

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

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

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

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

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

APPENDIX 2

INTEGRATION DELIVERY PRINCIPLES

1 The main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users.

2 In so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-

(a) is integrated from the point of view of service-users

(b) takes account of the particular needs of different service-users

(c) takes account of the particular needs of service-users in different parts of the area in which the service is being provided

(d) takes account of the particular characteristics and circumstances of different service-users

(e) respects the rights of service-users

(f) takes account of the dignity of service-users

(g) takes account of the participation by service-users in the community in which service-users live

(h) protects and improves the safety of service-users

(i) improves the quality of the service

(j) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

(k) best anticipates needs and prevents them arising

(l) makes the best use of the available facilities, people and other resources

APPENDIX 3

KEY PRINCIPLES OF THE IJB CODE OF CONDUCT

1 Duty

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

2 Selflessness

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

3 Integrity

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

4 Objectivity

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

5 Accountability and Stewardship

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

6 Openness

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

7 Honesty

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

8 Leadership

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

business.

9 Respect

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

XX Locality Group

Terms of Reference and Membership

A. Remit of Locality Group

Background
The West Lothian Integration Joint Board (IJB) has established two localities within West Lothian in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The localities have been built up from 2011 data zones to support data capture for planning purposes and aligned as best fit to General Practice (GP) populations and multi-member wards to support development of integrated models around GP Practice clusters as well as localities. The geographies of the localities are laid out in section G.

Purpose
The purpose of the XX Locality Group is to:

- Improve collaborative working between partners to strengthen approaches to tackling poverty and inequality, improving public health and prevention and early intervention.
- Support GPs to play a central role in providing and coordinating care to local communities and by working more closely with others – including wider primary care team, secondary care, social care colleagues and third sector providers - to help improve outcomes for local people
- Support a proactive approach to capacity building in communities and better integrated working between primary and secondary care.
- Provide a consultative function to the Integration Joint Board when a decision is to be made that is likely to significantly affect service provision in a locality.

Outputs
The XX Locality Group will develop, action and review regularly a locality plan which will take account of community plans and local regeneration plans within the localities. It is anticipated that the locality plan will build on the insights, experiences and resources in localities to support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes.

The locality plan sets out how we will develop new ways of working at a community level in a way that is engaged with the community and contributing to effective strategic commissioning of services.

The locality plan will be consistent with appropriate commitments within the following related high level strategies: West Lothian IJB Strategic Plan, care group Commissioning Plans, West Lothian Health and Social Care Partnership (HSCP)

DRAFT

Participation and Engagement Strategy, West Lothian Local Outcomes Improvement Plan, NHS Lothian Local Delivery Plan, NHS Lothian Clinical Strategy, West Lothian Housing Strategy, and West Lothian Council Corporate Plan.

The locality plan should take account of and compliment Community Planning work and the Regeneration Plans for areas within the locality.

B. Frequency

The group will meet at least quarterly.

C1. Leadership

C2. Contact

The Group and its Chair will be supported by the IJB Project Officer.

D. Reporting and structure

The group will report to the West Lothian Integration Strategic Planning Group in accordance with the IJB Strategic Plan. A diagram of where the Locality Groups sit within the wider included in section H.

E1. Membership Profile

Participants are chosen in line with the Health and Social Care Localities Guidance, July 2015 to provide the relevant knowledge and expertise to fulfil the remit of the group. Community Planning and Community Regeneration are also represented.

E2. Membership

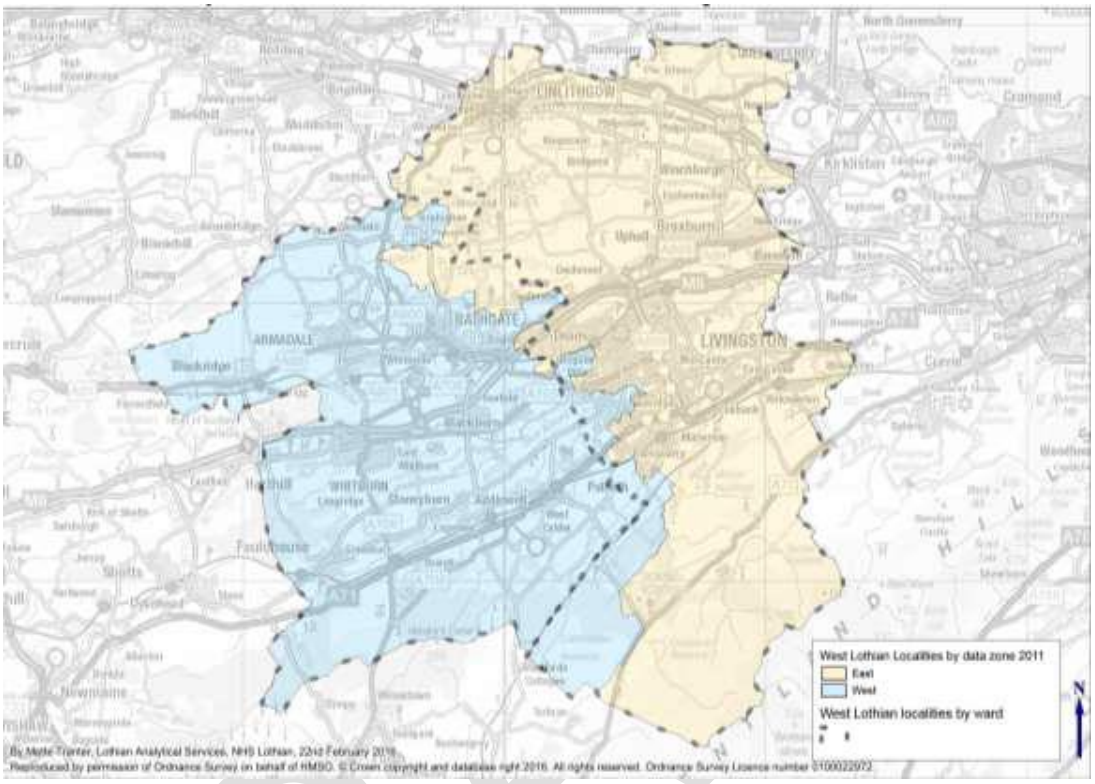
Member	Role
	General Practice
	Primary Care
	Secondary Care
	Housing and Customer Services - Council
	Housing - Independent
	Social Work
	Social Care
	Third Sector (carers)
	Communities – service user representative
	Social Work (staff representative)
	Public Health
	Community Nursing
	Independent Care Sector
	Scottish Health Council
	Community Planning
	Community Regeneration
	HSCP
	HSCP (support)

DRAFT

F. Review

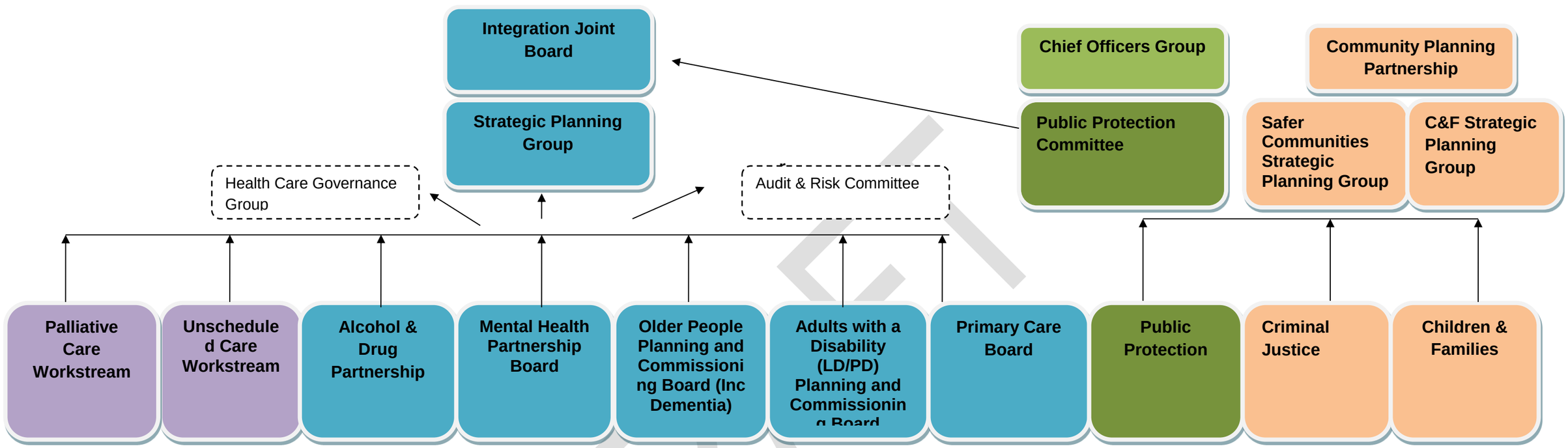
The terms of reference will be reviewed on an annual basis.

G. Locality areas



DRAFT

H.


Integration Joint Board
Strategic Planning Group
Chief Officers Group
Public Protection Committee
Community Planning Partnership
Safer Communities Strategic Planning Group
C&F Strategic Planning Group
Health Care Governance Group
Audit & Risk Committee
Palliative Care Workstream
Unscheduled Care Workstream
Alcohol & Drug Partnership
Mental Health Partnership Board
Older People Planning and Commissioning Board (Inc Dementia)
Adults with a Disability (LD/PD) Planning and Commissioning Board
Primary Care Board
Public Protection
Criminal Justice
Children & Families

DRAFT

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE AND PROCEDURAL RULES

1 Role and remit

1.1 The SPG has a significant role in supporting the IJB to deliver against its Strategic Priorities and the National Health and Wellbeing Outcomes (Appendix 1) in accordance with the Integration Delivery Principles (Appendix 2); and has responsibility for locality planning.

1.2 The SPG will be responsible for the following:-

(a) Developing the strategic plan for the IJB, the strategic commissioning priorities, organisational development and localities based activity

(b) Overseeing the implementation of the strategic commissioning plans

(c) Reviewing the strategic plan and the strategic commissioning plans

(d) Monitoring performance against national outcomes and locally agreed outputs

(e) To involve representatives of a locality in any decisions or planned changes that are likely to significantly affect service provision in that locality

(f) Work closely with Community Planning Partners to strengthen approaches to tackling poverty and inequality, improving public health and prevention and early intervention.

(g) Support a proactive approach to capacity building in communities and better integrated working between primary and secondary care.

(h) Support GPs to play a central role in providing and coordinating care to local communities by working more closely with others – including wider primary care team, secondary care, social care colleagues and third sector providers - to help improve outcomes for local people

(i) Providing views and comment to the IJB in responding to emerging Scottish Government policy and regulations

(j) Support the IJB on key proposals and service changes by linking effectively with staff, users, carers, clinical & care professionals and locality members

2 Membership and members

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

(a) council (including community planning and housing)

DRAFT

(b) health board

(c) health professionals (including GPs)

(d) users of health care

(e) carers of users of health care

(f) commercial providers of health care

(g) non-commercial providers of health care

(h) social care professionals

(i) users of social care

(j) carers of users of social care

(k) commercial providers of social care

(l) non-commercial providers of social care

(m) non-commercial providers of social housing

(n) third sector bodies carrying out activities related to health care or social care

(o) the localities determined by the IJB for the purposes of the Strategic Plan

2.2 The Chair may invite others to attend and participate at meetings on an *ad hoc* basis in relation to specific items or areas of specialist knowledge or expertise (such as hosted services).

2.3 Members will be expected to acknowledge and adhere to the key principles of the IJB Code of Conduct (Appendix 3) in all dealings with fellow members, officers, other stakeholders and the public when performing duties as a member of the SPG.

2.4 For each item of business, members should consider:-

(a) whether they have an interest that should be declared, and

(b) whether that interest means they should leave the meeting while that business is dealt with

2.5 Members do not require to declare an interest in respect of any issue:-

(a) relating generally to the organisation or user group or stakeholder group they represent, or

(b) as a recipient or potential recipient of services, relating to the terms of services which are offered to the public generally

DRAFT

2.6 If a more direct or specific interest arises then members should declare the interest and withdraw if they decide that a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice discussion or decision making.

2.7 If members are unable to attend a meeting they are entitled to arrange for a suitably qualified and able substitute to attend on their behalf, with the name of the substitute to be given to the Chair in advance of the meeting.

2.8 No set quorum is required for a meeting to proceed.

2.9 The Head of Strategic Planning and Performance of the West Lothian Health and Social Care Partnership shall be Chair. In his or her absence the chair shall be taken by his or her nominee, failing which a member chosen by the SPG members then present.

3 Meeting arrangements

3.1 Meetings are held according to a timetable set each year by the IJB to align with the timetable of meetings of the IJB itself.

3.2 The Chair may change the date and/or time of meetings and may call additional meetings, subject to SPG members receiving at least 7 days' notice of the new or adjusted meeting arrangements.

4 Before a meeting

4.1 Although not binding on the SPG, meetings will be called by taking the approach set out in the IJB's Standing Orders insofar as practicable, as follows:-

(a) an agenda will be prepared by the Chair setting out the business of the meeting

(b) where there are written reports, these will be on a standard template and will be circulated with the agenda

(c) meeting papers will be issued electronically at least five clear days before the meeting

(d) the Chair may allow papers for discussion and presentations to be tabled at the meeting

(e) the Chair may allow additional items or reports to be added later to the agenda

(f) meetings will be held in private

5 During a meeting

5.1 The business of meetings is conducted through and under the control of the Chair who will:-

(a) make rulings in relation to matters of procedure and conduct

(b) treat members and officers fairly and even-handedly

(c) give members and officers a reasonable opportunity to participate in the business of the meeting through questions, comment and debate

(d) conduct meetings efficiently

(e) carry out business expeditiously

(f) ensure that a conclusion is reached on each item of business

(g) record the business conducted and conclusions reached in a minute of the meeting

5.2 No motions, amendments or voting will be permitted.

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

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

6 After a meeting

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

6.2 The Clerk will prepare a draft minute summarising the business of the meeting and the conclusions reached.

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

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

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

DRAFT

APPENDIX 1

NATIONAL HEALTH AND WELLBEING OUTCOMES

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

2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

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

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

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

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

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

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

DRAFT

APPENDIX 2

INTEGRATION DELIVERY PRINCIPLES

1 The main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users.

2 In so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-

(a) is integrated from the point of view of service-users

(b) takes account of the particular needs of different service-users

(c) takes account of the particular needs of service-users in different parts of the area in which the service is being provided

(d) takes account of the particular characteristics and circumstances of different service-users

(e) respects the rights of service-users

(f) takes account of the dignity of service-users

(g) takes account of the participation by service-users in the community in which service-users live

(h) protects and improves the safety of service-users

(i) improves the quality of the service

(j) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

(k) best anticipates needs and prevents them arising

(l) makes the best use of the available facilities, people and other resources

DRAFT

APPENDIX 3

KEY PRINCIPLES OF THE IJB CODE OF CONDUCT

1 Duty

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

2 Selflessness

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

3 Integrity

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

4 Objectivity

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

5 Accountability and Stewardship

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

6 Openness

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

7 Honesty

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

8 Leadership

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

DRAFT

business.

9 Respect

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

DRAFT

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 8

NATIONAL MEMORANDUM OF UNDERSTANDING BETWEEN IJBS AND HOSPICES

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 The purpose of this report is to present the National Memorandum of Understanding between IJBs and Scottish Hospices for consideration by the Integration Joint Board

B RECOMMENDATION

The Integration Joint Board is recommended to

1. Note the contents of the report
2. Consider the National Memorandum of Understanding between IJBs and Independent Hospices
3. Agree to adopt the MoU and remit this to the Palliative Care Commissioning Board to take forward the development of SLAs, contracts or commissioning plans for palliative care provision
4. Note the requirements for collaborative working with other IJBs in Lothian in commissioning of Independent Hospice provisions and agree that this is remitted to the Lothian Chief Officers Group to support facilitation of joint commissioning of the two Lothian Hospices.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	*The budget for palliative care is delegated to the IJB*
C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014
C4	**Risk**	*Risk relating to finance is captured in the risk register and will be monitored.*

C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	*None*
C7	**National Health and Wellbeing Outcomes**	*All apply*
C8	**Strategic Plan Outcomes**	*All apply*
C9	**Single Outcome Agreement**	*All apply*
C10	**Impact on other Lothian IJBs**	*There are co-dependences with the Lothian IJBs for the joint commissioning of Independent Hospices in Lothian*

D TERMS OF REPORT

D1 Across Scotland, Health and Social Care Partnerships and Independent Hospices are committed to a future which will ensure the provision of high quality and person-centred palliative and end of life care, is made available to all who need it, when they need it.

D2 The principles underpinning the commissioning relationship between NHS Boards and Independent Hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012 (CEL 12).

D3 Following the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Authorities have been established and the functions and resources associated with the provision of palliative and end of life care are delegated to the Integration Joint Boards. The terms of CEL 12 do not apply to Integration Joint Boards as the NHS Board is no longer the commissioner of palliative and end of life care.

D4 A working group was established with membership from Partnerships, The Scottish Hospices Leadership Group and the Scottish Government to develop a Memorandum of Understanding (MoU) between Scotland's Integration Joint Boards and Independent Hospices.

D5 The MoU builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role of IJBs in commissioning of palliative care services.

D6 The MoU will cover an initial two year period (1 April 2019 to 31 March 2021) and is structured to set out the key aspects relevant to facilitating the delivery of effective joint commissioning.

The aim of the MoU is to provide a strategic and financial framework for Integration Authorities and Independent Hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnerships that should apply in the development of SLAs, contracts or
D7 commissioning plans developed in a local context.

The MoU sets out the policy context and respective responsibilities of the parties. For the IJB this includes:

- The planning, design and commissioning of the palliative care functions based on assessment of local need in accordance with the IJB Strategic Plan
- The development of local commissioning plan in partnership with independent hospices and relevant stakeholders
- Where independent hospice provides services to more than one IJB – as in Lothian- the IJBs will collaborate to ensure effective and efficient use of resources to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and
D8 strategy.

The Independent Hospices responsibilities include:

- Contributing to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Working with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continuing to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local Health and Social Care
D9 Partnerships.

One of the primary functions of CEL 12 was to outline the financial contribution that Health Boards should make to the running costs of independent hospices. The MoU does not prescribe the proportion of agreed costs to be met by Integration Joint Boards but envisages a new relationship developing, based on the following principles:

- A transparent assessment of the *total* resource both parties bring to the table, including charitable income sources;
- A transparent assessment of the *total* costs of service provision, analysed through an "open book" approach between Integration Joint Boards and independent adult hospices
- Value for money and efficiency
- Benchmarking of costs, activity and quality
D10 • Quality outcome measures

A three year agreement is preferred as a means of delivering financial stability, which is especially important during times of service redesign. In the absence of redesign, it is important to note that while this MoU moves away from a specific agreement to meet 50% of agreed costs, individual hospices should not receive a *reduction* in
D11 financial support from IJBs against 2018/19 levels.

D12 The MoU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers parties before 31 March 2021.

D13 The MoU has been jointly signed by the Chair of the Chief Officers Group and the Chair of the Hospices Leadership Group. The IJB is being asked to adopt and apply the MoU within our local context. The wording and framing of the MOU was carefully negotiated over a number of months and the IJB is being asked to adopt it as it is.

D14 As previously agreed the IJB has approved a palliative care work stream to consider the development of our palliative care strategy. This could now be formalised into a planning and commissioning board to take forward the development of SLAs, contracts or commissioning plans for palliative care provision in accordance with the MoU.

D15 As noted in the IJB responsibilities where Independent Hospices provide services to more than one IJB, the IJBs are required to work collaboratively to ensure effective and efficient use of resources. It is proposed that this should be remitted to the Chief Officers Group in Lothian to agree how this will be taken forward on a pan Lothian basis for the two Hospices in Lothian to ensure equity across service planning, design and commissioning.

E CONSULTATION

E1 The MoU has been developed through the National Chief Officers Group, the Scottish Hospices Leadership Group and the Scottish Government

F REFERENCES/BACKGROUND

F1 *A Partnership For Better Palliative And End Of Life Care: Creating A New Relationship Between Independent Adult Hospices And NHS Boards In Scotland (CEL 12)*

G APPENDICES

G1 *Appendix 1; National MoU between IJBs and Hospices signed*

H CONTACT

H1 Carol Bebbington
Interim Head of Health
Carol.bebbington@nhslothian.scot.nhs.uk
01506 281017

26 November 2019

Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices

Introduction

Across Scotland, Health and Social Care Partnerships and independent hospices are committed to a future which will ensure the provision of high quality and person-centred palliative and end of life care, made available to all who need it, when they need it. This ambition is founded on the following over-arching principles:

- A partnership based on parity of esteem and a commitment to shape palliative care services together;
- A recognition of the importance of financial stability, both within the partnership as a whole and for each independent hospice;
- A commitment to operate openly and transparently, cultivating a position of trust, building strong relationships which are resilient to disagreement and financial pressures;
- A recognition that hospices are autonomous organisations with considerable skills, expertise and charitable income, who nevertheless operate within local health and social care systems and whose aims are aligned to local commissioning strategies.

In approving this Memorandum of Understanding, all parties agree to abide by these principles.

Scope of the Memorandum of Understanding

The principles underpinning the commissioning relationship between NHS Boards and independent hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012,[1] commonly referred to as CEL 12. This document has since governed the commissioning relationship between Health Boards and independent hospices.

However, following the Public Bodies (Joint Working) (Scotland) Act 2014, all Health Boards have been required to establish Integration Authorities with their Local Authority partners. Within this context, the functions and resources associated with the provision of palliative and end of life care are now the preserve of Scotland's Integration Authorities.

The terms of CEL 12 do not apply to those Integration Authorities who have established Integration Joint Boards, since in these circumstances the Health Board is no longer the commissioner of palliative and end of life care. By contrast, CEL 12 continues to apply to those Integration Authorities which have elected to establish the NHS Board as a Lead Agency under the 2014 Act. The collaborative commissioning process as set out in CEL 12 has come to fuller fruition in the commissioning process set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

In order to clarify any ambiguities in understanding in the national policy framework, a working group was established to develop a Memorandum of Understanding between Scotland's Integration Joint Boards and Independent Hospices. The Working Group involved representatives of senior management within Integration Authorities, independent hospices, the Scottish Partnership for Palliative Care, Healthcare Improvement Scotland and the Scottish Government. Scotland's independent hospices are represented by the Scottish Hospice Leadership Group, which has formed to represent the interests of independent hospices at a national level.

This Memorandum of Understanding ("MOU") between Integration Joint Boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Joint Boards in commissioning palliative care services.

[1] *A Partnership For Better Palliative And End Of Life Care: Creating A New Relationship Between Independent Adult Hospices And NHS Boards In Scotland*

For the purposes of this MOU, we refer to Integration Joint Boards (IJBs) as the responsible party for the planning and commissioning of palliative care services. When the document refers to independent hospices, this also includes Marie Curie, a UK-wide organisation, which currently runs two hospices in Scotland as part of its wider provision of specialist palliative care services. The MOU does not include provisions made to secure specialist palliative care for children, which is provided by CHAS, and which is subject to separate financial governance arrangements.

The MOU will cover an initial two year period (1 April 2019 to 31 March 2021) and is structured to set out the key aspects relevant to facilitating the delivery of effective joint commissioning. It does not impinge on the autonomy of independent hospices as charitable organisations, although it does encourage the establishment and maintenance of Service Level Agreements (SLAs) to govern the relationship between independent hospices and Integration Joint Boards within local systems. SLAs will define mutual expectations and place rights and responsibilities on both parties.

The aim of the MOU is to provide a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnership that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.

This MOU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers parties before 31 March 2021.

Policy Context

The Strategic Framework for Action on Palliative and End of Life Care is Scotland's national policy and is a direct response to the resolution passed in 2014 by the World Health Assembly, requiring all governments to recognise palliative care and to make provision for it in their national health policies.

Launched by Cabinet Secretary for Health, Wellbeing and Sport in December 2015, it outlines the key actions to be taken that will allow everyone in Scotland to receive services that respond to their individual palliative and end of life care needs. The Framework seeks to drive a new culture of openness about death, dying and improvement and sets out to achieve the following outcomes:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The national policy is currently being implemented via a National Implementation and Advisory Group, comprised of representatives of the Scottish Government, Integration Authorities, independent hospices, community care bodies and a range of other stakeholders.

Following the establishment of Integration Authorities, the Scottish Government has also published guidance on a range of subjects, including on strategic commissioning. This was followed up by a specific publication on the commissioning of palliative and end of life care in April 2018.

The guidance describes the key considerations when planning, designing and commissioning palliative and end of life care, including understanding local data and trends around mortality; activity levels and any variation within those; service and support arrangements across the local health and social care system, including any gaps; a map of the total resources available to the

partnership - the analysis of which will underpin the key reforms that emerge from local commissioning plans. It will be important that once the total resource is understood (including the total capacity of the hospices), opportunities are taken to reimagine how it can be invested to improve outcomes.

Effective commissioning will result in a comprehensive and cohesive approach to the planning and improvement of palliative and end of life care. It will situate palliative and end of life care as integral aspects of the care delivered by any health or social care professional, focusing on the person, not the disease, and applying a holistic approach to meet the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

The following principles should underpin the approach to commissioning:

- transparency and openness
- a focus on system outcomes
- clinical effectiveness
- cost effectiveness
- value for money

It is important that local commissioning plans also consider national priorities. The Scottish Government's national delivery plan sets out a number of high level ambitions to ensure that the right supports and services are in place for people at the end of life. By 2021, we should seek to ensure that:

- Everyone who needs palliative care will get the right care, in the right setting to meet their needs;
- All who would benefit from a 'Key Information Summary' will have access to it;
- The availability of care options will be improved by doubling palliative end of life provision in the community, which will result in fewer people dying in a hospital setting.

Partnerships should consider these priorities within the context of local commissioning plans.

HSCPs should collaborate with independent hospices as *equal partners*, and both parties will actively contribute to the development and delivery of local commissioning strategies. Independent hospices bring considerable expertise, capacity and resource to the commissioning table and this should be recognised in the commissioning relationship. Through their volunteering capacity, charitable income sources, clinical and strategic leadership, hospices have a strong track record of developing personalised, responsive and imaginative palliative care, which will be important to build upon as part of the commissioning process.

Responsibilities (of parties to the MOU)
The respective responsibilities of the parties to this MOU are:

Integration Joint Board responsibilities:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan.
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders.
- Where there is an independent hospice providing services to more than one IJB, the IJBs will collaborate under Section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.

- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and strategy.

Independent Hospice responsibilities:

- Contribute to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local Health and Social Care Partnerships.

Wider Engagement
IJBs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their local strategies and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.

In relation to the development of local commissioning plans, that would include (but not be limited to): patients, their families and carers; local communities; health and social care professionals; hospices (both NHS and independent); social care providers

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patients' needs, life circumstances and experiences, it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that this engagement is a key part of their local commissioning plans.

Resources
Integration Joint Boards and Scottish Hospices invest millions of pounds annually in the provision of palliative and end of life care. Independent hospices in particular make a significant contribution to Scotland's health economy, generating over £50 million in charitable donations from the public, which supplements core statutory funding. In service to their overall mission, independent hospices will continue to bring these charitable resources to the table.

One of the primary functions of CEL 12 was to outline the financial contribution that Health Boards should make to the running costs of independent hospices. Specifically, it was proposed that 50% of agreed running costs be met by Health Boards, and the CEL 12 letter defined the parameters of what could fall within the scope of agreed costs.

However, this led in some instances to a transactional relationship developing between Health Boards and hospices, which focused on how the agreed costs should be understood. The Scottish Hospice Leadership Group has also produced evidence that the gap between actual and agreed costs has grown over time, thereby eroding the worth of the original commitment.

Within this context, this MOU does not prescribe the proportion of agreed costs to be met by Integration Joint Boards. Rather, it envisages a new relationship developing, based on the following principles:

- A transparent assessment of the *total* resource both parties bring to the table, including charitable income sources;
- A transparent assessment of the *total* costs of service provision, analysed through an "open book" approach between Integration Joint Boards and independent adult hospices
- Value for money and efficiency
- Benchmarking of costs, activity and quality
- Quality outcome measures

This process should avoid the need to debate what counts as *agreed* costs in favour of a relationship that looks at the *total* operating costs of independent hospices, which will include back office costs associated with fundraising, corporate functions, marketing and promotion, volunteering, and management. Within this context it will be important to describe existing patterns of expenditure and impending pressures. National organisations should be transparent in allocating overheads against local hospice running costs. Likewise, there is an expectation that IJBs will provide transparency in respect of their financial position, including the impact of any budgetary adjustments on the palliative care agenda.

In particular, the need for independent hospices to provide pay increases in line with NHS arrangements should be recognised. This further assumes that independent hospices will want to move towards the Agenda for Change pay model. Hospices, IJBs and, where relevant, the Scottish Government, will consider how best to fund any pay increases. These arrangements should be set out within local Service Level Agreements.

There should be a commitment to agree and sign-off Service Level Agreements in a timely fashion, as part of the overall commissioning cycle. A three year agreement is preferred as a means of delivering financial stability, which is especially important during times of service redesign. In the absence of redesign, it is important to note that while this MoU moves away from a specific agreement to meet 50% of agreed costs, individual hospices should not receive a *reduction* in financial support from IJBs against 2018/19 levels, for this could foment the very financial instability that the MoU seeks to protect against. In circumstances where services are being redesigned, overall financial contributions will necessarily be reconsidered, and in these cases, it is important that funding levels are commensurate with the new service provided.

It is also important to note that IJBs do not hold capital budgets and so if hospices want to enter into discussion about accessing capital investment for health and social care buildings, this will require the Health Board and/or Local Authority's participation.

Conflict Resolution

It is important that local provision is made for conflict resolution. Given that the parties to this MoU consistently operate under financial pressure, mechanisms should be in place to remedy disputes. Such disputes may emerge out of the financial or wider commissioning relationship. In the event of any disagreement or dispute between the parties, they will use their best endeavours to reach a resolution without resort to conciliation or mediation. If conciliation or mediation becomes required an independent third party will be sought as deemed acceptable to the NHS Board/HSCP and Partner/Provider.

Oversight

The national working group will monitor the development of local commissioning plans and associated SLA's to consider whether the terms of the MOU are applied consistently and abide by the spirit of partnership.

The benchmarking of the cost, activity and quality of independent adult hospice services should be done at local level but the national working group may also consider this benchmarking to support local partnerships.

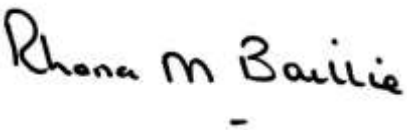
Healthcare Improvement Scotland is available to partnerships to support quality and service improvement.

Signatories

Signed on behalf of IJB Chief Officers

Name: Vicki Irons, Chief Officer, Angus HSCP and Chair, Chief Officers, Health and Social Care Scotland

Signed on behalf of the Scottish Hospice Leadership Group



Name: Rhona Baillie, the Prince & Princess of Wales Hospice and Deputy Chair, Scottish Hospices Leadership Group

Integration Joint Boards	Independent Hospices
Aberdeen City	ACCORD Hospice
Aberdeenshire	
Angus	Ardgowan Hospice
Argyll and Bute	
Clackmannanshire and Stirling	Ayrshire Hospice
Dumfries and Galloway	
Dundee City	Bethesda Hospice
East Ayrshire	
East Dunbartonshire	Highland Hospice
East Lothian	
East Renfrewshire	Kilbryde Hospice
Edinburgh City	
Falkirk	Marie Curie Hospice
Fife	
Glasgow City	Prince and Princess of Wales Hospice
Highland	
Inverclyde	St Andrew's Hospice
Midlothian	
Moray	St Columba's Hospice
North Ayrshire	
North Lanarkshire	St Vincent's Hospice
Orkney Islands	
Perth and Kinross	Strathcarron Hospice
Renfrewshire	
Scottish Borders	
Shetland Islands	
South Ayrshire	
South Lanarkshire	
West Dunbartonshire	
Western Isles	
West Lothian	

Annex A: Palliative Care

Palliative Care
Palliative care is defined by the World Health Organisation as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

Specialist Palliative Care
Specialist Palliative Care is the active total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support, and it will involve practitioners with a broad mix of skills. (Tebbit, 1999)
Specialist Palliative Care requires effective multi-professional working within specialist teams and co-ordination across a wide range of professions to ensure that all appropriate patients, including those with non-malignant disease, can access the appropriate service and achieve the best quality of life possible.

These teams work in partnership with those who provide generalist palliative care, to ensure that patients' and families' complex needs are met.
Complex needs are identified as needs that cannot be addressed through simple or routine interventions/care.

Specialist Palliative Care seeks to:

- meet complex needs through a multi-professional team that meets regularly, and where individual team members understand and respect each other's roles and specialist expertise;
- enable team members to be proactive in their contact, assessment and treatment of patients and their families/carers;
- discern, respect and meet the cultural, spiritual and religious needs, traditions and practices of patients and their families/carers;
- recognise the importance of including the needs of families in the patient's care, since good family care improves patients' quality of life and contributes positively to the bereavement process;
- share knowledge and expertise as widely as possible;
- promote and participate in research in order to advance the speciality's knowledge base for the benefit of patients and carers.

A number of essential components make up a specialist palliative care service and the lists below are not exhaustive. These include:

- effective communication
- symptom control
- rehabilitation
- education and training
- research and audit
- continuity of care
- terminal care
- bereavement support for adults, young people and children

The core clinical specialist palliative care services comprise:

- In-Patient care facilities for the purposes of symptom management, rehabilitation and terminal care
- 24 hour access to the In- Patient service which includes specialist medical and adequate specialist nursing cover

- 24 hour telephone advice service for healthcare professionals
- 24 hour telephone support service for known out-patients and their carers
- Day services provided by an out-patient model or day hospice model where patients attend for a determined part of the day (e.g. from 11-3)
- Education programme
- Research and audit undertaken within a framework of clinical governance
- Formalised arrangements for specialist input to local and community hospitals
- Spiritual and psychological/counselling support services'

Key Elements of Specialist Palliative Care within a Specialist Palliative Care Unit

The core team comprises dedicated sessional input from

- Chaplain
- Doctors
- Nurses
- Occupational therapist
- Pharmacist
- Physiotherapist
- Social worker
- Counsellor

The range of integrated service components which can meet patients' needs at different stages of the disease process will include written referral guidelines to;

- Bereavement services
- Community specialist palliative care services
- Complementary therapies
- Counselling services
- Day services
- Hospital specialist palliative care services
- Lymphoedema services
- Patient transport services
- Psychological support services
- Social services
- Spiritual support services

ANNEX B: MEMBERSHIP OF SHORT LIFE WORKING GROUP

- Rhona Baillie, The Prince and Princess of Wales Hospice
- Helen Simpson, Accord Hospice
- Jackie Stone, St Columba's Hospice
- Craig Cunningham, South Lanarkshire HSPC
- Steven Fitzpatrick, Glasgow City HSPC
- Karen Jarvis, Renfrewshire HSPC
- Michael Kellet, Fife HSPC
- Pam Gowans, Moray HSCP
- Ron Culley, Western Isles HSPC (Chair)
- Mark Hazelwood, Scottish Partnership for Palliative Care
- Tim Warren, Scottish Government
- Christina Naismith, Scottish Government
- Diana Hekerem, Healthcare Improvement Scotland

West Lothian Integration Joint Board

Date: 26 November 2019

Agenda Item: 9

MEMBERS' CODE OF CONDUCT – ANNUAL REPORT 2018/19 AND REVIEW

REPORT BY STANDARDS OFFICER

A PURPOSE OF REPORT

To inform the Board of developments and activity in relation to its Code of Conduct in 2018/19 and to consider how the scheduled review of its Code of Conduct should be carried out.

B RECOMMENDATIONS

1. To note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland

2. To note the terms of the Standards Commission's Advice Note for Members of Health and Social Care Integration Joint Boards issued on 6 November 2019

3. To agree that a presentation by the Standards Officer concerning the Code of Conduct should be arranged to take place at a Board development day

4. To note that the Board's Code of Conduct is scheduled for review in this calendar year

5. To note that the model Code of Conduct for devolved public bodies will be affected as part of the ongoing review of the Councillors' Code of Conduct and so to agree that the review be postponed until December 2020

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	None

C3	**Policy/Legal**	Ethical Standards in Public Life etc. (Scotland) Act 2000; Board's Code of Conduct
C4	**Risk**	N/A
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	N/A
C7	**National Health and Wellbeing Outcomes**	N/A
C8	**Strategic Plan Outcomes**	N/A
C9	**Single Outcome Agreement**	N/A
C10	**Impact on other Lothian IJBs**	None

D TERMS OF REPORT

1 Background

1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 established a statutory regime for promoting and enforcing ethical standards in public life in Scotland. The regime applies to councils and councillors and to devolved public bodies and their members. The Board is a devolved public body for the purposes of the Act. Statutory guidance contains additional requirements and expectations for both types of body and their officers. Additional advice is issued from time to time by the Standards Commission.

1.2 The regime is built around a code of conduct and the statutory duty on members to comply with it. The Board's Code of Conduct was adopted on 31 May 2016 and approved by the Scottish Ministers on 21 June 2016.

1.3 On 29 January 2017 the Board agreed arrangements to meet its duties and to assist members in meeting theirs. The actions agreed included the submission of a report each year to the Board on the way the ethical standards regime has operated during the year and to highlight and explain the more significant developments and events.

2 Complaint procedures and case reporting

2.1 A complaint that there has been a breach of the Code goes to the Commissioner for Ethical Standards in Public Life in Scotland, known as the Ethical Standards Commissioner (ESC). The ESC investigates the complaint. She may decide that the complaint is not competent, or that there is no breach, or that there is a breach which should be referred to the Standards Commission for Scotland (SCS) for a decision.

2.2 The SCS can ask for more investigation to be done, or it can decide that the case should go to a hearing, or should go no further. If the case goes to a hearing, it can decide either that there is a breach or that there is no breach. If it decides that there is a breach then it must impose a sanction. The available sanctions range from a censure, through partial or full suspension, to disqualification.

2.3 Both the ESC and the SCS publish information about their casework and decisions on their websites and in their annual reports. The SCS information is more comprehensive than is the ESC.

2.4 The ESC and SCS annual reports are published in or about October each year and summarise their activities. Those annual reports and the case reports from both bodies during 2018/19 have been used to inform the rest of this report. There have been developments since the end of the reporting year, but this report centres on what happened between 1 April 2018 and 31 March 2019.

2.5 By far the largest part of the work of both the ESC and the SCS relates to councillors and the Councillors' Code of Conduct. Lessons can though be learned from some of those cases. There is generally a far smaller small number (sometimes none) of complaints each year about members of other public bodies.

3 The ESC's year

3.1 Caroline Anderson has been the ESC since 1 April 2019. She has arrived with a "new broom" approach. She states in her annual report that the complaints handling function was over-stretched and operating sub-optimally. By incurring some unanticipated cost and spending she has overseen a restructuring of the complaints handling side of her role, including doubling the hours available for investigative work whilst keeping the FTE staffing the same, introducing a complaints case management system, and improving the time taken to close investigations.

3.2 The table in Part 1 of the Appendix summarises the complaints received by the ESC during the year. A complaint and a case can involve more than one respondent. The first and higher figure in the table is a count of the complaints received. The second and lower figure (in brackets) is the number of cases processed once complaints against the same member or members are amalgamated. A case can have a different outcome for each member subject to the same complaint – not all may be (equally) guilty, or innocent.

3.3 The highlights from the ESC's year and from the complaint figures:-

- The number of complaints received increased from 146 to 173 (most of the increase from members of the public), the number of active cases during the year was almost unchanged

- The number of cases completed during the year increased from 90 to 109. There remained a back-log of uncompleted cases at the year end, up from 20 to 28 but the increase in investigative capacity presumably should reduce that in future years

- Complaints about decision-making on planning applications continued a downward trend of the previous three years

- Complaints about registration and declaration of interests increased

- Complaints about disrespect increased by the greatest proportion. However, the number is at the same level as it was for the years before 2017/18. ECS last year expressed the view that the sharp drop in 2017/18 was a blip due to the local government elections in May 2017 and that seems to have been borne out this year by the return to "normal"

3.3 The ESC's practice adopted last year of publishing only a small selection of anonymised decision summaries continues. That restricts the amount of information available about "near miss" cases. It makes it harder to keep track of and comment on trends amongst "the ones that got away". There is no insight provided either about the subject-matter of the breach cases referred on to SCS this year.

3.4 To add to those, the reporting of statistics by the ESC no longer provides a break-down between councillors and public body members. That is a regrettable step and seems surprising in the face of the SCS's concerns that misconduct in devolved public bodies was unreported or under-reported. It can be safely assumed that councillor complaints formed the vast majority of new complaints and cases, if not all, but the annual report provides no statistical breakdown.

4 The SCS's year

4.1 Some of the highlights from the SCS's activities for the year:-

- Concluding and publishing a survey of members of devolved public bodies to ascertain if misconduct was unreported or under-reported

- The average end-to-end time for disposing of a case referred by the ESC was reduced from 12 weeks to 10.5 weeks

- To add to the single case outstanding at the start of the year, 11 cases were referred by the ESC all of which were to be subject to a hearing

- 8 hearings were conducted leaving a back-log of 4 cases at the year end

- The 8 cases heard were all about councillors and a breach was found to have taken place in all of them

4.2 The sanctions it imposed in the 8 breach decisions comprised 6 censures; 1 full suspension (from all meetings); 1 partial suspension (from designated committees). No disqualifications were imposed.

4.3 The table in Part 2 of the Appendix summarises the SCS cases for the year. All concerned councillors. No complaints were referred to SCS in relation to members of other public bodies. Due to the similarities between the Codes, there are still lessons to be learned for Board members.

4.7 The SCS is working with the Scottish Government on its review of the Councillors' Code of Conduct. That Code requires to be approved by the Scottish Parliament. Changes made to that Code will almost certainly have an impact on the Model Code for devolved public bodies. The Board's Code is based on that Model Code.

5 Other actions – review and annual presentation

5.1 All of the Board's "constitutional" documents are timetabled for periodic review. The Code of Conduct is due to be reviewed this year. Since there will almost certainly be changes to the Model Code for devolved public bodies it is recommended that the review be postponed for one year to allow all changes to be considered together and at one time.

5.2 A separate part of the agreed process for reporting on the ethical standards regime is a short presentation each year to Board members, outwith the formal setting of a Board meeting, to reinforce their understanding of the Code and their duties. That session will be scheduled to take place as part of the Board's development session programme.

6 Significant matters after the year end

6.1 The SCS faced its first judicial challenge to its disposal of a case involving a Fife councillor. The councillor had been suspended from regulatory/licensing committees after making unfortunate and gratuitous personal remarks about a licence applicant. The Sheriff Principal refused the appeal, finding that the SCS's decision had been sound in relation to procedure, establishing the facts and determining an appropriate decision and sanction.

6.2 The SCS on 6 November 2019 published an Advice Note for Members of Health and Social Care Integration Joint Boards. A copy was sent to Board members by email on 8 November. The Advice Note is useful in some ways. However, it also appears to impose higher standards of conduct on Board members than the Code of Conduct itself in relation to what it describes as "collective responsibility". It states that once the Board makes a decision then dissenting Board members have to accept it, support it and implement it and never speak again against it, which failing, resign. This possible over-stepping of the mark is being raised with the SCS. In the meantime, members should note that the ESC can only investigate a breach of the Code and the SCS can only determine a breach of the Code. A breach of any part of the Advice Note, even if it is competent, does not equate to a breach of the Code.

7 Conclusions

7.1 Consideration of this report will ensure compliance with part of the steps agreed by the Board to keep members informed and reminded about their ethical standards obligations and to help the Board itself to discharge its statutory responsibilities.

7.2 Complaints against non-councillors are very rare, and this Board in particular has not directly experienced any issues whereby the Code has been engaged. It is though important that Board members, voting and non-voting, are not complacent when it comes to the Code of Conduct.

7.3 Members are reminded to keep in mind the most significant duties imposed on them by the Code:-

- Review the Register twice a year (bi-annual prompts are sent)
- Update the Register of Interests within one month of a change
- Act in the Board's best interests when doing Board business
- Confidential Board information must be kept confidential and not disclosed
- Treat Board members, officers and members of the public with respect

E CONSULTATIONS

None

F REFERENCES/BACKGROUND

1 ESC Annual Report 2018/19 - https://www.ethicalstandards.org.uk/sites/default/files/publications/ESC%20Annual%20Report%20and%20Accounts%202018-19_1.pdf

2 SCS Annual Report 2018/19 - https://www.standardscommissionscotland.org.uk/uploads/files/1567432450SCfSAnnualReport201819.pdf

3 Board meetings on 29 January 2017, 5 December 2017, 21 November 2018 and 12 March 2019

4 Board's Code of Conduct - http://www.westlothianchcp.org.uk/media/13992/Code-of-Conduct-for-Members-of-West-Lothian-IJB/pdf/WL-IJB-Code-of-Conduct.pdf

5 Advice Note for Members of Health and Social Care Integration Joint Boards – https://www.standardscommissionscotland.org.uk/uploads/files/1573033261191106AdviceNoteMembersofIJBs.pdf

G APPENDIX

Summary of ESC and SCS Case Work

H CONTACT

James Millar, Standards Officer, 01506 281613, james.millar@westlothian.gov.uk

26 November 2019

APPENDIX

Part 1 – ESC cases

The first figure is the number of complaints received. The second, in brackets, where relevant, is the number of cases dealt with after complaints are combined.

	14/15	15/16	16/17	17/18	18/19
Complaints and cases against everyone	692* (111)	245 (132)	174 (106)	146 (80)	173 (117)
Complaints and cases against councillors	680	202	165	134	**
Complaints and cases against public body members	12	33	9	3	**
Complaints from members of the public	663	202	110	123	148
Complaints from councillors	20	36	54	19	21
Complaints about planning	81	85	35	39	24
Complaints about registration of interests	4	4	6	4	10
Complaints about declarations of interests	26	19	22	5	13
Complaints about disrespect	33	75	63	31	60
Completed complaints and cases	692 (99)	214 (111)	224	176 (90)	153 (109)
Cases dropped or not competent	135 (73)	157 (82)	111	121 (59)	78
Cases where no breach found	17 (14)	49 (22)	95 (55)	43 (23)	8
Cases where breach found and referred onto SCS	540 (12)	8 (7)	18 (14)	12 (8)	23

* The number of complaints in 2014/15 was skewed by a large number made against the same councillors arising from the same facts (sending a letter stating the council's position on the independence referendum along with annual council tax notices).

** The numbers of complaints and cases regrettably have not been broken down between these two categories.

Part 2 – SCS cases

Main complaint	Case	Facts	Decision	Sanction
Respect	LA/Fi/2050	Offensive personal comments about licence applicant at regulatory committee meeting	Breach	Suspension from regulatory committee for 2 months
	LA/An/2094	Inappropriate physical contact with 2 councillors and 2 officers in public	Breach	Full suspension for 3 months
	LA/An/2134	Inaccurate and offensive social media posts about removal of school chaplain	Breach	Censure
	LA/CES/2091	33% shareholding in company	Breach	Censure
Registration	LA/As/2062	Membership of business improvement district steering group	Breach	Censure
	LA/As/2173	100% shareholding in company	Breach	Censure
Declaration	LA/I/2113	Close friends with developer in planning application decision	Breach	Censure
	LA/AB/2125	Member of Housing Association significantly affected by planning application	Breach	Censure

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 10

PUBLIC SECTOR CLIMATE CHANGE DUTIES

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To advise the Board of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask the Board to agree the contents of the draft submission.

B RECOMMENDATION

1. To note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year;
2. To agree the contents of the draft 2018/19 submission to the Scottish Government;
3. To note the Scottish Government consultation on climate change duties for public bodies; and
4. To agree to submit a response supporting removing Integration Authorities from the list of public bodies required to report.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	Activities will be carried out within existing budgets.
C3	**Policy/Legal**	Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.
C4	**Risk**	None

C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted
C6	**Environment and Sustainability**	The IJB is required to submit a climate change report to the Scottish Government annually but does not itself produce emissions or directly commission services
C7	**National Health and Wellbeing Outcomes**	No direct implications
C8	**Strategic Plan Outcomes**	No direct implications
C9	**Local Outcomes Improvement Plan**	No direct implications
C10	**Impact on other Lothian IJBs**	The IJBs will continue to share best practice

D TERMS OF REPORT

1 Reporting Requirements

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.

Required reporting focusses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

However, SSN recognise the unique nature of IJB's and do not expect IJBs to be able to address every aspect of the report in the same way that NHS boards and local authorities do. For example, Section 3 of the submission asks for detailed information on emissions, all of which will be covered in NHS Lothian or council's annual reporting, the Board having no assets.

The draft submission is attached as Appendix 1 for approval.

2 Scottish Government Consultation

Several weeks ago the Scottish Government launched a consultation on proposals to the role of Public Sector Bodies in tackling climate change. This consultation asks how the public sector can raise ambition and deliver joined-up action on climate change. The consultation includes questions on setting targets and reporting, collaboration and leadership and is attached as Appendix 2. The consultation closes on 4 December 2019.

Question 6 of the consultation asks respondents if they agree to the proposed changes to the list of Public Sector Bodies that are required to annually report their emissions. The Scottish Government have proposed removing Integration Authorities from that list.

3 Proposed Response

The Board will note that many sections of both the draft submission direct focus to NHS Lothian and West Lothian Council. The Board itself has no property and therefore creates no emissions and does not directly commission any services. Most of the relevant information regarding impact on climate change in health and social care services will be submitted by the Board's parent organisations. As such, the questions in the consultation largely do not apply to the Integration Joint Board.

It is proposed that a response is issued on behalf of the Board to Question 6 in support of removing Integration Authorities from the list. This is in line with the Sustainable Scotland Network's draft response to the consultation.

E CONSULTATION

None

F REFERENCES/BACKGROUND

Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015

G APPENDICES

1. Draft Public Bodies Climate Change Duties Report: 2018-19 for West Lothian IJB

2. Scottish Government consultation on the role of public sector bodies in tackling climate change

H CONTACT

Lorna Kemp
lorna.kemp@westlothian.gov.uk
01506 283519

26 November 2019

Public Sector Climate Change Duties Report Template

Introduction

Welcome to the online reporting portal for submitting annual reports under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

Please submit your 2018-19 Climate Change Report on or before **30th November 2019.**

User guidance for the reporting system and guidance on completing sections of the report can be accessed on the SSN website.

Recommended reporting (section 7) enables provision of information on the wider impact and influence of your organisation on GHG emissions.

Please note that there is a limit set on your session time which expires after 10 minutes and any work that has not been saved will be lost. To ensure you do not lose any entries, please remember to save the form after each entry.

Required section

1 Profile of reporting body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

[label] West Lothian

1b Type of body

Integrated Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year.

0

1d Metrics used by the body.

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Other (please specify in the comments)	other (please specify in comments)	0	West Lothian IJB does not use metrics to assess its performance in relation to

1e Overall budget of the body (£).

Specify approximate £/annum for the report year

252,201,000

Comments

This is an approximate budget which includes West Lothian IJB's notional share of set-aside budget for Acute Services.

1f Specify the report year type.

Financial (April to March)

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

In line with the Public Bodies (Joint Working) (Scotland) Act 2014.The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects willbe provided in their respective Climate Change Duties Reports.

2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, tran business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the go arrangements.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. A brief outline of their governance structures are set out below:NHS Lothian:The highest level of Governance is with the Chief Executive, Sustainability Champion and the NHSL Board.NHSL has a Sustainable Development Management Group (SDMG) which provides reports and guidance to the Director of Operations, who in turn reports to the Sustainability Champion. The SDMG is multi disciplinary with representation from the three principal lead Directors; the Director of Operations, the Director of Finance and the Director of Public Health. The SDMG has representation who cover the six main facets of Sustainable Development as advised by Scottish Government NHS in Scotland and the management tool - the Good Corporate Citizenship Assessment Model (GCCAM) and including Facilities Management, Transport, Procurement, New Builds and Refurbishment, Employmentand Skills, Community Engagement.West Lothian Council:The Environment PDSP has responsibility for consideration the Climate Change Strategy and associated Action Plans and climate change reports, including the annual Climate Change Duties report and regularly reviews Performance Indicators relating to climate change.The Community Planning Partnership (CPP) Steering Group has responsibility for monitoring performance against the Environment Outcome of the Local Outcomes Improvement Plan 2013-2023 including targets for climate change and sustainability.The chair of the Climate Change and Sustainability Working Group (CCSWG) reports quarterly to Steering Group and the minutes of the CCSWG/Environment Forum are submitted to the Steering Group for scrutiny.

Provide a diagram / chart to outline the governance structure within the body (JPEG, PNG, PDF, DOC)

Browse...

2b How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour cl identify how this is managed and how responsibility is allocated outside the body.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects willbe provided in their respective Climate Change Duties Reports but a summary is provided below: NHS Lothian:NHSL's SDMG is chaired by the Director of Performance Review on behalf of the Director Operations who reports on matters of sustainability to the Sustainability Champion, Chief Executive and Board. The SDMG is supported by a Project Lead on Sustainable Development, the Senior Project Manager Sustainable and Technical Development. The SDMG includes representation from the three main Directorates who report to the Chief Executive, Director of Operations, Director of Finance and Director of Public Health. The SDMG includes Heads of the Principal Operational Departments and those with responsibility for the six facets identified by the Good Corporate Citizenship Assessment Model and incorporated in to NHS Lothian's Sustainable Development Action Plan.The Sustainable Development Action Plan (SDAP) 2016 includes a Policy and Programme of actions and has been signed by the Sustainability Champion and Head of Employee Relations on behalf of the NHSL Board. The SDAP is an annually updated plan to maintain the programme of actions.West Lothian Council:The Head of Planning, Economic Development and Regeneration has direct responsibility for Climate Change, is the Council's nominated Sustainable Procurement Champion and chairs the Climate Change and Sustainability Working Group (CCSWG).Each Head of Service is a lead officer for Climate Change with responsibility for climate change actions and targets within their service area.All activities relating to climate change are set out in the council's Climate Change Strategy and Associated Plans, and are coordinated by the Energy Manager through the CCSWG.Climate Change is embedded throughout the organisation through Corporate Induction; Strategic Outline Business Case section on Sustainability; Corporate Procurement Strategy; and a number of Performance Indicators.

Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc. (JPEG, PNG, PDF, DOC)

Browse...

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	

None	None	N/A

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects willbe provided in their respective Climate Change Duties Reports.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time cov
Adaptation			
Business travel			

Staff Travel			
Energy efficiency			
Fleet transport			
Information and communication technology			
Renewable energy			
Sustainable/renewable heat			

Waste management			
Water and sewerage			
Land Use			
Other (state topic area covered in the comments)			

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

West Lothian IJB recognises the importance of supporting climate change activities. However, the Board included a position statement on climate change in its new Strategic Plan for 2019/23 and will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports

Further Information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's partner statutory bodies, NHS Lothian and West Lothian Council. Both partner organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.

3 Emissions, Targets and Projects

Emissions

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year.

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon f applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and report extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year wh year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", W Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

Reference Year	Year	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline carbon footprint	2017/18				0	tCO2e	
Year 1 carbon footprint	2018/19					tCO2e	

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inven
the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the firs
source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions
'Emissions' column.

If providing consumption data for Water – Supply, please also include the Emission Source and consumption data for Water

**If providing consumption data for Grid Electricity (generation), please also include the Emission Source and consumption da
distribution losses).**

Emission factors are published annually by the Department for Business, Energy & Industrial Strategy and will be updated automatically as

Emission Source	Scope	Consumption data	Units	Emission factor	Units	E
					Total	

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

	Renewable Electricity		Renewable Heat		
Technology	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	Comments

Targets

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of b

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
Electricity		
Natural gas		
Other heating fuels		

Waste		
Water and sewerage		
Business Travel		
Fleet transport		
Other (specify in comments)		
Total	0.00	

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of up to 10 projects implemented in the reporting year which are estimated to achieve the highest carbon savings.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel / emission source saved

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the rep

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments

Estate changes			
Service provision			
Staff numbers			
Other (specify in comments)			
	Total	0.00	

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		

Business Travel		
Fleet transport		
Other (specify in comments)		
Total	0.00	

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the yea

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and directi

Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
Estate changes			
Service provision			
Staff numbers			
Other (specify in comments)			
	Total	0.00	

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions	Comments

	savings (tCO2e)	
Total project savings since the baseline year		

Further information

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

4 Adaptation

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to as

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, Climate Change Adaptation Programme(a) ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1 provide details of the progress made by the body in delivering each policy or proposal in the report year.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate C which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dat

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		

Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		

Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

Future priorities for adaptation

4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

Further information

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including community health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.However, West Lothian IJB will consider in the future whether climate risks/issues should be taken into account (where relevant) in reports to the IJB.

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

West Lothian IJB has no legal basis on which to procure health and social care services. This is a function of NHS Lothian and West Lothian Council. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

West Lothian IJB has no legal basis on which to procure health and social care services. This is a function of NHS Lothian and West Lothian Council. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

West Lothian IJB has no legal basis on which to procure health and social care services. This is a function of NHS Lothian and West Lothian Council. We will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably. Details of specific activities and projects will be provided in their respective Climate Change Duties Reports.

6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The accountability and responsibility for climate change governance, management and strategy in relation to the delivery of Council and Health Board services (including health and social care) lies with West Lothian IJB's parent statutory bodies, NHS Lothian and West Lothian Council. Both parent organisations submit a Public Bodies Climate Change Duties Report, the contents of which inform this report which is reviewed by West Lothian IJB prior to submission.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

None

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

None

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	

Role in the body:	
Date:	19-11-2019

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

1 Historic Emissions

Table 1a

Sector	2008	2009	2010	2011	2012	2013	2014	2015	20
Total Emissions									

2a Targets

Please detail your wider influence targets

Table 2

Sector	Description	Type of Target (units)	Baseline value	Start year

2b Does the organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissio below.

3 Policies and Actions to Reduce Emissions

Table 3:

Sector

Start year for policy/action implementation	Year that the policy/action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status

Metric / indicators for monitoring progress

Delivery Role

During project/policy design and implementation, has ISM or an equivalent behaviour change tool been used?

Please give further details of this behaviour change activity

Value of Investment (£)

Ongoing Costs (£/year)

Primary Funding Source for Implementation of Policy/Action

Comments

Please provide any detail on data sources or limitations relating to the information provided in Table 3

4 Partnership Working, Communications and Capacity Building

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Table 4

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Pri Par

Other Notable Reportable Activity

5 Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

Table 5

Key Action Type	Key Action Description	Organisation's Project Role	Impacts

6 Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reportin

BIG CLIMATE CONVERSATION
The role of Public Sector Bodies in tackling climate change
A Consultation

11 September 2019

Scottish Government
Riaghaltas na h-Alba
gov.scot

Ministerial Foreword

There is a Global Climate Emergency and everyone across Scotland needs to be part of the solution.

The UK Committee on Climate Change has provided the evidence that Scotland can become a net-zero nation by 2045, and there is a strong consensus – across political parties, generations, and sectors – that we can and should make a step-change in our activity. We have already almost halved greenhouse gas emissions since 1990, while growing the economy, increasing employment and productivity, and we are recognised internationally as climate leaders. That puts us in a strong position to increase the pace of action, and end our contribution to climate change, definitively, within a generation.

The challenges ahead of us should not be underestimated, and we need a whole-Scotland approach to succeed. Scotland's public sector has played a key role in our emissions reductions so far and I applaud the effort and successes that have been made to date. I also recognise, and commend, the ambition of those bodies such as Edinburgh, Glasgow, Highlands and Moray Councils who have committed to leading the way. We will all benefit from their ambition.

The transition to a net-zero society is an investment in our present and our future. It will require collective action across our Public Sector Bodies, along with meaningful and open conversations between our communities, businesses and public sector organisations. The transition brings both opportunities and challenges and I believe that constructive dialogue, underpinned by meaningful action, should be central to our approach.

I look forward to hearing your views on how we can work together to continue to strengthen our approach to decarbonising and improving the lives of the people who live here. I thank you in advance for your response.

ROSEANNA CUNNINGHAM MSP
Cabinet Secretary for Environment,
Climate Change and Land Reform

BIG CLIMATE CONVERSATION:
Role of the Public Sector in decarbonising Scotland

CONTENTS

CONSULTATION PROCESS 4

Introduction 6

Part 1: Information and collaboration 7

Part 2: Targets and reporting 10

1.1 Public Sector Bodies to set their own emission reduction targets 11

1.2 Public Sector Bodies to report on how they use their resources to contribute to reducing emissions 12

1.3 Specify detailed reporting requirements in Statutory Guidance 13

1.4 Update the list of Public Sector Bodies required to report 13

1.5 Emphasise delivery in the reporting requirements 14

1.6 Public Sector Bodies to make their reports publicly accessible 15

Other comments 16

Annex A – The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 17

Annex B – Public Sector Bodies currently required to report 48

Annex C – Respondent Information Form 53

Annex D – Consultation Questions 55

CONSULTATION PROCESS

Responding to this consultation

We are inviting responses to this consultation by 4 December 2019.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at https://consult.gov.scot/energy-and-climate-change-directorate/role-of-public-sector-in-decarbonising. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 4 December 2019.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form in Annex C and return it, together with your response, to:

The role of Public Sector Bodies in tackling climate change: A Consultation
Business and Public Sector Engagement Team, 3F South
Scottish Government
Victoria Quay
Edinburgh
EH6 6QQ

Handling your response

If you respond using the consultation hub (http://consult.scotland.gov.uk/), you will be directed to the "About You" page before submitting your response.

Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential and treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in Annex C of this document.

To find out how we handle your personal data, please see our privacy policy: https://beta.gov.scot/privacy/.

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with other available evidence. An analysis report will be made available before the end of the year.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or to:

climate.change@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issue under consideration and explains how you can give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant Public Sector Body.

Introduction

At the heart of our action on climate change is the wellbeing of Scotland's people and places. Tackling climate change and ensuring we have a thriving and healthy environment is critical to our collective wellbeing, and central to the ambitions and responsibilities set out in Scotland's National Performance Framework.

Public Sector Bodies are legally required to reduce greenhouse gas emissions and support Scotland's adaptation to a changing climate[a]. Scottish Ministers, in turn, are legally required to provide guidance to Public Sector Bodies to help them with this[b]. The first part of this consultation is about how information is provided and shared and how Public Sector Bodies collaborate with each other and the rest of Scotland. Views are sought on the training and guidance available to public sector leaders and proposals for a High Ambition Climate Network of Public Sector Bodies.

Public Sector Bodies are also legally required to report annually on their greenhouse gas emissions and what they are doing to help adapt to a changing climate[c]. The second part of this consultation is about improving the reporting arrangements to simultaneously reduce the administrative burden on Public Sector Bodies and drive action. Views are sought on whether Public Sector Bodies should set targets for themselves to achieve zero greenhouse gas emissions and on other changes to the reporting duties.

This consultation is focussed purely on Scottish Public Sector Bodies – that is, the public bodies in Scotland for which either the Scottish Government or Scottish Parliament is responsible. This includes local authorities, the police, fire and health services, transport partnerships, universities and colleges as well as bodies such as Scottish Water, the National Galleries and Museums and VisitScotland. UK Government Public Sector Bodies operating in Scotland, such as HMRC and DWP, are beyond the scope of this consultation.

We want to hear from Public Sector Bodies, but we also want to hear from other organisations and individuals about what Public Sector Bodies should be doing to tackle climate change.

[a] Section 44 of the Climate Change (Scotland) Act 2009
[b] Section 45
[c] Section 46

Part 1: Information and collaboration

Despite challenging fiscal circumstances, Scotland has already almost halved greenhouse gas emissions since 1990, while simultaneously growing the economy and increasing employment and productivity. We now need to increase our efforts and the pace of change, while maintaining the focus on reducing emissions in a way that supports inclusive economic growth.

For Public Sector Bodies to play their full role in securing a just transition to a net-zero Scotland, leaders of Public Sector Bodies need to have the knowledge and information to make the right decisions, and the right structures need to be in place to support collaboration across the public sector and beyond.

Information and training for Public Sector Bodies

The Scottish Government is funding the Royal Scottish Geographical Society to develop a "Climate Solutions" qualification. We expect this to launch early in 2020, helping organisations embed climate change action at the level where it can achieve the most significant impact. It will be a short training course for middle and senior managers, designed to impart a strong background knowledge of climate issues and an opportunity to explore solutions. The focus will be on identifying and delivering on specific actions and commitments, both organisational and personal, to reduce carbon emissions.

In terms of adapting to climate change, the following guidance was published recently to support organisations at different stages of developing adaptation strategies and action plans: Scotland Adapts: A Capability Framework For a Climate Ready Public Sector

In addition, in 2011 the Scottish Government produced Public Bodies Climate Change Duties: putting them into practice. The aim of this guidance was to assist Public Sector Bodies in addressing climate change action as a key strategic issue and in mainstreaming it alongside other corporate priorities. A number of aspects of this document now need to be updated and we welcome your views on what would be most helpful.

Q1. What additional training, information or guidance do you think Public Sector Bodies need to help them increase their action on climate change?

Collaboration across Public Sector Bodies

Our Public Sector Bodies are connected at a strategic level through the Scottish Leaders Forum, which provides a space for collective leadership and action across a range of priorities. At a delivery level, Chief Executives from Scotland's executive agencies are connected through the Public Bodies Delivery Group.

At an officer level, there is both the Scottish Energy Officer Network and the Sustainable Scotland Network (SSN). The Scottish Energy Officer Network is for officers working in, or who have an interest in, public sector energy management. Its goal is to share best practice and disseminate information. The Sustainable Scotland Network is for public sector professionals working on sustainable development and climate change.

The Global Climate Emergency means that we need to look afresh at how we work, to ensure our spending decisions and procedures support the required step-change in activity. As part of these considerations, Scottish Government financial support for the SSN Secretariat will cease when the current contract ends on March 31 2020. Instead, we will put two structures in place:

Firstly, we will ensure there is support for Public Sector Bodies to complete their mandatory reporting duties. We will procure a contract for the support to be provided in time for the 2020 reporting round.

Secondly, we will establish a High Ambition Climate Network of Chief Executives and Elected Members in those Public Sector Bodies who are committed to leading the way to a net-zero Scotland.

The network will be focussed on making strategic connections across the most ambitious Public Sector Bodies, maximising the economic and social opportunities of reducing emissions, and tackling the challenges of emissions reduction in a way that makes action easier for all public bodies, communities and businesses.

We propose that the core of the Network should be comprised of up to 15 of the most ambitious Public Sector Bodies and meet twice a year. The meetings will be chaired by the Cabinet Secretary for Environment, Climate Change and Land Reform, and supported by a Senior Officials Group from across the bodies involved.

It is important that all Public Sector Bodies benefit from the network, so in addition to a core membership that meets regularly, we will support an electronic network of Chief Executives and Elected Members from all Public Sector Bodies. The electronic forum will be a place where lessons learned, opportunities and ideas can be shared and developed collaboratively.

Q2. What are your views on the proposed structure for the High Ambition Climate Network of Chief Executives and Elected Members?

National Forum on Climate Change

Our independent statutory advisors, The UK Committee on Climate Change, have advised that achieving net-zero emissions will require *"extensive changes across the economy"* and "*a fundamental change from the current piecemeal approach that focuses on specific actions in some sectors to an explicitly economy wide approach"*[a].

We recognise that the progress made to halve emissions from Scotland since 1990 has been achieved with little impact on most people. The next phase will require much more noticeable changes, tougher decisions and greater opportunities. Constructive dialogue must be the central pillar of our approach.

We will create a National Forum on Climate Change that brings together government, Public Sector Bodies, the private sector, third sector organisations and the wider public. We will be working with stakeholders to explore how the National Forum can best encourage collective, informed deliberation on ideas for systemic and wide-ranging climate action.

[a] https://www.theccc.org.uk/publication/net-zero-the-uks-contribution-to-stopping-global-warming/

Part 2: Targets and reporting

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires Public Sector Bodies to publish annual climate change reports. This was intended to demonstrate compliance with Public Sector Bodies' climate change duties, to engage leaders and encourage action. The Order is reproduced in Annex A, and the list of Bodies required to report is in Annex B.

The Scottish Government established a short-life, collaborative working group to carry out a preliminary review of the reporting duties and associated processes. The group consisted of representatives from 16 organisations including the Sustainable Scotland Network (SSN), COSLA, local authorities, educational institutions, NHS and environmental NGOs. Its main focus was to look for opportunities to increase the value of the reporting, while decreasing administrative burden.

The group reviewed the structure and content of the current Order, the associated data collection system, the listed bodies and the way collected data are communicated. The group also revisited the purpose of mandatory reporting and agreed a set of criteria which would be used for evaluating the effectiveness of the reporting system.

The group concluded that mandatory reporting should:

- drive climate change performance within individual organisations;
- drive climate change action across the public sector as a whole;
- inform the ongoing development of policy, by linking it with national policy frameworks (such as the Climate Change Plan and Scottish Climate Change Adaptation Programme).

The group also agreed that reporting should be:

- Efficient (designed to facilitate impactful analysis and aligned with other reporting mechanisms to avoid duplication, where possible);
- Effective (informing leadership, action and decision making; enabling progress tracking; linking to national and local policy; shows wider impact and encourages collaborative work);
- Professional and trusted (compliant with reporting standards; transparent; providing data that is easy to understand, communicate and access);
- Adaptable (designed to evolve, as required; proportionate).

The key findings of the review were that:

a) Some parts of the reporting duties are too rigid, tied very closely to objectives, policies, priorities and programmes and therefore liable to become out of date over time.
b) In contrast, other parts are too open, such as part 2 (governance, management and strategy), generating challenges for data collection and consistency.

c) The “procurement” sections currently provide little meaningful data and do not effectively monitor how procurement policies are contributing to emissions reduction.

In light of the review and the Global Climate Emergency, the Scottish Government considers that the Public Sector Reporting Duties should be amended to:

1. require all Public Sector Bodies to state the year by which they will cease to emit any direct greenhouse gases and their targets for reducing indirect emissions;
2. report on how Public Sector Bodies will align their spending plans with these targets;
3. remove the detailed specification of all data fields from the Order itself, replacing this with a) high-level reporting requirements and b) a requirement that the Scottish Government produce detailed specification of every data field in a separate guidance document;
4. update the list of Bodies that must report;
5. remove the requirement to report information that is not directly pertinent to ending Scotland’s contribution to climate change;
6. require every Public Sector Body to make their report publicly accessible, in a way that empowers stakeholders and members of the public to view and understand it, in addition to providing the report to the Scottish Government.

These proposals are explained more fully below. The changes proposed would come into effect in 2022.

In addition, and not requiring any changes to the secondary legislation, the Scottish Government will provide a publicly accessible analysis of all Public Sector Bodies reports that allows stakeholders and members of the public to readily understand the overall level of progress and ambition in tackling climate change across Public Sector Bodies.

1.1 Public Sector Bodies to set their own emission reduction targets

Our climate change targets mean that Scotland as a whole will achieve net-zero emissions of all greenhouse gases by 2045 at the latest. Achieving net-zero emissions is a nation-wide endeavour. The CCC scenario for net-zero has all sectors at zero, or virtually zero, emissions except for agriculture, some parts of industry, and international aviation[1]. Remaining emissions from these sectors will need to be balanced, or outweighed, by negative emissions solutions such as tree planting and bioenergy with carbon capture and storage. The balance between remaining emissions and negative emissions needs to be across the whole economy, and the Scottish Government is committed to achieving this without the use of international offset credits.

Currently there is no requirement for Public Sector Bodies to report on the year by which they intend to achieve zero greenhouse gas emissions, either

from their own estate and operations (their direct emissions) or, in the case of Local Authorities, for their Local Authority area.

A lot of what individual Public Sector Bodies will be able to achieve in terms of reducing their emissions will be dependent on what progress is made in the rest of society. Within 6 months of the Climate Change (Emissions Reduction Targets) (Scotland) Bill receiving Royal Assent we will update the Climate Change Plan, setting out the pathway to decarbonisation for Scotland as a whole.

Following the update to the Climate Change Plan, we propose that in their future annual reports, all Public Sector Bodies report the date by which they intend to achieve zero direct emissions – those are the emissions that the bodies are directly responsible for. Recognising that indirect emissions are not entirely within Public Sector Bodies' control, we recommend that each organisation sets their own targets, with dates, for the extent to which they aim to use their influence to reduce those.

The targets that Public Sector Bodies set themselves will not be legislative targets, and the targets they set themselves in the first year of reporting may need to be amended in subsequent years reporting when further information becomes available, as progress in other parts of society become apparent for example, or to align with future Climate Change Plans

Q3. Do you agree that Public Sector Bodies should be required to set targets for when they will achieve zero direct emissions, and for reduced indirect emissions?

Yes / no / don't know Please explain your answer.

1.2 Public Sector Bodies to report on how they use their resources to contribute to reducing emissions

The Scottish Parliament have debated whether Scottish Ministers should be required to ensure that all Public Sector Bodies will use their resources in a way that will contribute to meeting or exceeding Scotland's emissions reduction targets, prior to approving resources[a].

We propose that a proportionate way for Public Sector Bodies to demonstrate that they are using their resources to contribute to reducing emissions is to require them report on how they do this, as part of their annual reporting.

[a] Amendment 112 lodged by Mark Ruskell, debated by the Environment, Climate Change and Land Reform Committee on 18 June 2019. http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12197

Q4. Do you agree that Public Sector Bodies should report annually on how they use their resources to contribute to reducing emissions?

Yes / no / don't know Please explain your answer.

1.3 Specify detailed reporting requirements in Statutory Guidance

The current reporting template is prescribed in detail by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 and secondary legislation is required to make any changes. The review process highlighted that a degree of flexibility in specifying the content of reports would be preferable.

We propose to amend the Order so that it specifies high-level reporting requirements and refers to statutory guidance for the detail of what Public Sector Bodies must report on. Any future changes to the statutory guidance would be made in consultation with COSLA and key Public Sector Bodies. This would reduce the time and resources required to implement changes and would allow the reporting duties to evolve more flexibly in line with national policies and strategies.

Q5. Do you agree that the details of what Public Sector Bodies are required to report on should be set out in statutory guidance instead of on the face of secondary legislation (otherwise known as an Order)?

Yes / no / don't know Please explain your answer.

1.4 Update the list of Public Sector Bodies required to report

The reporting duties apply to Public Sector Bodies listed in schedule 1 of the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 (See Annex B).

We propose to make the following amendments to the listed bodies:

Remove:

- The chief constable of Police Service of Scotland (given that this is now included within the Scottish Police Authority)
- The Registrar General of Births, Deaths and Marriages for Scotland (given that this is now included within the National Records of Scotland)
- Integration Joint Boards (IJBs), as they do not own an estate and do not produce emissions. Since they do not have operational control of the services provided by their NHS and local government partners, no emissions data has been reported by IJBs to date.

Amend:

- The Common Services Agency for Scotland, which is now known as 'NHS National Services Scotland'
- The Scottish Sports Council, which is now 'Sportscotland'

- Social Care and Social Work Improvement Scotland is now 'The Care Inspectorate'
- The Scottish Further and Higher Education Funding Council, which is now 'The Scottish Funding Council'

Add:

- South of Scotland Enterprise (due to be established in 2020)
- Ferries owned by Scottish Government (Caledonian Maritime Assets Ltd and David MacBrayne Ltd)
- Scottish Prison Service
- Scottish Public Pensions Agency
- Skills Development Scotland
- Student Awards Agency for Scotland
- Social Security Scotland
- Scottish Forestry
- Forestry and Land Scotland

Q6. Do you agree to the proposed changes to the list of Public Sector Bodies that are required to annually report their emissions?

Yes / no / don't know If you answered no, please specify which aspect of the proposal you disagree with and why.

1.5 Emphasise delivery in the reporting requirements

In light of Scotland's increased ambition, we want to ensure reports focus on delivery. The review process noted that, in order for the reporting to drive action, it should be as efficient and effective as possible. We are proposing a range of amendments to ensure that those criteria are met and to provide more clarity and simplification, where possible.

In Part 1 (Profile) we propose to remove 1d (Metrics used by the Body) and 1g (Context – a summary of the Body's nature and functions that are relevant to climate change).

We propose removing Part 2 (governance and management), which asks questions about governance arrangements, strategy, how climate change action is managed, priorities, use of the Climate Change Assessment Tool, and for other supporting information.

In Part 3 (emissions, targets and projects) we propose to:

- Keep questions 3(a)-(c), which address overall emissions, sources and details of generation/consumption/use of renewable energy
- Amend question 3(d), which asks about targets. This will reflect our proposal in Section 4.1 (above) to require Public Sector Bodies to commit to a net-zero emissions date and would address:
    - The organisation's target date for achieving zero direct emissions and

    - The organisation's reduction targets, including dates, for indirect emissions.
- Remove questions 3(e)-(k), which ask about carbon savings, carbon reduction projects, estimated emissions and cost savings for the year ahead.

We will update Part 4 (Adaptation) of the report. Our approach will seek information on progress with adaptation policies and strategies, focusing on outcomes, challenges and opportunities, rather than the specific objectives outlined in the existing order.

The procurement section of the climate change reporting duties (Part 5) has not resulted in meaningful information being gathered, so we propose to stop collecting data in this way. Instead, we will explore how mandatory climate change reporting can best align with our Programme for Government 2019-20 commitment to mobilise the £11bn of annual procurement to support our climate emergency response, including consulting on legislation to require public bodies to set out how they will meet our climate change and circular economy obligations.

We propose to remove Part 6 (Validation) of the report.

Q7. Do you agree with our proposals for amending the reporting requirements as set out above?

Yes / no / don't know If you answered no, please specify which aspect of the proposal you disagree with.

Q8. Is there anything else you think should be added to the reporting duties, or anything else you think should be removed?

1.6 Public Sector Bodies to make their reports publicly accessible

Currently, Public Sector Bodies are required to submit their reports to the Scottish Government. The Scottish Government then makes the reports available to the public in the form in which they were provided.

The review group agreed that reports should: drive climate change performance within individual organisations; drive climate change action across the public sector as a whole; and inform the ongoing development of policy. The group considered that there is currently a lack of clarity about the purpose of the data and how it is being used.

The Scottish Government considers that each public sector body should be required by the legislation to make their reports publicly available and do so in a way that is accessible, prominent and meaningful, so that local stakeholders can use the reports to hold the public sector body to account.

Q9. Do you agree that Public Sector Bodies should each make their own report on emissions reductions publicly available?
Yes / no / don't know Please explain your answer.

The Scottish Government also considers that analysis of the reports needs to be improved. The analysis should be useful to Public Sector Bodies, and transparent and informative to others. We will ensure that improvements to analysis and communication are made following changes to the Reporting Duties.

Other comments

Please use this space to make any further comments on the role of the public sector in tackling climate change.

Annex A – The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015

SCOTTISH STATUTORY INSTRUMENTS

2015 No. 347

CLIMATE CHANGE

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015

Made - - - -	*6th October 2015*
Laid before the Scottish Parliament	*8th October 2015*
Coming into force - -	*23rd November 2015*

The Scottish Ministers make the following Order in exercise of the powers conferred by sections 46(1) and 96(2)(a) of the Climate Change (Scotland) Act 2009([a]) and all other powers enabling them to do so.

Citation and commencement

1. This Order may be cited as the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 and comes into force on 23rd November 2015.

Interpretation

2. In this Order—

"the Act" means the Climate Change (Scotland) Act 2009;

"listed body" means any body which, any other person who, or the holder of any office which is listed in Schedule 1([b]);

"report year" means the year for which a report is to be prepared under article 3(1);

"year" means a period of 12 months ending with 31st March; and

"year ahead" (in Schedule 2) means the year which follows the report year.

([a]) 2009 asp 12; in section 46(1) "relevant public body" has the meaning given by section 44(5) of that Act ("the Act"). It refers to a Scottish public body (within the meaning of section 3(1)(a) of the Freedom of Information (Scotland) Act 2002 (asp 13)) which has climate change duties under section 44(1) or by virtue of section 44(3) of the Act.

([b]) Each listed body is a Scottish public authority within the meaning of section 3(1)(a) of the Freedom of Information (Scotland) Act 2002. By virtue of section 44 of the Climate Change (Scotland) Act 2009 ("the Act") each listed body has climate change duties. Each body is, accordingly, a "relevant public body" for the purposes of Part 4 of the Act.

Reports

3.—(1) For each year, a listed body must prepare a report on compliance with its climate change duties.

(2) The listed body must send the report to the Scottish Ministers within a period of 8 months from the end of the report year.

Form and content

4.—(1) Each report must be in the form set out in Schedule 2.

(2) Each report must contain the information specified in the form set out in Schedule 2.

(3) The report may be sent to the Scottish Ministers in electronic form.

AILEEN McLEOD
Authorised to sign by the Scottish Ministers

St Andrew's House,
Edinburgh
6th October 2015

SCHEDULE 1

Article 2

LISTED BODIES

Ministers, The Parliament

The Scottish Ministers

The Scottish Parliamentary Corporate Body

Holders of offices in the Scottish Administration which are non-ministerial offices

Food Standards Scotland

The Keeper of the Records of Scotland

The Keeper of the Registers of Scotland

The Office of the Scottish Charity Regulator

The Registrar General of Births, Deaths and Marriages for Scotland

Revenue Scotland

The Scottish Courts and Tribunals Service

The Scottish Housing Regulator

Local government

A council constituted by section 2 of the Local Government etc. (Scotland) Act 1994([a])

A Transport Partnership created under the Transport (Scotland) Act 2005([b])

National health service

The Common Services Agency for the Scottish Health Service

A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978([c])

The National Waiting Times Centre Board

NHS Education for Scotland

The Scottish Ambulance Service Board

The State Hospitals Board for Scotland

([a]) 1994 c.39; section 2 was amended by the Environment Act 1995 (c. 25), Schedule 22, paragraph 232(1).

([b]) 2005 asp 12.

([c]) 1978 c.29; section 2 was amended by the Health and Social Services and Social Security Adjudications Act 1983 (c. 41), section 14(2) and Schedule 7, paragraph 1; the National Health Service and Community Care Act 1990 (c.19), section 66(1) and Schedule 9, paragraph 19(1); the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, paragraph 1(1) and (2) and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), schedule 2, paragraph 2(1) and (2). There are other amendments to section 2 which are not relevant for the purposes of this instrument.

Educational institutions

The board of management of a college of further education (within the meaning given by section 36(1) of the Further and Higher Education (Scotland) Act 1992([a]))

An institution which is a fundable post-16 education body in receipt of funding from the Scottish Further and Higher Education Funding Council or a regional strategic body (within the meaning of the Further and Higher Education (Scotland) Act 2005([b])), other than any such institution whose activities are principally carried on outwith Scotland

Police

The chief constable of the Police Service of Scotland

The Scottish Police Authority

Others

Audit Scotland

The Board of Trustees for the National Galleries of Scotland

The Board of Trustees of the National Museums of Scotland

The Board of Trustees of the Royal Botanic Garden, Edinburgh

The British Waterways Board

The Cairngorms National Park Authority

Creative Scotland

The Crofting Commission

Highlands and Islands Enterprise

Historic Environment Scotland

An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014([c])

The James Hutton Institute

The Loch Lomond and The Trossachs National Park Authority

The Moredun Research Institute

The National Library of Scotland

The Scottish Children's Reporter Administration

Scottish Enterprise

The Scottish Environment Protection Agency

The Scottish Fire and Rescue Service

The Scottish Further and Higher Education Funding Council

([a]) 1992 c.37.

([b]) 2005 asp 6; section 35(1) was relevantly amended by the Post-16 Education (Scotland) Act 2013 (asp 12) to include definitions for "fundable post-16 education body" and "regional strategic body". There are other amendments which are not relevant for the purposes of this Order.

([c]) 2014 asp 9.

The Scottish Legal Aid Board

Scottish Natural Heritage

The Scottish Public Services Ombudsman

The Scottish Qualifications Authority

The Scottish Social Services Council

The Scottish Sports Council

Scottish Water

Social Care and Social Work Improvement Scotland

VisitScotland

SCHEDULE 2

Article 4

REPORT ON COMPLIANCE WITH CLIMATE CHANGE DUTIES

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

1(b) Type of body

1(c) Highest number of full-time equivalent staff in the body during the report year

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	*Units*	*Value*	*Comments*

1(e) **Overall budget of the body**
Specify approximate £/annum for the report year.

1(f) **Report year**
Specify the report year.

1(g) **Context**
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

Governance and management

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Provide a diagram / chart to outline the governance structure within the body.

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

Strategy

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	*Name of document*

2(d) Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	*Name of document*	*Time period covered*	*Comments*
Adaptation			
Business travel			
Energy efficiency			
Fleet transport			
Information and communication technology			
Renewable energy			
Sustainable / renewable heat			
Waste management			
Water and sewerage			
Land use			
Other			

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.

2(g) Has the body used the Climate Change Assessment Tool[(a)] or equivalent tool to self-assess its capability / performance?
If yes, please provide details of the key findings and resultant action taken.

Further information

2(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

[(a)] This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

PART 3: EMISSIONS, TARGETS AND PROJECTS

Emissions

3(a) Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations[(a)] (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol[(b)]). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

Reference year	*Year*	*Year type*	*Scope 1*	*Scope 2*	*Scope 3*	*Total*	*Units*	*Comments*
Baseline carbon footprint							tCO2e	
Year 1 carbon footprint							tCO2e	
Year 2 carbon footprint							tCO2e	
Year 3 carbon footprint							tCO2e	
Year 4 carbon footprint							tCO2e	
Year 5 carbon footprint							tCO2e	
Year 6 carbon footprint							tCO2e	
Year 7 carbon footprint							tCO2e	
Year 8 carbon footprint							tCO2e	
Year 9 carbon footprint							tCO2e	
Year 10 carbon footprint							tCO2e	
Year 11 carbon footprint							tCO2e	
Year 12 carbon footprint							tCO2e	
Year 13 carbon footprint							tCO2e	
Year 14 carbon footprint							tCO2e	
Year 15 carbon footprint							tCO2e	

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "*The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition*)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

3(b) Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor[(a)] leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Emission source	*Scope*	*Consumption data*	*Units*	*Emission factor*	*Units*	*Emissions (tCO2e)*	*Comments*
					Total		

[(a)] Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).

3(c) Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Generation of renewables	*Total generated (kWh)*	*Total consumed by the body (kWh)*	*Total exported (kWh)*	*Comments*
Renewable electricity				
Renewable heat				
Other 1 (specify in comments)				
Other 2 (specify in comments)				
Other 3 (specify in comments)				

Targets

3(d) Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of target	*Type of target*	*Target*	*Units*	*Boundary / scope of target*	*Year used as baseline*	*Baseline figure*	*Units of baseline*	*Target completion year*	*Comments*

3(e) Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	*Total estimated annual carbon savings (tCO_2e)*	*Comments*
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Business travel		
Fleet transport		
Other 1 (specify in comments)		
Other 2 (specify in comments)		
Other 3 (specify in comments)		
Total		

3(f) Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	*Funding source*	*First full year of CO_2e savings*	*Are these savings figures estimated or actual?*	*Capital cost (£)*	*Operational cost (£/annum)*	*Project lifetime (years)*	*Primary fuel / emission source saved*	*Estimated carbon savings per year (tCO_2e/annum)*	*Estimated costs savings (£/annum)*	*Behaviour change*	*Comments*

3(g) Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Emissions source	*Total estimated annual emissions (tCO_2e)*	*Increase or decrease in emissions*	*Comments*
Estate changes			
Service provision			
Staff numbers			
Other 1 (specify in comments)			
Other 2 (specify in comments)			
Other 3 (specify in comments)			
Total			

3(h) Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	*Total estimated annual carbon savings (tCO_2e)*	*Comments*
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other 1 (specify in comments)		
Other 2 (specify in comments)		
Other 3 (specify in comments)		
Total		

3(i) Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

Emissions source	*Total estimated annual emissions (tCO_2e)*	*Increase or decrease in emissions*	*Comments*
Estate changes			
Service provision			
Staff numbers			
Other 1 (specify in comments)			
Other 2 (specify in comments)			
Other 3 (specify in comments)			
Total			

3(j) Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	*Total estimated emissions savings (tCO_2e)*	*Comments*
Total project savings since the baseline year		

Further information

3(k) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

PART 4: ADAPTATION

Assessing and managing risk

4(a) Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s).

4(b) What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Taking action

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme[(a)] ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

Objective	*Objective reference*	*Theme*	*Policy / proposal reference*	*Delivery progress made*	*Comments*
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment			
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment			
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks			
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks			
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			

[(a)] This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "*Climate Ready Scotland: Scottish Climate Change Adaptation Programme*" dated May 2014.

Review, monitoring and evaluation

4(e) What arrangements does the body have in place to review current and future climate risks?
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Future priorities for adaptation

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?
Provide a summary of the areas and activities of focus for the year ahead.

Further information

4(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

Further information

5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6(e) Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	
Role in the body	
Date	

EXPLANATORY NOTE

(This note is not part of the Order)

This Order requires the bodies listed in Schedule 1 to prepare reports on compliance with climate change duties imposed under (or by virtue of) section 44 of the Climate Change (Scotland) Act 2009.

It also sets out the information to be reported, the form of the reports and the period within which each report must be sent to the Scottish Ministers.

Annex B – Public Sector Bodies currently required to report

180 Public Sector Bodies are currently required to submit annual reports on their climate change activity. They can be divided into the following categories:

- Educational institutions
- Integration Joint Boards
- Local government
- National Health Services
- Transport Partnerships
- Others

In 2011, the Scottish Government set out an expectation that some Public Sector Bodies should be particularly ambitious with regard to climate change action (*Public Bodies Climate Change Duties: putting them into practice* https://www.gov.scot/publications/public-bodies-climate-change-duties-putting-practice-guidance-required-part/). This guidance defined 'major players' as bodies with large estates and/or staff numbers, high impact and influence, large expenditure, or those with an auditing or regulatory function. The 2015 Order introduced "Listed bodies" who would be explicitly required to report.

Educational Institutions (44)

Abertay University
Ayrshire College
Borders College
City of Glasgow College
Dumfries and Galloway College
Dundee and Angus College
Edinburgh College
Edinburgh Napier University
Fife College
Forth Valley College
Glasgow Caledonian University
Glasgow Clyde College
Glasgow Kelvin College
Glasgow School of Art
Heriot-Watt University
Inverness College UHI
Lews Castle College UHI
Moray College UHI
New College Lanarkshire
Newbattle Abbey College
North East Scotland College
North Highland College UHI
Orkney College UHI
Perth College UHI
Queen Margaret University
Robert Gordon University
Sabhal Mor Ostaig UHI

Scotland's Rural College
Shetland College UHI
South Lanarkshire College
The Open University in Scotland
The Royal Conservatoire of Scotland
University of Aberdeen
University of Dundee
University of Edinburgh
University of Glasgow
University of St Andrews
University of Stirling
University of Strathclyde
University of the Highlands and Islands
University of the West of Scotland
West College Scotland
West Highland College UHI
West Lothian College

National Health Service (19)

NHS Ayrshire and Arran
NHS Borders
NHS Dumfries and Galloway
NHS Education for Scotland
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
Common Services Agency
NHS Orkney
NHS Shetland
NHS Tayside
NHS Western Isles
The National Waiting Times Centre Board
The Scottish Ambulance Service
The State Hospitals Board for Scotland

Transport (7)

Highlands and Islands Transport Partnership (HITRANS)
North-East of Scotland Transport Partnership (NESTRANS)
Shetland Transport Partnership (ZetTrans)
South-East of Scotland Transport Partnership (SESTRAN)
South-West of Scotland Transport Partnership (SWESTRANS)
Strathclyde Partnership for Transport (SPT)
Tayside and Central Scotland Transport Partnership (TACTRAN)

Local Authorities (32)

Aberdeen City Council
Aberdeenshire Council
Angus Council
Argyll and Bute Council
City of Edinburgh Council
Clackmannanshire Council
Comhairle nan Eilean Siar (Western Isles Council)
Dumfries and Galloway Council
Dundee City Council
East Ayrshire Council
East Dunbartonshire Council
East Lothian Council
East Renfrewshire Council
Falkirk Council
Fife Council
Glasgow City Council
Inverclyde Council
Midlothian Council
Moray Council
North Ayrshire Council
North Lanarkshire Council
Orkney Islands Council
Perth and Kinross Council
Renfrewshire Council
Scottish Borders Council
Shetland Islands Council
South Ayrshire Council
South Lanarkshire Council
Stirling Council
The Highland Council
West Dunbartonshire Council
West Lothian Council

Other Reporting Bodies (48)

Accountant in Bankruptcy
Audit Scotland
Creative Scotland
Disclosure Scotland
Education Scotland
Food Standards Scotland
Highlands and Islands Enterprise
Historic Environmental Scotland
Revenue Scotland
Scottish Canals
Scottish Enterprise
Scottish Environment Protection Agency
Scottish Natural Heritage (SNH)

Scottish Water
Skills Development Scotland
Scottish Sports Council
The Cairngorms National Park Authority
Social Care and Social Work Improvement Scotland
The Chief Constable of the Police Service of Scotland
The Crofting Commission
The James Hutton Institute
The Loch Lomond and The Trossachs National Park Authority
The Moredun Research Institute
The National Galleries of Scotland
The National Library of Scotland
The National Museums of Scotland
The National Records of Scotland
The Office of the Scottish Charity Regulator
The Registers of Scotland
The Registrar General of Births, Deaths and Marriages of Scotland
The Royal Botanic Garden Edinburgh
The Scottish Children's Reporter Administration
The Scottish Courts and Tribunals Service
The Scottish Fire and Rescue Service
The Scottish Further and Higher Education Funding Council
The Scottish Government
The Scottish Housing Regulator
The Scottish Legal Aid Board
The Scottish Parliament
The Scottish Police Authority
The Scottish Prison Service
The Scottish Public Pensions Agency
The Scottish Public Services Ombudsman
The Scottish Qualifications Authority
The Scottish Social Services Council
The Students Awards Agency Scotland
Transport Scotland
VisitScotland

Integration Joint Boards (IJBs; 30)

Aberdeen City IJB
Aberdeenshire IJB
Angus IJB
Argyll and Bute IJB
City of Edinburgh IJB
Clackmannanshire and Stirling IJB
Dumfries and Galloway IJB
Dundee City IJB
East Ayrshire IJB
East Dunbartonshire IJB
East Lothian IJB
East Renfrewshire IJB

Falkirk IJB
Fife IJB
Glasgow City IJB
Inverclyde IJB
Midlothian IJB
Moray IJB
North Ayrshire IJB
North Lanarkshire IJB
Orkney IJB
Perth and Kinross IJB
Renfrewshire IJB
Scottish Borders IJB
Shetland IJB
South Ayrshire IJB
South Lanarkshire IJB
West Dunbartonshire IJB
West Lothian IJB
Western Isles IJB

Scottish Government
Riaghaltas na h-Alba
gov.scot

Annex C

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://beta.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☐ Organisation

Full name or organisation's name

If you are responding as an organisation, which of the following applies:

☐ public sector body

Is your organisation a 'listed body' (required to report in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015)?

☐ Yes

☐ No

☐ private sector organisation

☐ third sector organisation

Phone number	
Address	
Postcode	
Email	

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐ Yes

☐ No

Annex D – Consultation Questions

Q1. What additional training, information or guidance do you think Public Sector Bodies need to help them increase their action on climate change?

Q2. What are your views on the proposed structure for the High Ambition Climate Network of Chief Executives and Elected Members?

Q3. Do you agree that Public Sector Bodies should be required to set targets for when they will achieve zero direct emissions, and for reduced indirect emissions?

Yes / no / don't know Please explain your answer.

Q4. Do you agree that Public Sector Bodies should report annually on how they use their resources to contribute to reducing emissions?

Yes / no / don't know Please explain your answer.

Q5. Do you agree that the details of what Public Sector Bodies are required to report on should be set out in statutory guidance instead of on the face of secondary legislation (otherwise known as an Order)?

Yes / no / don't know Please explain your answer.

Q6. Do you agree to the proposed changes to the list of Public Sector Bodies that are required to annually report their emissions?

Yes / no / don't know If you answered no, please specify which aspect of the proposal you disagree with and why.

Q7. Do you agree with our proposals for amending the reporting requirements as set out above?

Yes / no / don't know If you answered no, please specify which aspect of the proposal you disagree with.

Q8. Is there anything else you think should be added to the reporting duties, or anything else you think should be removed?

Q9. Do you agree that Public Sector Bodies should each make their own report on emissions reductions publicly available?

Yes / no / don't know Please explain your answer.

Other comments.

Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2019

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit **nationalarchives.gov.uk/doc/open-government-licence/version/3** or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: **psi@nationalarchives.gsi.gov.uk**.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-059-3 (web only)

Published by The Scottish Government, September 2019

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS616490 (09/19)

w w w . g o v . s c o t

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 11

CHIEF OFFICER REPORT

CHIEF OFFICER

A PURPOSE OF REPORT

This report provides an overview of the key developments and emerging issues relating to West Lothian IJB.

B RECOMMENDATION

- Note and support the whole-system collaborative approach involving NHS Lothian and the 4 Integration Joint Boards, with support from the Council areas, to develop and implement an improvement plan.
- Agree to receive future updates on progress being made on the delivery of the recovery plans.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	None
C3	**Policy/Legal**	None
C4	**Risk**	A key risk will be staffing capacity to address key issues around reducing delayed discharge and admission avoidance. The risk is captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector

		Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	None
C7	**National Health and Wellbeing Outcomes**	All apply
C8	**Strategic Plan Outcomes**	All apply
C9	**Single Outcome Agreement**	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
C10	**Impact on other Lothian IJBs**	The work related to the NHS Lothian Recovery Programme requires a whole-system approach to improve performance across all 4 Lothian IJBs.

D TERMS OF REPORT

The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

D1 NHS Lothian Escalation Update

A previous report to West Lothian IJB in September updated the Board on the decision by Scottish Government to place NHS Lothian at level 3 on the NHS Board Performance Escalation Framework. There were a number of challenging areas where further improvement was required in the context of a challenging financial environment:

- Mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- Cancer waiting times;
- Scheduled care;
- Unscheduled care;
- Delayed discharges; and
- Paediatric services at St John's Hospital

There has been a whole-system approach taken across Lothian, particularly in relation to unscheduled care, delayed discharge and mental health, recognising the need for an integrated solution across community and secondary care.

To support this work, a Director of Improvement has been appointed by NHS Lothian and supporting infrastructure has also been implemented. There continues to be the full involvement of the Chief Officers from each of the 4 Lothian IJBs.

In taking forward the emerging recovery plans, there have been fortnightly meetings with Scottish Government to review performance and it has been acknowledged that good progress is being made across a number of the areas identified above. A final recovery and improvement plan has been submitted to Scottish Government and this is awaiting feedback and final sign-off by the end of November. An update on the decision by Scottish Government will be reported to the IJB.

Once agreed, the work to implement the improvement plan will be taken forward through a Programme Board structure which will include representation and leadership from West Lothian staff.

D2 Statement of Intent

As the implementation of integration continues across Scotland, the Chief Officer Group (comprising of the 31 Integration Authority Chief Officers) of Health and Social Care Scotland has created a statement of intent. This statement, which has 5 key characteristics, is set out below and seeks to reaffirm the commitment between the Partnerships to develop and deliver health and social care services in an integrated way. It builds on the essential transformation of our care systems in communities, and helps create a more sustainable compassionate and caring Scotland.

The aims include:

- Supporting the planning of integrated health and social care services in our communities
- Collaborating to help deliver sustainable health and social care services
- Championing the voices of people who use our services, our staff and our communities
- Working together to shape and influence policy, practice and legislation
- Supporting the development of capable and confident system leaders

It is proposed to explore the statement of intent at a future IJB Development Session, to better understand the progress that has been made and to identify the further actions required to fully realise the benefits of integration within West Lothian.

D3 Service Visits

In taking up the post of Chief Officer, I have been keen to visit services, meet frontline staff and to hear from those accessing our services. I have a range of service visits planned however I have already visited some services to hear from frontline and have been very impressed with the commitment of staff and the quality of services being delivered.

E CONSULTATION

None

F REFERENCES/BACKGROUND

None

G APPENDICES

None

H CONTACT

Allister Short – 01506 281002 allister.short@westlothian.gov.uk

26 November 2019

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 12

PRIMARY CARE IMPROVEMENT PLAN

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 *The purpose of the report is to provide an update on the implementation of the Primary Care Improvement Plan (PCIP) and the progress of each work stream*

A2 *The report also discusses the PCIP tracker return which was approved by the LMC and submitted to the Scottish Government at end of October 2019*

B RECOMMENDATION

B1 *The Board is asked to*

1. *Note the contents of the report*
2. *Note the progress made with implementation of the Primary Care Improvement Plan at end of October 2019.*
3. *Consider the PCIP Tracker which was returned to the Scottish Government at end of October 2019*
4. *Consider the updated Primary Care Improvement Plan October 2019.*

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	The direction issued in April 2019 remains valid and therefore no further direction is required..
C2	**Resource/ Finance**	The delivery of the PCIP is resourced through the Primary Care Improvement Fund; Summary is included in the PCIP Tracker GMS funding is made directly to GP Practices

C3	**Policy/Legal**	The PCIP supports implementation of the new GMS 2018 Contract
C4	**Risk**	The sustainability of Primary Care remains a high risk The risk is captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	Sustainability of Primary Care provision is a key priority
C7	**National Health and Wellbeing Outcomes**	Delivery of Primary Care services supports all National Health and well Being Outcomes
C8	**Strategic Plan Outcomes**	Supports the delivery of all strategic priorities and transformational change programmes
C9	**Single Outcome Agreement**	Supports achievement of local outcome improvement measures related to: • We live longer, healthier lives and have reduced health inequalities • Older people are able to live independently in the community with an improved quality of life • Our children have the best start in life and are ready to succeed
C10	**Impact on other Lothian IJBs**	Sustainability of Primary Care provision affects all Partnerships. Recruitment to specialist and new roles may have an impact on workforce availability and sustainability of key services

D TERMS OF REPORT

D1

It has been recognised that General Practices have been under increasing pressure due to increasing volume and complexity of workload and challenging workforce availability. The 2018 GMS Contract has been designed to stabilise and develop Primary Care Services to create a sound basis for the future.

D2 Implementation of the contract is being undertaken over 3 years from April 2018 to March 2021 through collaborative working between Health and Social Care Partnerships (HSCP), Health Boards and the GP Subcommittee of Local Medical Committees. This tripartite arrangement brings together wide ranging expertise and provides assurance that local priorities are at the heart of new developments, whilst recognising the need for larger-scale planning at Board level for certain projects. The participation of GP Subcommittee maintains the focus firmly on the needs of General Practice as well as the wider Primary Care community, to ensure that plans are robust and geared towards the needs of GPs and their patients.

D3 The West Lothian Primary Care Implementation Plan 2018-2021 has been updated at October 2019 (Appendix 1) and describes the aspects of the new contract development that fall within the remit of West Lothian HSCP, the progress made with ongoing programmes of support and development in Primary Care and the new initiatives identified through discussion with GP Clusters, other local GPs and West Lothian Practice Managers.

D4 The resources and any associated outcomes and deliverables were set out in the annual funding letter as part of the Scottish Government's budget setting process. This allocation is referred to as the *Primary Care Improvement Fund*.

D5 The funding for West Lothian HSCP is shown below:

D6

	2018/19	**2019/20**	**2020/21**	**2021/22**
Scotland	£45,750,000	£55,000,000	£110,000,000	£155,000,000
Lothian	£6,772,970	£8,142,368	£16,284,737	£22,946,674
West Lothian	£1,407,010	£1,691,487	£3,382,975	£4,766,919
GP Pharmacy	£235,161	£235,161	£235,161	£235,161
Total Investment	**£2,246,010**	**£2,531,487**	**£4,222,975**	**£5,606,919**

D7 In the first year the funding was issued in two tranches with 70% allocated in June 2018 and remaining 30% to be allocated in November 2018 subject to confirmation that the HSCP would spend its full allocation in year. At September 2018 the HSCP did not consider it could spend the full amount in the financial year 2018-19 and requested the Scottish Government carry forward £341K for allocation in 2019-20.

D8 The updated workforce and expenditure projections have been populated into a local implementation tracker which has been approved by the LMC and sent on to the Scottish Government on 25 October 2019 in accordance with the reporting requirements. The tracker is appended at Appendix 2. The spend plan demonstrates that the full allocation from the PCIF will be required in2020/21 including the amount carried forward.

D9 At this stage it has not been possible to estimate the total workforce projections in 2020-22 as we need to evaluate the impact of the new roles we have implemented on General Practices and agree the future roll out. It is also noted that for some of the new roles there are shortages of staff with the knowledge and skills required and therefore we are exploring training posts and working with universities and colleges on the courses we require to develop our workforce.

D10 The Tracker includes Board level information for premises, stability agreement, funded GP Subcommittee input and data sharing agreement. With regard to premises it is noted that none of the West Lothian GP Practices are eligible for a sustainability loan as they do not own their own premises and no West Lothian Practice to date have asked for the Board to step in and take over their lease.

D11 Each of the work streams have been RAG rated with some commentary to explain the current position with further detail in the revised PCIP. Overall the improvement plan is rated at amber reflecting that 18 actions are green- fully implemented and on track, 13 are at amber- partially completed or scheduled to be implemented in 2019-21, and 2 are at red. The two at red relate to the transformation of vaccine programme for adult immunisations and flu programme. Initial discussions are being progressed on possible models of delivery for these programmes in 2020-21.

D12 The key objective of the 2018 contract is to make General Practice sustainable and fit for purpose in the years to come; reducing GP workload to a more manageable level is a key objective in this regard. Evaluation is an important part of a learning cycle, to understand what works well and what doesn't and to plan accordingly for future investment. Many of the projects we have implemented to date are orientated towards reducing GP workload and creating capacity therefore a major focus of our evaluation is the extent to which this is happening. The updated plan includes an appendix with the outcomes of evaluation conducted to date in a number of work streams. Overall evaluation has demonstrated positive findings mixed with useful learning points on areas to be addressed such as levels of productivity and variation across practices.

D13 The actions outlined in the plan describe the broad range of development activities aimed at stabilising and supporting General Practice to provide sustainable patient centred care over the coming years. We have taken a collaborative approach and are offering support to all practices to ensure we move forward in a consistent way which strengthens our service, provides a unified message for patients and increases the resilience of Primary Care.

E CONSULTATION

E1 *Local Medical Committee*

Primary Care Forum & Implementation Group

GP Clusters

F REFERENCES/BACKGROUND

F1 *GMS 2018 Contract*

F2 *Primary Care Improvement Plan Reporting Cycles February 2019*

G APPENDICES

G1 *Appendix 1: Revised Primary Care Improvement Plan October 2019*

G2 *Appendix 2: Local Implementation Tracker Updated September 2019*

H CONTACT

Carol Bebbington
Interim Head of Health
Carol.bebbington@nhslothian.scot.nhs.uk
H1 *01506 281017*

26 November 2019

1960…

WEST LOTHIAN PRIMARY CARE IMPLEMENTATION AND IMPROVEMENT PLAN

2018-2021

Update October 2019

From one man band to conductor of the orchestra

1990…..

2018…

WEST LOTHIAN PRIMARY CARE IMPLEMENTATION AND IMPROVEMENT PLAN 2018-2021

Update October 2019

INTRODUCTION

We are now 18 months in to the 3-year implementation of the West Lothian Primary Care Improvement Plan(PCIP). Implementing large scale organisational change is both challenging and rewarding; at this mid point, as well as reporting on progress so far it is useful to reflect on the process itself, to inform the approach going forward and ensure that implementation is effective and sustainable, and tailored to the needs of our GP Practices and patients.

OVERSIGHT AND SCRUTINY

In Lothian, implementation is coordinated via the GMS Oversight Group. This new group promotes collaborative working between Health and Social Care Partnerships, Health Boards and the GP Subcommittee of Local Medical Committees. This tripartite arrangement brings together wide ranging expertise and provides assurance that local priorities are at the heart of new developments, whilst recognising the need for larger-scale planning at Board level for certain projects.

In West Lothian, at the request of the cluster leads, local engagement with GPs clusters has been organised outwith our cluster meetings, to allow those to focus on quality improvement. The extrinsic function of both clusters has been incorporated into the Primary Care Forum and Implementation Group (PCFIG) which has representatives from all practices. Plans and proposals are brought to this forum for discussion, scrutiny and agreement. Engagement with the group has been excellent, with consistently high attendance and mature and thoughtful debate. Decisions are largely taken by consensus, with detailed planning being ceded to the Primary Care Management Team at the HSCP. Local GPs and Practice Managers have been offered opportunities to be more closely involved in project development and steering groups if they wish.

PRINCIPLES

West Lothian has 22 practices ranging in size from: 3,132 to 15,748 patients. Over half of practices fall in the 6000-9000 patient range.

- Resources will be shared across all practices rather than heavily targeted at practices in difficulty, although those practices may receive additional support sooner than others.
- Equally, it is important that when resources, particularly new staff, are put into teams, that practices receive sufficient resource for this to be effective and make a palpable difference. The concept of a “minimum useful level” has been developed, and our aim is to embed this level of service across all practices before offering additional resource to larger practices.
- Initially, a pragmatic approach will be taken to the distribution of new resources – some services such as IT initiatives and the Mental Health Hubs will be offered to all practices, other services, for example, Paramedics will be deployed on a geographical basis, whilst others will depend on criteria such as practice readiness or current distribution of existing support staff such as Pharmacists or District Nurses.
- Year 3 will be a rebalancing year where the impact of the plan will be reviewed with the PCFIG, and decisions taken about which forms of support have been most effective and merit further investment. At this point we will also consider which criteria should be used in the allocation of this additional resource such as list size, deprivation and demographics.

CONSULTATION & ENGAGEMENT

The PCIP sits below the West Lothian Strategic Plan alongside commissioning plans for other services such as Mental Health, Learning Disabilities and Older People. Public consultation around the PCIP has taken place as part of the consultation process for the Strategic Plan. In addition, the PCIP has been presented to both Locality Groups for discussion. Consultation with local GPs has been extensive, through GP clusters, the Primary Care Forum and Implementation Group and the second West Lothian Primary Care Summit in May 2018. The plan is regularly reviewed, with suggestions for new actions being incorporated; new work streams which have been added to the plan since the last update are indicated throughout. Patient engagement occurs through structured feedback on new services and forms part of the evaluation of services as they develop. Examples of patient feedback can be found in Appendix 1 where evaluation of projects to date has been collated.

DEVELOPMENT OF THE WEST LOTHIAN PLAN

The 2018 GMS contract framework identifies 7 key areas for change to be addressed through collaboration between Health and Social Care Partnerships, NHS Boards and the GP Subcommittee. These are:

1. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS
2. PAY AND EXPENSES
3. MANAGEABLE WORKLOAD
4. IMPROVING INFRASTRUCTURE AND REDUCING RISK
5. BETTER CARE FOR PATIENTS
6. BETTER HEALTH IN COMMUNITIES
7. THE ROLE OF THE PRACTICE

Taken together, the changes outlined now define the direction of travel and the future model of primary care throughout Scotland.

Whilst recognising that some areas, principally 2 and 4, do not fall within the remit of Health and Social Care Partnerships, The West Lothian Primary Care Implementation and Improvement Plan 2018-2021 nevertheless takes a broad transformative view which goes considerably beyond the “6 areas” outlined in the Memorandum of Understanding (MoU). Whilst we address these key priorities in our plan, these steps alone will not bring about the level of transformational change needed.

As well as addressing the 6 areas, WL HSCP aims to actively engage with practices to promote and support those changes that are required at practice level. In this way we hope to help GPs and their practices evolve and embrace new ways of working and develop new leadership roles, to create a sustainable and resilient service for the years to come.

OPTIONS APPRAISAL

One of the key decisions in developing the plan is whether new services should be delivered within existing health centres or in new locations. Many factors play a part in this decision, such as:

- Target patient group
- Need for continuity of care
- Physical space in health centres/ Availability of alternative premises
- Preference of local GPs

- Geographical layout of West Lothian/ travelling times for staff or patients
- Supervision and governance arrangements for new staff

The relative weight of each of these factors will vary depending on the service in question so decisions have been taken on a case-by-case basis.

CTACS – many patients attending for treatment room services such as dressings and removal of stitches are either elderly or post-operative. Provision of treatment room services locally in health centres was strongly preferred by GPs, and all health centres already have treatment room facilities built in. The development of "supercentres" was not favoured and was seen as a barrier to access for this patient group, so local provision has been maintained.

Additional staff and **urgent care**– to directly reduce GP workload and maintain continuity and supervision, new staff placed within health centres was the preferred option. The development of new walk in/acute care centres in other parts of the UK has often failed to reduce consultation rates in local practices and has simply created new demand. Space within health centres is a key consideration, and alterations to premises have been initiated to provide additional workstations or consulting areas in some practices where space is tight.

Mental health and link workers– a mixed approach is being taken with additional mental health support for practices for the 18—64 age group. Two large Community Wellbeing Hubs have been set up (one per locality) to offer a new high volume service for patients with anxiety/depression – these hubs offer a broad range of interventions and therapies from mindfulness and yoga sessions to group based and one-to-one psychological therapies, and include access to 3rd sector link worker support. Offering these interventions in community based, open-plan premises offers greater opportunity for group work and social interaction among patients, and moves away from the medical model. Integrated team working among staff from different disciplines offers a great deal of scope for a tailored package of intervention for each patient, suited to individual needs. Local GPs favoured the hub model, and location of the hubs was discussed with both clusters, who selected the location for their area. Local transport links were an important consideration in the placement of the hubs. Alongside this, link worker outreach is being delivered in local health centres, and the deployment of CPNs within practice teams will help to support engagement with the new service and reduce GP workload.

Vaccination transfer – Vaccinations services cover patients of all ages and the needs of different groups must be considered in the design of a new delivery model.

For childhood vaccinations, continuity of care and contact with the local health visiting team has been key to West Lothian's longstanding success in achieving high rates of coverage, and there was agreement that this model should be maintained, with staff nurses attached to Health Visiting teams delivering the programme.

Flu vaccine for over 65s is another area where local delivery is considered to be key for ease of patient access, and discussions are underway to develop a model which allows for this.

In contrast, travel vaccines are by definition delivered to patients who are capable of travelling, so the need for health centre-based services was felt to be outweighed by the need for staff to work as part of a team with access to ongoing training, supervision and governance arrangements. A centralised service for West Lothian, linked to NHS Lothian's specialist travel clinic, was considered to offer economies of scale and a robust management and governance structure and this project is being progressed.

Equally, vaccines for pregnant women can be offered in conjunction with maternity appointments such as scans at our local hospital, and provided a robust route to capture this patient group and promote high levels of uptake. This service has been implemented in April 2019.

Vaccinations for other patient groups such as shingles, pneumovax and flu in under 65s are still under discussion, with a number of options being considered.

WORKFORCE PLANNING

Recruiting and managing significant numbers of additional staff is one of the key challenges of the PCIP, and consideration has been given to different approaches. Developing a completely new team under a new Primary Care staff management structure would offer more scope to align the working patterns of these staff very closely to the needs of local GPs, however managing and training staff from such a diverse range of disciplines as one team was considered to be unwieldy and so the decision was taken to maintain new staff within their parent department, with designated line managers from within those existing teams. Thus, pharmacists remain line-managed by the pharmacy team, physiotherapists by the physiotherapy team and so on. This provides robust ongoing arrangements for training, appraisal and governance but does require close liaison between the Primary Care Implementation Team and the parent departments to ensure that staff function in a responsive manner to the demands of Primary Care. The volume of work expected of staff in a primary care environment is higher than many of these staff and their managers are used to, and the need to work in a demand-led manner rather than with set case loads and waiting lists is unfamiliar to them.

Training for these new roles has quickly come to the fore as an area that requires to be rapidly expanded. Much of this training requires to be carried out in a Primary Care setting, which puts additional pressure on already stretched teams. West Lothian Practices have responded admirably to this challenge: training placements have been offered in numerous practices to paramedics, pharmacists, pharmacy technicians, physician associate students and physiotherapists.

PREMISES

All of the 22 West Lothian practices are housed in purpose-built premises, with 9 practices co-located with other community services in large partnership centres. One practice is awaiting a new building and is currently working from outdated and cramped premises, but in general the standard of accommodation is reasonable. Nevertheless, West Lothian has a growing population and space is becoming problematic in the majority of practices; the arrival of new staff to support GPs, whilst welcome, poses logistic difficulties at many sites. Major building projects such as new premises or substantial extensions are not within the remit of West Lothian HSCP, and such Capital projects take considerable time to be realised. There is a need for more responsiveness and agility in the capital build programme, if new services are to be delivered in a timely manner.

At HSCP level we have worked with practices to create additional consulting space and workstations within the existing footprint of our buildings, carrying out minor works and extending IT connectivity to enable practices to accommodate more staff. The commitment by Scottish Government in its letter of 13/9/19 to an in-year allocation to release space and make improvements to premises is very welcome; West Lothian will receive an allocation of £154K which will be used to create space in two of our health centres as a priority. Digitisation of records will be considered on a case-by-case basis if no other solutions can be found.

REVIEW OF WORK STREAMS - PROGRESS AND NEXT STEPS

The Role of GPs in Scotland- Expert Medical Generalists

THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care and quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

Work Stream	Progress	Next steps
The Role of GPs- Expert Medical Generalists		
Funded GP placements 2 sessions per week with the REACT frailty team to develop skills as expert medical generalists	Discussed with REACT - 3 sessions on 3 days considered more productive. Discussed with clusters – currently difficult to release GPs to participate	Revisit in year 3 once more practice support in place
Funded training for expert medical generalist role	Masterclass for practice frailty leads carried out Oct 18. Realistic medicine course funded for GPs from 11 practices	Completed
GPs to lead and promote MDT working	Leadership training event scheduled for 13th November. All practices invited to send 2 GPs.	Explore options for follow-up events and leadership training for practice managers
West Lothian Internship Scheme	Action to promote recruitment and development of high-quality GPs in West Lothian. Programme in place for 1 year funded internships for newly qualified GPs offering regular mentoring, support for Personal Development Plan and funding for courses and conferences. Information circulated to clusters, practice managers and current ST3 trainees. One internship currently running.	Ongoing
Practices to move towards 15 min appointments for complex patients	Practices surveyed in Sept '19 to assess progress. Findings: 19 practices responded – 3 practices now work on 15 minute appts, 9 practices work on 10 min and 7 practices run a mixture of both.	Feedback to practice managers, consider opportunities for shared learning through practice managers group
Additional funded Protected Learning Time (PLT) sessions	Practices offered funding for Locum cover for 2 additional PLT sessions to promote practice development. Sessions taken up by 12 practices in 18/19.	Additional funded PLT sessions offered for 19/20.
Practice development **NEW**	Two practices embarking on transformational change programme with new team development officer – initial sessions carried out	Continue process and share learning on outcomes

Comment

Development of the expert medical generalist role is a key component of the new GMS contract. The provision of new support staff for practices is just one piece of the jigsaw; reviewing the roles of existing staff, including GPs, is also fundamental if the current challenges are to be successfully addressed. WL HSCP has actively sought to help GPs to adopt this new role by offering funded training and networking opportunities, as well as supporting clusters to trial new ways of working.

Progress is being made – through engagement with training events and facilitating opportunities for shared learning, there is increasing openness to cultural change in the way General Practice operates and a sense that these changes are not just necessary for survival but also achievable.

Manageable Workload

MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce
- New staff will be employed by NHS Boards and attached to practices and clusters
- Priorities include pharmacy support and vaccinations transfer.
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversights of service redesign and contract implementation involving SGPC and Local Medical Committees.

It is widely recognised that GP workload is currently extremely high due to a combination of factors: population growth in West Lothian, increasing public expectations, an ageing population with complex care needs, increasing emphasis on care in the community and GP recruitment and retention difficulties. To secure the future of Primary Care services, GP workload needs to reduce to a manageable, sustainable level to attract young doctors into general practice and ensure a safe, quality service for patients.

Reducing GP workload in West Lothian involves four key components:

1. Make better use of existing staff
2. Increase use of technology to free up GP and other staff time
3. Add new staff and services
4. Transfer responsibility for some services out of General Practice

All four areas need to be addressed to maximise potential benefits and free up GP time. Taken together, these approaches offer the opportunity to rethink and redesign the way we work to enable GPs to dedicate more of their time to those areas that require their unique expertise, whist developing the skills of other team members to embrace new and expanded roles.

Work Stream	Progress	Next steps
Make Better Use of Existing Staff		
Practices to move towards full reception signposting. This enables staff to direct patients to members of the extended team or other services for example community pharmacy or optician where appropriate.	Training offered to admin staff in all practices. Follow up networking sessions undertaken. Sharing of signposting protocols between practices. Posters developed by practice managers and produced by HSCP explaining signposting and availability of other services to patients. Poster displayed throughout West Lothian in health and council facilities and other public buildings such as supermarkets. All practices now signpost GP appointment requests at initial contact using protocols supplied by their GPs.	Completed See Evaluation – Appendix 1

Develop new ways of handling docman and prescriptions to reduce GP involvement	**NEW** Docman Toolkit circulated to practices. Development managers undertaking project through Quality Academy to assist practices in reduction of Docman using elements of the toolkit.	Carry out initial data collection on current docman volumes
Enhanced role of practice nurses in managing results and reports	HSCP have employed a development manager (1day/week allocated to primary care) whose role is to facilitate whole-team development in practices with a bottom-up approach, to work on embedding change.	Ongoing
Staff training in use of NHS inform and cascade to patients	Training sessions have taken place for community nursing staff and GP admin staff. Aim is to make NHS Inform available in practice waiting rooms and have staff demonstrate its use to patients.	Resolve issues with e - health regarding use of NHS Lothian laptops by patients.
NEW Refresher training for coders in practices Accurate coding assists GPs in clinical decision making and contributes to patient safety. In addition, proposals to implement the electronic frailty index (EFI) across West Lothian require additional coding of functional deficits in patients, not previously captured in a systematic way.	Experienced coders recruited to provide training updates to newer practice staff. Training commenced. Code set for functional deficits for EFI identified and patient self-completion sheet distributed via clusters.	Complete training for all staff who require this
NEW Develop leadership capacity of practice managers	Stress and resilience training day carried out in May 2019.	Sessions considered very valuable See Evaluation – Appendix 1
NEW Reception masterclasses	Team working and resilience master classes for practice reception staff carried out on 9th and 14th Oct. Staff from 16 practices attended.	Feedback very positive See Evaluation – Appendix 1

Comment

The development of practice staff has been a great success and the level of uptake has led to a culture change in the way General Practice operates in West Lothian. Access to a GP for patients with complex problems or who are seriously ill is improved by the ability to consistently signpost more straightforward patients to other team members where appropriate. In addition, for new staff members such as advanced physiotherapists and psychiatric nurses to be fully effective in reducing GP workload, suitable patients need to be identified before they reach the GP – this can only be consistently achieved by assessing all appointment requests at initial contact and ensuring the patient is directed to the appropriate person.

A useful learning point that has emerged is that small group networking sessions rather than large formal courses are a popular and successful approach when working with practice administrative staff that previously had very little opportunity to meet with their peers from other practices. We are continuing to use this approach of peer-to-peer

learning as we extend the roll-out of new services so that those who were the first to have for example a physiotherapist or specialist paramedic will offer a networking session for staff of practices who are next in line, offering advice and tips on how to work with these new team members and which sorts of patients they can see.

Potential new actions going forward

Taking forward the use of the Practice Administration Staff Collaborative (PACS) Docman Toolkit is our current priority, as significant reductions in GP administration time can be achieved by systematically implementing the approaches described. Local GPs recognise the potential of further development of practice staff, and are keen to identify other areas where additional staff training could be offered to help reduce the administrative burden on GPs.

Increase Use of Technology

Work Stream	Progress	Next steps
Increase Use of Technology to Free Up GP and Other Staff Time		
Recurrent funding for text reminder service - reduces DNAs and allows patients to cancel by text so appointments can be re-used	20 practices signed up.	Rollout complete See Evaluation – Appendix 1
Recurrent funding for mobile IT devices	All practices supplied with NHS Lothian laptops or tablets to facilitate home visiting, remote working and care home work	Rollout complete See Evaluation – Appendix 1
Provision of self check-in	Installed for all practices who did not already have this	Action completed
Additional Laptop for each practice waiting room to allow patients to become familiar with the use of NHS Inform	Laptops, purchased, staff trained to demonstrate NHS Inform, project stalled as issues have arisen with e-health regarding patient use of NHS Lothian computer equipment	Further discussion with ehealth to resolve access for patients
Improved practice websites through Primary Care Digital Services programme	Discussed with Practice Managers	Practices to sign up for inclusion in roll-out
NEW Roll out of the use of the myCOPD app across West Lothian. This supports and promotes patient self-management of COPD, reducing the dependence on GP services	1 year SLA set up to support practice implementation of myCOPD app. 18/22 practices signed up and roll out of app to patients underway. Quarter 1 uptake figures available, Quarter 2 figures due shortly.	Evaluate project
NEW Provision of paediatric O2 monitors for all GPs to assist with rapid assessment of paediatric cases	Monitors distributed to all practices	completed

NEW Rollout of Vision Shared Services. This allows patients from different practices to be booked onto the same appointment template, and for staff seeing these patients to access their medical records with one single log in. This functionality is key to effective appointment management in health centres housing more than one practice, where the development of CTACs and the deployment of additional staff such as physiotherapists and link workers create a requirement for effective shared appointment systems.	Systems configured, training underway, go live date for 3 practices in Strathbrock Partnership centre is 9th October.	Rollout to remaining 3 multi-practice Health centres. !0 practices will ultimately be served by this system.

Comment

The NHS Lothian GMS Contract Oversight Group has IT as one of its key work streams, and is responsible for taking this forward at Board level. The central server roll-out is now completed, which improves speed and security of IT for all practices. IT infrastructure is cruical to modern General Practice and at West Lothian level we have successfully invested in the provision of additional technologies focused specifically on saving time and reducing workload.

These work streams have been well received and have a number of positive features:

- Improved technology was a key theme to emerge from the West Lothian Primary Care Summit in 2017 as something GPs wanted and which they considered would improve their working lives.
- These projects are relatively inexpensive and can be offered to all practices at once, providing a measure of equity
- Compared with more complex projects requiring major staff recruitment, these measures are also relatively quick to implement, providing a degree of “instant” support whilst other projects get off the ground.
- Practices have embraced the use of these new technologies across the board so again, this creates a generalised culture change for patients, improving acceptability

Potential new actions going forward

The use of voice recognition software to reduce time spent on letters and referrals is already popular with GPs in some practices – rolling this out across West Lothian will be discussed with all practices to gauge interest in adopting this technology.

Add New Staff and Services

Work stream	Progress	Next steps
Add New Staff and Services		
Offer Advanced Physiotherapy Practitioner (APP) programme to all practices. This programme provides APPs to do "first contact" consultations for Musculoskeletal (MSK) problems in primary care, with patients being signposted directly into these appointments by reception staff without patient seeing a GP first.	***11 practices now have APP support 2 sessions/week.*** Data have been collected and Year 1 report is now available 2 sessions/week found to be a useful level of provision for the average practice 0.5WTE band 6 training post and 1WTE 8a have been recruited	Recruitment about to commence for a further 2-4 posts this financial year Plans in place to train more APPs locally and provide experience of the APP role to all physio trainees, who will now rotate through general practice to provide experience of the role. See Evaluation – Appendix 1
Develop paramedic home visiting service	**5** ***practices now have support with home visiting 5 days/week.*** Service Level Agreement set up with Scottish Ambulance Service (SAS) to provide specialist paramedic practitioner and vehicle to support home visiting services across 5 practices 5 days per week. Each practice receives a quota of 2 visits per day to be undertaken by specialist paramedic. Visits are pre-triaged by GP to assess suitability and whether visit was needed. Training placements arranged for additional SAS staff going through APP training as a way of growing capacity. Ongoing discussions with SAS re expansion of service. Need for easier communication identified to reduce the need to travel back and forth to practices to pick up calls. Trials of two-way electronic transfer of information underway to address this.	Expansion of service to more practices as capacity allows. Continue to support SAS with training placements Request for quarterly learning sessions/ case reviews for the team is being addressed. See Evaluation – Appendix 1
Expand the deployment of pharmacists in practices **NEW**	Pharmacist input in majority of practices to reduce GP involvement with community pharmacy queries and acute requests. Implementation of 5 day/week pharmacist input to all practices progressing: 21/22 practices now have pharmacist input of 3-5 session per week. Final practice scheduled to have pharmacist by Jan 2020. Additional pharmacy technicians recruited and additional training posts created	Continue recruitment to bring all practices up to baseline of 5 sessions per week over 5 days. Expand service to include holiday cover Assess impact on GP workload to determine whether additional pharmacist sessions would add value. Increase provision to larger practices first.

Expand technician input and create training posts for pharmacy technicians	Technicians in place in 14 practices, with 3 more scheduled for January. 6 additional Technician training posts created.	See Evaluation – Appendix 1
Develop better links with Community Pharmacy and minor ailments service	Some practices have actively engaged with local community pharmacists to arrange training for their staff about the scope of the minor ailments service.	
Deployment of 4 WTE District Nurses already trained in Clinical Decision Making, to support practices in home visiting and case management in the frail elderly	***Collaborative project with community nursing service*** In addition to this, further funding provided by HSCP (not PCIP funding) to support this work – 2WTE band 6 for case management, and 4 WTE band 5 to release existing DN capacity.	Success in the implementation of this initiative has been patchy, with staff often being pulled back to provide core services rather than undertake these new roles. Improved staffing in core DN teams is needed to fully implement this initiative. Request for funding for 4 WTE nurses to supplement core teams has been submitted and approved.
Frailty - ongoing development of care home staff	***2x WTE care home support nurse starting with REACT team (not PCIP funding)*** Two year care home project with GP lead aimed at up-skilling and empowering care home staff and consistently implementing Anticipatory Care Plans ended in April 2019. Evaluation demonstrated a reduction in acute admissions. 2x nurse practitioners recruited to continue support and education for care home staff.	Further networking session to be organised for GP frailty leads.
Develop Mental Wellbeing Hubs - Collaborative project co-funded by PCIP and mental health services. 12 x WTE link workers, 3xWTE psychologists,3xWTE CPNs, 2x WTE specialist OT, additional wellbeing practitioners	Service launched 24th June 2019.This has been a major project offering substantial new resource to practices to help manage patients with moderate mental health problems, predominantly anxiety and depression. Designed to sit in the space between GP care and secondary care, the hubs are accessible to all practices with one in each locality. These are high-volume, demand led services staffed by a multidisciplinary team and offering a wide range of group and individual psychological interventions, wellbeing activities such as relaxation and yoga, and link worker support. This has been a major collaborative project between a number of professional disciplines and the 3rd sector, and we are pleased to have reached the point where the hubs are now operational and running as envisaged.	Collate data, Evaluate project

NEW Offer link worker support to all practices	Since the last update, 8 practices now have link worker input one session per week, with a further 4 practices to be included by December 2019.	Continue rollout to all practices in early 2020
NEW Rollout of Community Psychiatric Nurses to provide "first contact" consultations for new patients presenting with mental health issues in GP practices, with patients being signposted directly into CPN appointments by reception staff without seeing a GP first	Following an initial pilot of 1 WTE Community Psychiatric Nurse (CPN) in a practice which showed positive outcomes in relation to reduced prescribing of antidepressant medication, reduced secondary care referrals and reduced follow up appointments, recruitment undertaken for 3 WTE CPNs. One now in post, working across 5 practices. Further staff member coming in to post in November 19	Recruitment underway for a third post.

Comment

The deployment of additional staff to work alongside and support GPs is a key requirement of the 2018 GMS contract. In West Lothian as elsewhere, recruitment of the number and calibre of staff required is time consuming and challenging. For the majority of these staff, working in such an autonomous way and in a primary care setting is a new and expanded role with additional training, induction and support required whilst experience is gained. For stretched GP teams, the level of supervision required can be an additional strain; however we have been impressed by the willingness of our practices to offer training placements. Going forward, there is a need for more training and mentoring to be undertaken from within the professional group(s) involved, to reduce the amount of mentoring and assessment GPs currently have to undertake.

Progress towards the implementation of these work streams has been encouraging and has taken place as quickly as recruitment and training will allow. 19/22 practices now have either a physiotherapist 2 sessions per week, a CPN 2 sessions per week and/or daily paramedic support with home visiting. 8 practices have link worker support and 21 practices have pharmacist input for 3-5 sessions per week. All practices have access to the Mental Wellbeing Hubs, and all practices have been included in the expanded district nursing project. Whilst our aim is to spread resource across practices, those with critical staffing problems have been amongst the first to receive support and have proportionately more support at this point. Over time, this will be rebalanced as more staff are recruited.

From an HSCP perspective, recruiting staff and placing them in GP practice teams is a new activity and a learning process – prior to 2018 there was no requirement for HSCPs to support practices in this way. What is becoming apparent is that embedding these new staff in practice teams is a labour intensive process that goes beyond simply recruiting staff and deciding where they are placed. New staff are often working across a number of practices, so clear protocols and Standard Operating Procedures (SOPs) are required to try to create a coherent and consistent role for the new staff member. Developing these SOPs, adjusting them as the service evolves and attempting to ensure that practices adhere to them has proved to be a prolonged and time-consuming business, and the more new staff groups are embedded the more HSCP manpower is required to keep all of them on track. Issues such as under-utilisation of new staff have - somewhat surprisingly – emerged in some locations and attempting to understand why this is happening and what adjustments are required for the new service to be used more effectively also take time and effort on the part of the HSCP. Maintaining and developing services that have already been launched whilst trying to implement new projects in a timely manner has become a difficult balancing act, and more consideration needs to be given to the logistics of this process to ensure sustainability going forward.

Potential new actions going forward

The potential use of Physician's Associates in primary care will be explored. Training placements have been identified for two students in 2019/20.

Transfer Responsibility for Some Services Out Of General Practice

Work Stream	Progress	Next Steps
Transfer Responsibility For Some Services Out Of General Practice		
"Skip the surgery" poster project **NEW**	Following the success of a previous signposting poster for clinical issues, directing patients to the minor ailments service, optician, etc. West Lothian GPs requested another poster be developed covering topics like "Blue Badge", bus passes and council grass cutting that patients often seek to access by contacting their GP. The poster has been developed and agreed.	Arrange printing. Distribute poster throughout West Lothian
Childhood Vaccinations	Pan Lothian agreement regarding funding of childhood vaccination programme. A range of delivery models have been piloted and in West Lothian the existing model of staff nurses attached to health Visiting Teams will be maintained.	Completed
Travel Vaccinations **NEW**	Agreement reached on a pan-lothian approach using a hub and spoke model, with our current specialist travel service at the Western General Hospital acting as a centre of expertise, supporting staff deployed in other parts of Lothian. Staff will be employed and managed through the WGH and will work as one team for training and governance purposes, according to an SLA set up jointly by the 4 HSCPs. Each HSCP will fund the service provided for their area, and will fund a proportionate part of the management capacity required.	Confirm capacity needed in each area of Lothian. Identify locations for local travel clinics. Recruit staff.
Pregnant women **NEW**	Pertussis vaccinations for pregnant women – from 1.4.19 this service has been moved out of GP practices and delivered at St John's Hospital when women attend for their foetal anomaly scan.	This season's Flu vaccines for all pregnant women in West Lothian to be delivered at St John's Hospital – publicity underway
Shingles, Pneumovax	Proposal under consideration to deliver through CTAC	
Health centre Staff	Proposal under consideration to deliver through CTAC	
Ad hoc – hep B, tetanus	Proposal under consideration to deliver through CTAC	
Annual flu		

-	Housebound/carers/spouses	Proposal under consideration to deliver via District Nursing teams
-	Care Homes	Proposal under consideration to deliver via District Nursing teams
-	Nursing homes	Own staff to deliver
-	Under 65s at risk	Proposal under consideration to deliver using St John's vaccination team
-	Over 65s	Proposal under consideration to deliver in local health centres using an augmented Community vaccination team Oct-Dec.

Comment

West Lothian has delivered childhood vaccinations via staff nurses attached to the Health Visiting teams for a number of years. This model has been very successful on two counts:

- Levels of vaccination achieved are excellent, and consistently higher than the NHS Lothian average and rates for Scotland as a whole.
- Vaccination clinics provide additional opportunities for observation of vulnerable children by the Health Visitor team.

Accordingly, West Lothian will continue to fund and deliver childhood vaccinations in this way.

Delivery of vaccinations to pregnant women via antenatal clinics makes a lot of sense and we are grateful to our colleagues in public health and acute services for their collaboration on this project.

Potential new actions going forward

Transferring flu vaccination out of General Practice is the most challenging aspect of the vaccine transformation programme and will be our major focus in year 3.

Better Care for Patients

BETTER CARE FOR PATIENTS

Key Points

• The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.

• GP time will be freed up for longer consultations where needed – improving access for patients.

• There will be a wider range of professionals available in practices and the community for patient care.

In West Lothian, we consider that the GP practice should continue to be the focus for providing and co-ordinating care. WL HSCP and Clusters do not support the idea of daytime "urgent care centres" or "phlebotomy centres" which we consider confusing and inconvenient for patients, and a fragmentation of care. In addition, studies have indicated that additional NHS services such as walk-in centres, minor injuries units and 111 are often not substitutive and tend to increase overall service use. Key to this approach is the need to progress work streams currently being led by Lothian LMC to reduce the amount of secondary care-generated work being asked of GP practices. Systems are urgently required to ensure that even if blood tests are taken in the community for patient convenience, results

for patients being monitored by secondary care go directly to the specialties involved and do not generate additional administrative work for GPs.

Work Stream	Progress	Next steps
Better Care for Patients		
Community treatment and Care Centres (CTACS)	Agreement on practice-based model across West Lothian. Audit of existing treatment rooms to assess services provided and capacity required – completed. Agreement reached on range of tasks to be carried out in CTACS. Practices offered option of TUPE transfer for existing staff. Funded treatment room services now in place in 17 practices.	Recruitment underway for staff for 5 practices who do not yet have CTAC, plus additional hours for a further 5 practices.
Interface working with secondary care, social care, and out of hours	TOR and membership of WL IFG reviewed Participation in working group around urgent care resource hub	Ongoing
Implement use of flow centre in West Lothian	Flow centre now live. Use of sci gateway for flow centre referrals now live.	completed
supporting practice expansion	2 LEGUP grants available for 2019-20.	Allocation of funds to be decided.
Support practices to move to 15 minute appointments for complex patients	**NEW** Survey carried out of existing appointment schedules across West Lothian. 19 practices responded – 3 practices now work on 15 minute appts, 9 practices work on 10 mins, and 7 practices run a mixture of both	Discuss at Practice managers group for shared learning.

Comment

Implementation of practice-based CTACs is well advanced, and once provision is available in all practices then recruitment for back fill cover for holiday/sickness absence will be undertaken to avoid CTAC work defaulting to GP practices at these times.

Work streams discussed in other sections of this document such as the expanded District Nursing project and Childhood Vaccinations via the Health Visiting teams are further examples of the work that is underway to provide continuity of care to key patient groups.

Embedding link workers and CPNs in practice teams also provides opportunity for liaison between GPs and mental health services, which again offers continuity for this vulnerable group.

Better Health in Communities

BETTER HEALTH IN COMMUNITIES

Key Points

.

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and

Work Stream	Progress	Next steps
Better Health in Communities		
GP Clusters - develop intrinsic functions	Admin and data support offered to Clusters. Primary Care Development Manager established as link between Clusters and HSCP. Project plans requested from both Cluster leads Cluster leads and PQLS advised of training opportunities in quality methodologies. Funding made available. One CQL has undertaken the Quality Academy. One PQL undertaking this in current cohort. Discussion with Cluster leads to develop synergies between cluster working and HSCP projects	Continue to develop joint working between HSCP and clusters to enable clusters to undertake more ambitious projects. Further develop tripartite arrangement
GP Clusters - develop extrinsic functions	Agreement for extrinsic functions to be undertaken at Primary Care Forum and Implementation Group (PCFIG). Bi-monthly reports made to PCFIG on progress with PCIP. Upcoming decisions taken to group for discussion and agreement. New potential work streams taken to groups for discussion GPs and practice managers offered the opportunity to participate in working groups e.g. Mental Health Hub Steering Group.	ongoing
GP involvement in Locality Planning	Locality planning groups are now to be superceded by adapting the remit of the Strategic Planning Group to incorporate this function. GP reps will sit on the Strategic Planning Group.	

Comment

Clusters were initially specifically created as a GP space where local practices could collaborate around quality initiatives they identified as relevant for their area. This bottom- up approach means that from an HSCP perspective our role was initially supportive rather than directive. Expertise in identifying, prioritising, designing and implementing quality initiatives takes time to develop, and this has been reflected in the activity of the clusters to date, which has focused on initiatives such as benchmarking and sharing good practice. The advent of the National Scottish GP Cluster Guidance has advanced the vision for cluster working and within West Lothian this has been welcomed; there is recognition on the part of our cluster leads of the benefits of closer working with the HSCP to jointly identify local priorities and work together to address them. At present, a pan-West Lothian approach to pain management aimed at a reduction in the prescribing of strong opioids and the widespread implementation of alternative approaches is being jointly tackled by both clusters and the HSCP. Preparations are also underway to develop the use of the electronic frailty index in West Lothian, a project which will involve cluster collaboration in implementing the use of the electronic tool and HSCP involvement in the development of pathways for the mild-moderately frail elderly population.

Potential new actions going forward

More structured approach to quality projects with clearer objectives and documentation, and robust evaluation.

Promote further training in quality improvement methodology for PQLs.

The Role of the Practice

THE ROLE OF THE PRACTICE

Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.

Under the 2018 GMS contract, the GP practice remains at the heart of primary care provision, however the evolution of the roles of all team members involves moving on from the traditional group practice model with a small team and a task-based approach to a larger, more flexible team where GPs spend less time delivering frontline care and more time coordinating, supervising and supporting the work of other team members. Under this model, it becomes apparent that leadership and mentoring skills are of key importance, as GPs learn to let go of certain tasks and become more confident in implementing training and governance processes to ensure that services remain safe.

Work Stream	Progress	Next steps
The Role of the Practice		
Leadership training for GPs	Leadership training event scheduled for 13th November. All practices invited to send 2 GPs. 16/22 practices signed up	Leadership training even for practice managers in December 2019/January 2020
Fund training placements for new team members	Induction and training placements being offered in practices for paramedics, physios, practice nurses, DNs and physician associate students.	Continue to offer training and induction to new staff members
Fund networking sessions for practice staff	Practices are keen to learn from each other as they have new staff coming into post – discussion with practices who have piloted the use of new staff is helpful. Several networking sessions have taken place.	Continue to set up networking sessions as required
NEW Reception masterclasses	Team working and resilience master classes for practice reception staff carried out on 9th and 14th Oct. Staff from 16 practices attended.	Feedback very positive – see evaluation.
Funded time for practice development **NEW**	Funding for additional PLT sessions offered for 2019/20 Since April 2018, each practice has received resources to support one session per month for Professional Time Activities through GMS funding.	

	New team development officer now in post and commenced work with 2 practices wishing to undertake whole-team development

Comment

Development of all members of the team and creative approaches to skill-mix are key to the success of the 2018 GMS contract. Simply adding some new team members will not in itself be enough to stabilise General Practice and equip us for the years ahead; the roles of existing team members need to be reviewed and refreshed so that we move forward together to evolve into more flexible and resilient teams, working in an integrated way.

The steps taken in this area in years 1 and 2 have already shown demonstrable results, the widespread implementation of reception signposting being the most notable example.

EVALUATION

The key objective of the 2018 contract is to make General Practice sustainable and fit for purpose in the years to come; reducing GP workload to a more manageable level is a key objective in this regard. Many of the projects we have implemented to date are orientated towards reducing GP workload and creating capacity, albeit in different ways, and a major focus in our evaluation is the extent to which this is happening. Evaluation is important as part of a learning cycle, to understand what works well and what doesn't and to plan accordingly for future investment. In this update we present the outcomes of evaluation conducted to date in a number work streams (see Appendix 1).

Overall, evaluation has yielded positive findings mixed with useful learning points on areas to be addressed such as levels of productivity and variation across practices.

KEY RISKS

RISK	Risk Level	Mitigation
Recruitment challenges for new staff groups may mean that implementation is too slow to stabilise General Practice.	High (12)	Monitor recruitment Training & Development of existing staff, Recruiting to training posts
New staff and services may not be effective enough in reducing GP workload to make a meaningful difference to a GP's working day.	Medium (9)	Evaluation of impact of additional services and support commenced
Given Lothian's low baseline in pharmacist provision, implementation of the full pharmacotherapy plan is not currently feasible without seriously compromising investment in other projects, resulting in an unbalanced approach to practice support.	High (12)	Phased plan to recruit additional pharmacists and pharmacy technician with aim to provide support in every practice
Some new staff and services may prove very useful and effective whilst others may not, leading to the need to disinvest in those that do not deliver as anticipated.	Medium (9)	Evaluation of impact of additional services and support commenced

As more projects are rolled out, lack of capacity at HSCP level may compromise the ability to progress new workstreams whilst maintaining projects already in place	Medium (9)	Working with practices and services to plan delivery and assess accommodation needs.

SUMMARY

Taken together, the actions outlined in this plan describe a broad range of development activities aimed at stabilising and supporting General Practice as we move forward together to provide sustainable, patient centred care over the coming years. We consider that by supporting all practices and taking a collaborative approach where practices move forward in a consistent way, we strengthen our service, provide a unified message for patients and increase our resilience.

Appendix 1 – Summary of evaluation to date

a) Make better use of existing staff		
Work stream	**Progress**	**Evaluation**
• Reception staff signposting - to make effective use of staff. • Right Care – Right Time – Right Place	• Reception staff training sessions. • 9 Courses • 123 internal Participants and 40 external participants • staff encouraging and directing patients to use practice online services such as repeat prescribing, self check in, NHS Inform • Signposting poster developed – displayed throughout west Lothian	**Benefits** • 12 practices reported 3.3% of GP appointments were avoided through appropriate Signposting (reception staff triaging) • There is opportunity through further staff engagement / network sessions to signpost a further 9% of patients following a recent audit of the 12 practices **Challenges / Limitations** • Continuing staff momentum • Ensuring delivery of on-going training.
• Develop leadership capacity of practice managers	• Stress and resilience training day carried out in May 2019.	• **Practice manager feedback** • *What aspects of the Development Day were of most benefit to you, and why?* • Conflict • Mediation skills and outcomes • Handling conflict, very informative • All of it, most useful day so far • Enjoyed the speaker, all relevant • I loved everything about this day, most inspiring and motivational speaker • Conflict handling, very useful hints/tips to take back to the Practice • All aspects, have now learned to look after No.1 and decrease stress levels • Benefit of spending a day thinking about our "soft" management skills • All good information and delivery • I especially enjoyed the resilience and stress management • I enjoyed conflict handling the most because I manage a team of females. Good to know my management style. • All content • Resilience, EI and Stress Management

		• Conflict handling and stress • All aspects appropriate, will be put into practice, very relevant • The topics were very relevant
• Reception master classes	Team working and resilience master classes for practice reception staff carried out on 9th and 14th Oct. Staff from 16 practices attended.	**Staff feedback** *How would you rate the overall content and delivery of this session*? Good 5/5 Very interesting Fab! Very good, enjoyable and humerous Really enjoyable 10/10 5/5 Fantastic – Very Motivational 100% Excellent Appropriate to role Easy listening Delivery engaging and brought to life by Val's stories First Class Great balance Val is amazing, would not learn amount I did if she was not so funny, feel very motivated now

b) Increase use of technology to free up GP and other staff time

Work stream	Progress	Evaluation
• Text reminder service - this is convenient for patients and reduces DNAs	• 22 practices are using Text reminder service	**Benefits** • Practices have noted a 14% reduction in DNA's. • Cost reduction – Text service is a cheaper option to letter reminders / staff time • Patients like it because it allows them the option to cancel if they no longer need an appointment • Really positive feedback from Patients with hearing difficulties **Challenges / limitations** • Patients must be signed up for texting • Difficulties with patients phone numbers being kept up to date • IT issues relating to passwords and Texts not being sent if PC power is off
• Increase use of technology to free	• Practices supplied with NHS Laptops / iPad to facilitate	**Benefits**

up GP and other staff time	home working & care home work. • 19 Practices participated • 22 laps tops & 6 IPad provided	• Unlimited Access to teleconsults, Docman • Access to patient Prescribing • Home and nursing home visits as it gives access to patients records; the GP does not have to duplicate patient details; and it reduces paperwork after consultations. • Will use as part of the Business Continuity Plan – I.e. Winter plans • Out of Hours access / facilitated home working • laptops for teaching, learning and development **Challenges and limitations** • lack of internet cover in some areas of West Lothian • Being unable to print off a script • The laptop is too cumbersome to carry • Require more laptops – having to share one laptop

c) New staff and services

Work stream	Progress	Evaluation
• Expand physiotherapy programme to all practices over 3 years • "First Contact practitioners" Providing an alternative to patients with MSK complaints. • Practices to have 2-3 sessions of physiotherapy time per week	• 11 practices in west Lothian have Advanced physiotherapy practitioners • 7589 appointments were booked for APP's • 5749 (87%)of patients seen were, discharged or referred onwards without a GP appointment • 1002 (15%) failed appointment (telephone and face to face) • 280 (4%) were referred for a GP appointment • 608 (9%) were discussed with a GP/request prescription and sick notes • 1038 (16%) Onward referrals to physiotherapy • 179 (3%) investigated • 110 (1.5%) referred to orthopaedics & other specialities • 99% of Patients were satisfied with the service • 97% of GPs also very satisfied with the service. • GP APPs were also happy with the support received in developing the new service	**Benefits** • Reduced additional total episode care costs due to onward referral to orthopaedics, radiology and pharmacy. • Patients remain in Primary Care and are managed in physiotherapy • The GP APP service is safe, effective and efficient, reducing the need for GP appointments. • Reduced return appointment to the GPs • It reduces the need for secondary care in terms of investigation and onward referral. • Value for money. • Roll out to the remaining 11 practices across West Lothian. **Challenges / limitations** • The limitation to further expansion – staff recruitment. • A training role has been introduced to train potential future staff

• Expand the deployment of pharmacists in practices	• West Lothian now has 12.4 WTE pharmacists in post with 2 WTE scheduled to start by January 2020. Additionally 4 WTE technicians are now employed (as of October 2019) • 21 of 22 practices have at least three sessions of pharmacist support with many now receiving five sessions	**Benefits** • Direct referral routes from physiotherapy to pharmacy and secondary care has directly avoided work going to GP's. • Team members are undertaking a varied workload, largely within the realms of the pharmacotherapy including acute prescription requests, medicines reconciliation and medication reviews, though there are still requests for polypharmacy reviews and process support. • West Lothian technician recruitment was highly successful, demonstrating strength in depth within the local talent pool. • Pharmacists are being afforded opportunity to work to the top of their license in several practices, directly releasing GP appointments. **Challenges / Limitations** • All practices are seeking an individualised service to fit their needs. • Practices unable to host staff all the time • Recruitment has impacted on secondary care and community pharmacy workforces.
• Expand Paramedic home visiting service	one WTE advanced paramedic and vehicle Monday-Friday 9am-6pm 5 practices within one geographical area currently receive home visiting support, offering the potential to save 1 hr per day of GP time in each practice(2 visits per day per practice.)	Maximum capacity is 10 visits per day, but analysis of visiting rates over the past 5 months shows this is rarely achieved. The most common number of visits is 6-7/day, occurring on 44% of days. 4-5 visits occurred on a further 38% of days and 8-10 visits on 11% of days. **Patient Feedback:** • Patients overall experience survey results showed the patients felt safe / well informed and treated with care & respect. **Challenges and limitations** • capacity issues within SAS in expansion of service to other parts of West Lothian • Delay in accessing Duty Doctor

		• Practices not using full quota of visits consistently -suboptimal number of visits per practice. • Travel time between visits/practices

October 2019

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tabs** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as enablers required to deliver these. This tracker should be completed using a RAG system, and comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profiles tab** replaces the Template C returns that were provided to Scottish Government in 2018/19. These tables should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress. These tables will also support Integration Authorities in requesting the second tranche of the Primary Care Improvement Fund allocation in October 2019.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Tables 1 and 2. However, they should be included in Tables 3 and 4 to inform workforce planning

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **30th September 2019.**

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: Lothian	**Completed by Carol Bebbington**
Health & Social Care Partnership: West Lothian	**For HSCP/Board:**
Number of practices: 22	**For GP Sub Committee: 8 October 2019**
	Date: 25 October 2019
Implementation period	
From: April 2019	
To : September 2019	

1.1 Overview (HSCP)	**Progress to date**
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	fully in place / on target
Comment / supporting information (include consideration of relationships, involvement in ongoing structures and monitoring) Well established working relationship between HSCP and GP sub representatives	
PCIP Agreed with GP Subcommittee	fully in place / on target
Date of latest agreement	
Transparency of PCIF commitments, spend and associated funding	fully in place / on target
Comment / supporting information : Primary Care Forum and Implementation Group (Rep 22 practices) receive regular updates on progress including funding and allocation of resources. Regular report to GMS Oversight Group	

1.2 Enablers / contract commitments	**Progress to date**
BOARD	
GP Owned Premises: Sustainability loans supported -	partially in place / some concerns
Number of applications	15
Number of loans approved	15
Comment / supporting information: Current ongoing negotiations with 8 practices regarding the assignation of their leases to the Board	
GP Leased Premises: Register and process in place	partially in place / some concerns
Number of applications	
Number of leases transferred	
Comment / supporting information	
Stability agreement adhered to	fully in place / on target
Comment / supporting information	

GP Subcommittee input funded	fully in place / on target
Comment / supporting information	
Data Sharing Agreement in Place	partially in place / some concerns
Comment / supporting information	
HSCP	
Programme and project management support in place	fully in place / on target
Comment / supporting info: Existing HSCP posts are supporting implementation; new development manager in post	
Support to practices for MDT development and leadership	partially in place / some concerns
Comment / supporting info: Funded training and networking opportunities offered	
GPs established as leaders of extended MDT	partially in place / some concerns
Comment / supporting info: Funded training and networking opportunities offered. Bite sized opportunities for leadership and practice developmen	
Workforce Plan reflects PCIPs	fully in place / on target
Comment / supporting info: Workforce plan incorporates PCIP and development of new roles	
Accommodation identified for new MDT	partially in place / some concerns
Comment / supporting info: As the MDTs expand accommodation issues are arising.	
GP Clusters supported in Quality Improvement role	fully in place / on target
Comment / supporting info: Admin and data support established, Cluster leads and PQLs advised of training opportunities	
EHealth and system support for new MDT working	partially in place / some concerns

Comment / supporting info: Multiple IMT systems in use which do not interface. Issues with IMT access for some developments

Primary Care Improvement Plans: Implementation Tracker Autumn 2019

Health Board Area: Lothian
Health & Social Care Partnership: West Lothian
Number of practices: 22

MOU PRIORITIES

2.1 Pharmacotherapy	**Progress to date**
PCIP pharmacotherapy plans meet contract commitment	fully in place / on target
Pharmacotherapy implementation on track vs PCIP commitment	partially in place / some concerns
Number of practices with PSP service in place	21
Number of practices with PSP level 1 service in place	21
Number of practices with PSP level 2 service in place	17
Number of practices with PSP level 3 service in place	17
Total WTE staff/1,000 patients	0.09
Pharmacist Independent Prescribers (as % of total)	77%
Comment / supporting information	

2.2 Community Treatment and Care Services	**Progress to date**
PCIP CTS plans meet contract commitment	fully in place / on target
Development of CTS on schedule vs PCIP	fully in place / on target
Number of practices with access to phlebotomy service	22
Number of practices with access to management of minor injuries and dressings service	19
Number of practices with access to ear syringing service	19
Number of practices with access to suture removal service	19
Number of practices with access to chronic disease monitoring and related data collection	22
Number of practices with access to other services	22
Total WTE staff/1,000 patients	0.08
Comment / supporting information	

2.3 Vaccine Transformation Program	**Progress to date**
PCIP VTP plans meet contract commitment	fully in place / on target
VTP on schedule vs PCIP	partially in place / some concerns
Pre-school: model agreed	fully in place / on target
Number of practices covered by service	22
School age: model agreed	fully in place / on target
Number of practices covered by service	22
Out of schedule: model agreed	fully in place / on target
Number of practices covered by service	22
Adult imms: model agreed	not in place / not on target
Number of practices covered by service	
Adult Flu : model agreed	not in place / not on target

Number of practices covered by service	
Pregnancy: model agreed	fully in place / on target
Number of practices covered by service	
Travel: model agreed	partially in place / some concerns
Number of practices covered by service	
Total WTE staff/1,000 patients	
Comment / supporting informationPreschool and school age imms well established ; Adult model still to be agreed- Proposed programme for travel agreed at planning for implementation ; Pregnancy provision implemented April 2019,	

2.4 Urgent Care Services	**Progress to date**
Development of Urgent Care Services on schedule vs PCIP	partially in place / some concerns
Number of practices supported with Urgent Care Service	5
Total WTE staff/1,000 patients	0.03
Comment / supporting informationService level agreement in place with SAS to provide specialist paramedic for home visiting service, expansion limited by availability of suitably qualified paramedics	

Additional professional services	
2.5 Physiotherapy / MSK	**Progress to date**
Development of APP roles on track vs PCIP	partially in place / some concerns
Number of Practices accessing APP	11
Total WTE staff/1,000 patients	0.08
Comment / supporting information: Recruitment in progress for additional APPs, and training posts. Clinical team lead appointed	

2.6 Mental health workers (ref to Action 15 where appropriate)	**Progress to date**
On track vs PCIP	fully in place / on target
Number of Practices accessing MH workers / support	22
Total WTE staff/1,000 patients	0.07
Comment / supporting information:Mental health hubs implemented June 2019, additional 3 CPNs recruited to start Oct 19	

2.7 Community Links Workers	**Progress to date**
On track vs PCIP	fully in place / on target
Number of Practices accessing Link workers	22
Total WTE staff/1,000 patients	0.08
Comment / supporting information : Link workers in post from June 2019	

2.8 Other locally agreed services (insert details)	**Progress to date**
Service	Community nursing team
On track vs PCIP	partially in place / some concerns
Number of Practices accessing service	22

Total WTE staff/1,000 patients	0.02
Comment / supporting information team to support practices with case management and urgent care, progress hampered by lack of capacity in core team, additional staff in recruitment to address this	

2.9 Overall assessment of progress against PCIP	partially in place / some concerns
Note: Include interdependencies, and indicate if local or national	
Specific Risks	
Limitation on suitably qualified practitioners to undertake new roles leading to multiple recruitment efforts and need to appoint to training posts. There appear to be some inconsistencies across Scotland with regard to Agenda for Change gradings for posts	
Barriers to Progress	
time taken to embed new ways of working and different staff groups absorbs a significant amount of management time which impacts on roll out of further initiatives	
Issues FAO National Oversight Group	
Criteria for evaluation of impact and sustainability is unclear. Local evaluation being progressed on local initiatives but the strategic impact assessment at national level needs to be progressed	

Funding and Workforce profile

Health Board Area: Lothian
Health & Social Care Partnership: West Lothian

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	0	0	321965	42786	0	199080	129426	3000	230252	45100	0	28900
2019-20 planned spend	60461	0	586410	0	72103	0	129444	6000	884489	0	327200	44155
2020-21 planned spend	113309	0	888750	78109	148965	0	129444	6000	978132	0	338341	44155
2021-22 planned spend	115507	0	915413	79492	158126	0	129444	6000	1240000	0	349816	44155
Total planned spend	289277	0	2712538	200387	379194	199080	517758	21000	3332873	45100	1015357	161365

Table 2: Source of funding 2018 - 2022 (£s)

Financial Year	Total Planned Expenditure (from Table 1)	Of which, funded from:		
		Unutilised PCIF held in IA reserves	Current year PCIF budget	Unutilised tranche 2 funding held by SG
2018-19	1000509		1066000	
2019-20	2110262	65491	1192640	852131
2020-21	2725205	0	3382975	
2021-22	3037953	657770	4766919	
Total	8873929	723261	10408534	852131

Comment: 1)
Note that the unutilised PCIF funds of £65,491 in 2019/20, noted here as being held in IA reserves, has actually been carried forward by the Pharmacy service within NHSL. These funds could not be deferred though the IA as Pharmacy Services are not delegated to West Lothian IJB.
2) Tranche 2 funding in 19/20 is both 18/19 £341,000 plus 19/20 £511,131
3) Based on current expenditure plans for 2019/20 there will be no unutilised spend at the end of 19/20 and both 18/19 and 19/20 tranche 2 of funding will be required.
4) Planned Spend for 2020/21 and 2021/22 is based on continuation of services in place in 2019/20 uplifted to reflect estimated pay awards and full year recruitment. Further developments for those years are still to be determined.

Table 3: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	8	1	26	0	0	0	5	0	1	3	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	0	0	0	0	0	1	0	0	1	2	6	0
PLANNED INCREASE in staff headcount (1 April 2019 - 31 March 2020) [b]	8	3	8	0	0	0	0	0	10	3	2	14
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTAL headcount staff in post by 31 March 2022	16	4	34	0	0	1	5	0	12	8	8	14

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 4: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	6.2	1.0	15.5	0.0	0.0	0.0	1.2	0.0	1.0	1.7	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	0.1	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	1.3	6.9	0.0
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	8.4	3.0	6.3	0.0	0.0	0.0	0.0	0.0	9.0	2.4	0.4	14.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTAL staff WTE in post by 31 March 2022	14.7	4.0	21.8	0.0	0.0	1.0	1.2	0.0	11.0	5.4	7.3	14.0

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comments:
1) WTE and Headcount in the "Other" category for Additional Professional Roles consist of Nursing and Admin Staff
2) WTE and headcount at March 2018 includes 15 WTE and 26 Headcount funded from NHS Lothian Core budgets and 11 WTE and 18 Headcount funded from the Primary Care Transformation Fund
3) Increased WTE and headcount at March 2019 includes 1 WTE and 1 Headcount funded from NHS Lothian Core budgets
4) Increased WTE and headcount at March 2020 includes 0.5 WTE Pharmacist funded from NHS Lothian Core budgets. The other 0.5 wte from this post is funded from PCIF.

Data Label: Public

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 13

ACTION 15 OF THE MENTAL HEALTH STRATEGY – UPDATE ON PROGRESS

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To inform and update the Board regarding the plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy; and to seek agreement in principle of the draft outline plan for West Lothian.

B RECOMMENDATION

It is recommended that the Board:

1. Note that the Scottish Government is providing funding via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland;

2. Note the progress made in West Lothian towards recruiting staff against the priorities set by the Scottish Government in relation to Action 15 of the Mental Health Strategy.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	Additional funding from Scottish Government via NHS Boards to support the employment of 800 additional mental health workers to improve access in key settings.
C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014
C4	**Risk**	Narrow timescales for 2018/19 spending.
C5	**Equality/Health**	Individual proposals will require to be assessed before a

		final plan is submitted.
C6	**Environment and Sustainability**	No impact anticipated.
C7	**National Health and Wellbeing Outcomes**	Resources are used effectively and efficiently in the provision of health and social care services.
C8	**Strategic Plan Outcomes**	Proposals will be aligned to the Strategic Plan Outcomes.
C9	**Local Outcomes Improvement Plan**	Proposals will be aligned to the LOIP.
C10	**Impact on other Lothian IJBs**	Some proposals concern pan-Lothian service and they will be agreed with the other Lothian IJBs.

D TERMS OF REPORT

D1 Background

The Scottish Government wrote to Integration Authorities in May 2018 asking that each develop a plan that set out goals for improving capacity in the key settings outlined in Action 15 of the Scottish Government's Mental Health Strategy. These settings include:

- Accident and Emergency departments;
- GP practices;
- Police station custody suites and;
- Prisons.

It was not stipulated that investment was mandatory in all of those settings. West Lothian HSCP provided a spending plan in September 2018.

D2 Funding Assumptions

The breakdown of funding for West Lothian was indicative and was based on the NRAC formula calculator for 2018/19.

Indicative funding for West Lothian is as follows:

Financial Year	2018 - 19	2019 - 2020	2020 - 2021	2021 - 2022
WL Allocation	£338,298	£522,823	£738,104	£984,138

D3 Plan for West Lothian

The return to the Scottish Government for West Lothian is attached to this report as *Appendix 1* and was based on discussions with a range of stakeholders. A previous report was brought to the IJB in August 2018 which outlined draft proposals on the spending plans.

The following recruitments and developments have taken place or are in the process of taking place:

A&Es

- 1 Deputy Team Leader (Mental Health Nurse) (Band 6) to enhance service working out of A&E, bolster complement and also provide enhanced supervision and leadership specifically in A&E. This is a new post so it is expected to support the Team Leader and ensure there is greater support offered to staff in what has been a growing team.
- 2xOccupational Therapists (Band 6) to provide a service in reaching to A&E. The service will seek to offer rehabilitation and employability etc advice to patients as an alternative to admission or longer term interventions where there may be a waiting list.
- 2 Social Workers to provide social work support to A&E patients at their point of crisis rather than the previous system where nursing staff would refer to social work the following day and the patients may have been placed on a waiting list.

It is anticipated that people requiring home treatment and coming through Accident and Emergency at St John's Hospital will be seen more quickly thus reducing breaches. The input of social work and occupational therapy provision ensure that there is a "one stop shop" for people requiring home treatment rather than nursing staff having to make multiple referrals to different parts of the service. This should improve waiting times and ensure people move through the system more appropriately. These staff are all in post and cover the age span. An OT and Social Worker will be based in the Old Age Community Mental Health Team.

Custody Suites

- 0.8WTE Mental Health Nurse (Band 6) to provide a new support service to the Custody Suite at Livingston Police Station. This will mean that patients requiring a mental health assessment will be able to be seen in situ at the Police Station rather than conveyed to A&E at St John's or to Edinburgh Police Custody to be assessed. This will improve patient and Police experience.

It should be noted that health provision in police custody is not a delegated service and is managed via the Royal Edinburgh and Associated Services (REAS). The custody suites proposals were initially reliant in 4 IJBs agreeing to the investments and there were challenges in this. Consequently, Edinburgh and West Lothian have agreed to press ahead and fund the respective developments in their areas. Recruitment (undertaken by REAS) is underway.

Prisons

- 2xPsychologists to provide a new low intensity psychological interventions service to prisoners in HMP Addiewell. This new service will assist and compliment current healthcare provision in HMP Addiewell and seek to reduce distress within the prison population.
- 0.5WTE Admin support to support the above initiative.

As with custody suites, prison healthcare is not a delegated service so the same issues applied. Recruitment (undertaken by REAS) is underway.

Other Developments – West Lothian Community Mental Health Team (CMHT)

- 4 WTE Mental Health Nurses (Band 5s and 6s) to form part of a new enhanced Community Mental Health Team (CMHT) in West Lothian. This Team seeks to shift the balance of care from hospital based care and will be an integrated multi-disciplinary team.
- 2 Occupational Therapists to join the CMHT for the first time – they will work with people to enhance resilience and improve employability opportunities as well as work with them to improve their daily living skills.
- 2.2WTE Psychologists to join the CMHT for the first time. They will provide psychological interventions for patient and supervise other staff who provide low level psychological interventions.
- 2WTE Admin support to the above CMHT.

A new Community Mental Health Team (CMHT) is being launched in early 2020. This will make provision for a multi-disciplinary team which will work with patients in the community with a view to ensuring the flow between inpatient and community is well managed and that the majority of patients do not require hospital admission. The Action 15 monies have enabled a significant expansion of the team in all areas and will place both Psychology and Occupational Therapy staff in the team for the first time. The majority of posts have been recruited to with the Psychology posts currently in recruitment.

D4 Non-Delegated Functions

The Scottish Government clearly indicated that the funding was to be allocated to Integration Authorities and asked IAs to work with Health and Justice partners “to deliver a holistic perspective on the additional mental health requirements in key settings (including but not restricted to A&E, GP practices, prisons and police custody suites)”.

IAs have delegated responsibility for Adult Mental Health Services but, as stated in C3 above, have no locus in prison services or custody suites. The Scottish Government did not address this issue nor did it mention the potential differences in functions that may be delegated but did not have to be, such as elements of Community Justice or Children’s Services, between IJBs.

Furthermore, the Scottish Government did not stipulate how prison services would be funded between Partnerships. Prisons serve multiple Partnership areas and often the prison population is not representative of its geographical location, for example, the majority of prisoners at HMP Addiewell are from out-

with the Lothians.

Lothian Chief Officers agreed in 2018 to write to the Scottish Government for clarity on the above issues. No further clarity was offered by the Scottish Government leaving West Lothian in the position of making a decision regarding whether to fund non-delegated services. It should be noted that West Lothian is the only area in Lothian out with the City of Edinburgh which has an Accident and Emergency Department, a Prison and a Custody Suite.

D5 Conclusion

The Scottish Government had previously written to Integration Authorities asking for outline plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

Funding is being provided via NHS Boards to Integration Authorities as part of the commitment towards an additional 800 mental health workers in Scotland and it is expected that the key settings focussed on include, but are not limited to, A&E departments, GP practices, prisons and police custody suites.

Lothian Chief Officers had written to the Scottish Government to request clarification on funding arrangements for non-delegated functions.

The Board is asked to note the progress made in the recruitment of staff in the priority areas highlighted.

E CONSULTATION

Close communication is ongoing between Lothian Chief Officers to ensure that a consistent approach is taken to pan-Lothian proposals.

Managers in each of the key settings were consulted as to what proposals should be included in the submission.

This report was written in consultation with the General Manager for Mental Health and Addictions.

F REFERENCES/BACKGROUND

Mental Health Strategy 2017-2027 – Scottish Government

G APPENDICES

One appendix:

Appendix 1 - Action 15 Fourth Quarterly Update (October 2019).

H CONTACT

Nick Clater
General Manager for Mental Health and Addictions
Nick.clater@nhslothian.scot.nhs.uk
01506 523805

26 November 2019

Integrated Authority : **West Lothian**
Date of completion :

Table 1 : Financial Investment (SG) and Share of '800'

Investment and Workforce	2018/19	2019/20	2020/21	2021/22	Total
Projected Share of National Investment	£338,298	£522,823	£738,104	£984,138.00	**£2,583,363**
Minimum Workforce (pro-rata share of 800)				**24.64**	

Action : Please provide the number (WTE) employed covering the period **2 July to 1 October 2019**. Please identify the setting, and specify the broad professional group.
Other Settings - please provide details on the specific settings (ie School, Hospital etc). Please confirm setting of any 3rd Sector employment
Impact - please provide examples of the impact the additional workforce is having.

Table 2 : Please report Whole Time Equivalent (WTE)

Financial Year (to 1st April 2020)	A&Es (by broad professional group)	Custody Suites (by broad professional group)	GP Practices (by broad professional group)	Prisons (by broad professional group)	Other Settings (by broad professional group)	Total (to date)	Impact (comments)
2019-20	0.00	0.00	0.00	0.00	1.33	1.33	Admin support to Community Mental Health Team, releasing clinical time within the team
: of which how many have a specific focus on Children and Young Peoples Mental Health	Nil	Nil	Nil	Nil	Nil	Nil	Childrens Services are not delegated to the IJB in West Lothian

WTE in post as of 1st October 2019 -

Action 15 Mental Health - Workforce commitments - Please Read

Please provide any updates to the planned workforce numbers associated with each of the four key settings over the next four years. We appreciate this may be challenging, but in considering development of Action 15 plans it would be helpful if you could demonstrate your workforce needs. Workforce figures provided should be WTE.

The Action 15 commitment will see IAs delivering against the agreed national target of a WTE increase of 800 mental health workers by 2022. Please note therefore that our general expectation is that each IA should, by the end of the funding period, at minimum have met their NRAC share of that 800 and/or have agreed an alternative approach with other IAs which ensures that the target is met. Delivery of this target is a Ministerial priority, and a requirement of funding.

Other Settings - please provide details on the specific settings (ie School, Hospital etc)
Comments - please add in any specific information about plans the plans that would aid understanding of impact and benefit

The following table is the workforce planned as of 1 October 2019.

Table 3 : Profiling Whole Time Equivalent (WTE) until 2022

ACTION : Have you changed your planned workforce from the previous return? If so please update table 3 if there are changes from the previous return. Please ensure you comment below if changes have been made setting out reasonings.
If you do not complete this table we will assume there are no changes from your previous return

Financial Year	A&Es (by broad professional group)	Custody Suites (by broad professional group)	GP Practices (by broad professional group)	Prisons (by broad professional group)	Other Settings (by broad professional group)	(Financial Year) Total	Comment
2018-19	Nursing 1 WTE OT 2 WTE Social Worker 1 WTE Total 4 WTE	0.00	0.00	0.00	Nursing 2 WTE Psychology 1 WTE Total 3 WTE	7.00	A&E - Reduction of 1 WTE Social Worker compared to December 18 report due to delay in recruitment.
: of which how many have a specific focus on Children and Young Peoples Mental Health	*Nil*	*Nil*	*Nil*	*Nil*	Nil	0.00	*Childrens Services are not delegated to the IJB in West Lothian*
2019-20	Social Worker 1 WTE Nursing 1WTE	Nursing 0.8 WTE	0.00	2 WTE Psychology 0.5 WTE Admin	Nursing 2 WTE Psychology 1.2 WTE OT 2 WTE Admin 2 WTE Total 7.2 WTE	12.40	A&E - 1 Socal Worker increase in 2019/20 - delayed recruitment from 2018/19. Plus 1 Nurse Custody Suites - WTE reduced by 0.2 WTE due to refinement of plans. Prisons - 0.5 WTE Admin has been added to support this service. Other - Community Mental Health Team 2 OT and 2 admin added
: of which how many have a specific focus on Children and Young Peoples Mental Health	*Nil*	*Nil*	*Nil*	*Nil*	Nil	0.00	*Childrens Services are not delegated to the IJB in West Lothian*
2020-21	0.00	0.00	0.00	0.00	0.00	0.00	Work is in progress to develop plans beyond 2019/20
: of which how many have a specific focus on Children and Young Peoples Mental Health	*Nil*	*Nil*	*Nil*	*Nil*	Nil	0.00	*Childrens Services are not delegated to the IJB in West Lothian*
2021-22	0.00	0.00	0.00	0.00	0.00	0.00	Work is in progress to develop plans beyond 2019/20
: of which how many have a specific focus on Children and Young Peoples Mental Health	*Nil*	*Nil*	*Nil*	*Nil*	Nil	0.00	*Childrens Services are not delegated to the IJB in West Lothian*
Total	Nursing 2 WTE OT 2 WTE Social Worker 2 WTE Total 6 WTE	Nursing 0.8 WTE	Nil	2 WTE Psychology 0.5 WTE Admin Total 2.5 WTE	Nursing 4 WTE Psychology 2.2 WTE OT 2 WTE Admin 2 WTE Total 10.2 WTE	Nursing 6.8 WTE OT 4 WTE Social Worker 2 WTE Psychology 4.2 WTE Admin 2.5 WTE Total 19.4 WTE	

Have changes been made? If so please provide detail here:
Noted in the Comments Column in above table.

Each Finanical Year should specifically identify the additional workforce planned during the year. For example, if 2 FTE Pyschologists are to be employed in 2018-19 in a Prison setting, but no additional people are to be employed in future years in the Prison setting, the 2019-20, 2020-21 and 2021-22 (Prisons) would be zero. The Total row for Prisons would then be '2'
Total should provide the cumulative total of workforce, overall and by setting.

Please provide detail on the impact expected as a result of the additional WTE (e.g reduction in pressures around GP practices)
It is anticipated that people requiring home treatment and coming through A&E will be seen more quickly thus reducing breaches. The input of social work and Occuptational Therapy provision will ensure that there is a "one stop shop" for people requiring home treatment rather than nursing staff having to make multiple referrals to different parts of the service. This should improve waiting times and ensure people move through the system more appropriately. These staff are now in post and are working to ensure people who are receiving home treatment as an alternative to admission receive the social work and occupational therapy support they require. The input of social work and OT provision in the old age CMHT should assist patient journeys as well. The CMHT roles, under Other Settings, will ensure that there is a dedicated multi-disciplinary resource for adults in the mental health system for the community and, again, will reduce duplication and mulitple referrals. The OT in the Old Age CMHT is in post and is already contruibting positively to the multiagency team. The social work post has had some delays in recruitment due to some issues in relation to the job descritption. These have now been resolved and the post has been recruited to with a start date imminent.
Have you placed FTE under 'Other Settings'? If so please provide detail on those roles, where they would be based and details on the recruitment e.g. Third Sector etc.
The other settings relates mainly to development of the Community Mental Health Team. These roles would assist Psychiatry in outpatients settings - this is in response to ongoing challenges regarding medical recruitment and is an innovative way to manage demand. The psychology resource will assist with A12 therapy activity and is a recognition that talking therapies can assist to improve mental health. The majority of these posts have now been recruited with start dates imminent.
Please add in relevant comments and explanations regarding the investment and <u>employment to date</u>
We have been successful in recruiting some of the posts although some of the investments have proved more challenging to actualise. For example, the Prisons and Custody Suites proposals were initially reliant on 4 HBs agreeing to the investments as they are pan-Lothian developments and this requires

Prisons and Custody Suites proposals were initially reliant on 4 IJBs agreeing to the investments as they are pan Lothian developments and this requires further discussion and planning. Inevitably, there were challenges in this. Consequentrly, Edinburgh and West Lothian have agreed to press ahead and fund the respective developments in their areas. Recruitment for the posts associated with these investments has begun in relation to prisons and is peding in relation to custody suites.

Please add in comments regarding workforce planning. If you have not fully projected your minimum allocation by 2022, how are you taking this forw

Plans are still in progress to further develop the Community Mental Health Team for West Lothian. These roles would assist in supporting the need for Psychiatry interventions in community and outpatients settings - this is in response to ongoing challenges regarding medical recruitment and is an innovative approach to managing demand. The psychology resource will assist with A12 therapy activity and is a recognised pressure area for West Lothian.

Further information on the workforce plans for years 3 and 4 will be included in the next quarterly return.

Have you recruited mental health workers with a focus on Children and Young People? If so, please provide detail

Children and Young People services are not delegated to West Lothian IJB so no funds have been allocated to mental health workers in these areas.

ard?

West Lothian Integration Joint Board

Date: 26 November 2019

Agenda Item: 14

RISK MANAGEMENT

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 To advise the Integration Joint Board (IJB) of the risks in the IJB's risk register.

B RECOMMENDATION

B1 It is recommended that the IJB considers the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction is not required.
C2	**Resource/ Finance**	None.
C3	**Policy/Legal**	The IJB's Policy is to effectively mitigate risks to the achievement of its objectives by implementing robust risk management strategies, policies and procedures, which enable managers to effectively identify, assess, and mitigate risk.
C4	**Risk**	This report is directly relevant as it sets out the IJB's risks.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

C6	**Environment and Sustainability**	None.
C7	**National Health and Wellbeing Outcomes**	Effective risk management is a pre-requisite for effective performance
C8	**Strategic Plan Outcomes**	Effective risk management is a pre-requisite for effective performance
C9	**Single Outcome Agreement**	Effective risk management is a pre-requisite for effective performance
C10	**Impact on other Lothian IJBs**	None.

D TERMS OF REPORT

D1 In accordance with the Risk Management Strategy approved by the IJB on 26 June 2018, the IJB reviews the risk register annually.

D2 The IJB currently has ten risks and appendix one provides details of each risk. Each risk has risk scores which are arrived at by multiplying the estimated likelihood of the risk by its estimated impact. Risks are assessed on the basis of a five by five grid, and therefore the lowest possible score is one and the highest possible score is 25.

D3 Risks which score 12 or more for current risk are considered to be high. There are four high risks as follows:

IJB010 Delayed Discharge (score 16)

IJB005 Inadequate Funding to Deliver Strategic Plan (score 12)

IJB009 Sustainability of Primary Care (score 12)

IJB008 Workforce Planning (score 12)

D4 In relation to appendix one:

- The traffic light icon represents the risk ranking based on the score; these are explained further in the table at the start of Appendix 1;
- There is a code, title and description for each risk;

- The original risk score represents the uncontrolled risk, that is to say the risk without controls in place, and provides an appreciation of the potential impact if controls are absent or fail;
- The current risk score represents the current risk, i.e. assuming that current controls are in place and effective;
- The internal controls are those processes in place to reduce the risk from original risk score to current risk score;
- The risk actions are those measures which are intended to further reduce the current risk. The report only includes those which are in progress. Once marked as complete, risk actions should be included as internal controls and taken account of when assessing the current risk score.

D5 The standard risk assessment methodology is attached as Appendix 2.

E CONSULTATION

E1 IJB Senior Management Team.

F REFERENCES/BACKGROUND

F1 Report to the IJB 26 June 2018: Risk Management Policy and Strategy.

G APPENDICES

G1 1.IJB Risks

G2 2. Risk Assessment Methodology

H CONTACT

Kenneth Ribbons 015016 281573 kenneth.ribbons@westlothian.gov.uk

26 November 2019

Appendix 1 IJB Risks

Report Author: Kenneth Ribbons
Generated on: 19 November 2019 09:44
Report Layout: .R09d_Internal Controls, Original Score, Current Score, Target Score with linked actions (outstanding only)

Rows are sorted by Risk Score, Risk Score

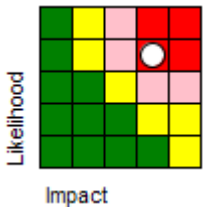
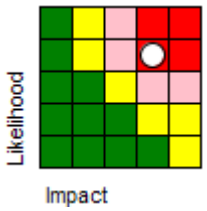
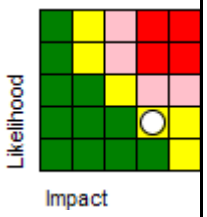
Key to Risk Scores

Icon	Score	Meaning
	16-25	High
	12-15	Medium High
	5-10	Medium
	1-6	Low

Key to Action Status

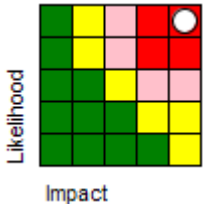
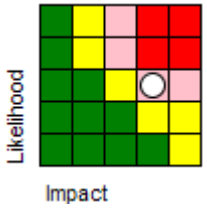
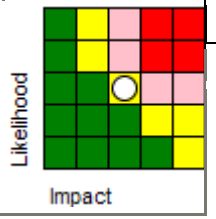
Icon	Status
	Overdue
	Approaching Due Date
	In progress

	IJB010 Delayed Discharge	There is a risk that patients are not being discharged in a timely manner resulting in suboptimal patient flow, impacting on poor patient and staff experience and poorer outcomes of care.
	Internal Controls:	Community health and social care teams working with discharge hub to facilitate timely discharge; daily MDT meetings Frail Elderly Programme to take forward key actions designed to improve performance Care at Home contract in respect of adequate supply and responsiveness of provision. National Care Home Contract in respect of adequate supply of provision Contract monitoring procedure Regular reports to Contracts Advisory Group Regular meetings with providers and Scottish Care Escalation of high cost packages to Depute CEO and Head of Finance Review of contract rates Joint Commissioning Plans Close partnership working with St John's hospital and other NHS Lothian colleagues. Strategic Commissioning Plan for Older People. Quarterly performance reports to Community Care Management Group Monthly performance reports to SMT Performance reports to IJB Single point of access for acute care Changes in eligibility criteria for social care Integrated discharge hub now operational

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
16		16		8			IJB18014_Ar Intermediate Care	31-Dec-2020	31-Dec-2020	20%	Review intermediate care provision and determine future requirements to establish the type and capacity of intermediate care to be commissioned to meet the population needs.

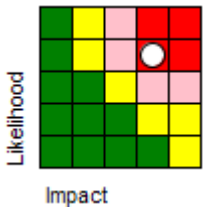
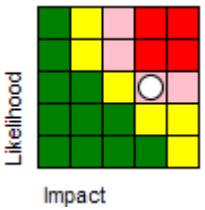
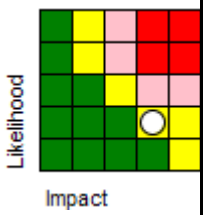
				IJB18012_Ar Optimising Flow	31-Dec-2019	31-Dec-2019	70%	Working with acute colleagues, flow centre, IHub and community services to ensure people are diverted to the most appropriate pathway to meet their care needs and identify additional suite of alternatives to admission and methods to optimise patient flow through the whole system.

	IJB005 Inadequate Funding to Deliver Strategic Plan	Funding is inadequate, or is not effectively prioritised, including through the development of financial recovery plans, leading to failure to achieve a sustainable budget position and meet strategic objectives.
	Internal Controls:	Chief Finance Officer (S95 officer) Due diligence by S95 officer on contributions each year Approval of resource allocations by IJB Monitoring / reporting of progress / outturn to IJB Financial reports to IJB include key risks and uncertainties Scrutiny by Audit, Risk and Governance Committee Internal audit and external audit oversight. Financial Regulations WL Integration Scheme – agreed financial and budgetary responsibilities including for overspends against delegated IJB functions Ongoing development of medium term financial plan 2019/20 to 2022/23 submitted to the IJB on 23/4/19 Reserves policy

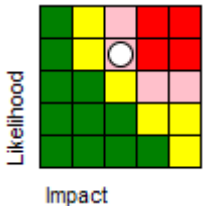
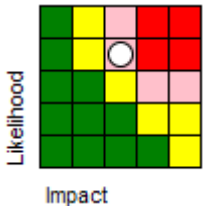
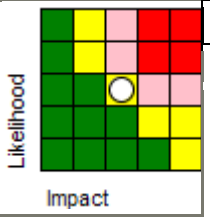
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
25		12		9	

Linked Risk Actions	Original Due Date	Due Date	Progress	Description

	IJB009 Sustainability of Primary Care	There is a risk that GP service provision will be disrupted, restricted or unavailable because of increasing capacity and demand issues as a result of population growth and/or GP practices experiencing difficulties in recruitment, retention or absence of medical staffing leading to significant capacity issues and inadequate and insufficient service provision.
	Internal Controls:	Risk register at HSCP level of all practices identifying vulnerability rating Programme of support measures developed and available to be tailored to each practices individual circumstances to increase their resilience and maintain service provision Additional investment to support practices through LEGUP, primary care investment fund Buddy practice arrangements in place across all practices; Cluster working arrangements established Primary Care Implementation and Improvement Plan prepared and submitted to the IJB on 26/6/18.

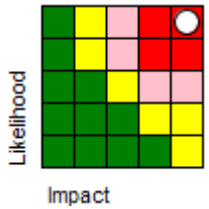
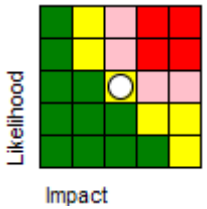
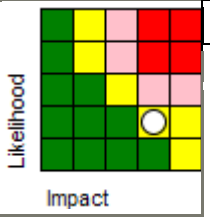
Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix	Linked Risk Actions		Original Due Date	Due Date	Progress	Description
16		12		8			IJB18011_Ar Implementation of Primary Care Improvement Plan 2018-2021	30-Sep-2021	30-Sep-2021	50%	Phased investment and improvement plan to support implementation of the new 2018 GMS contract with focus on development of new roles and professionals within the wider Primary Health Care Team, transfer of vaccination services and development of community treatment and care centres, development of mental well-being hubs, use of technology and support of leadership development of GP and practice teams.

	IJB008 Workforce Planning	Lack of effective workforce planning leading to a failure to develop a sustainable workforce which has an adverse impact on performance and the ability of the IJB to achieve its strategic objectives.
	Internal Controls:	NHS and WLC workforce plans NHS and WLC recruitment policies Monitoring via review of performance in relation to staff absence, recruitment / turnover Training and development Performance review Strategic workforce planning framework approved by the IJB on 21 November 2018. Workforce planning group

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
12		12		9	

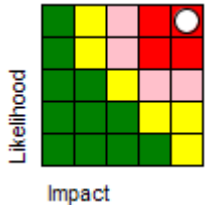
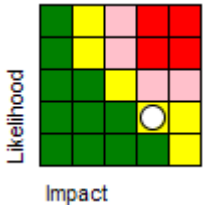
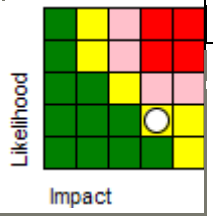
Linked Risk Actions	Original Due Date	Due Date	Progress	Description

	IJB004 Failure of Clinical and Care Governance	Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, professional and ethical standards are upheld and continuous learning and development is applied for the benefit of the public using our services. Ineffective clinical and care governance arrangements may have a detrimental impact on the quality and effectiveness of services and result in poor experience for service users and their families and wider outcomes not being met.
	Internal Controls:	Existing clinical and care governance arrangements within NHS and Social Policy. Effective performance reporting to IJB SMT and Board. Undertake impact assessment of service change/redesign with focus on clinical and care governance Governance reports received in accordance with planning cycle to support continuous improvement Health and Care Governance Group Annual report by Clinical Director to IJB

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
25		9		8	

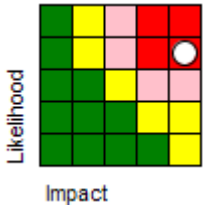
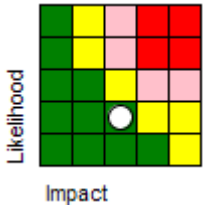
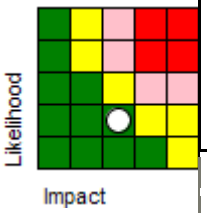
Linked Risk Actions	Original Due Date	Due Date	Progress	Description

	IJB006 Failure of Health and Safety Arrangements	Harm to employees, volunteers or contractors.
	Internal Controls:	Existing WLC and NHS health and safety arrangements, policies and procedures Health and Safety Advisers collate reports for management teams which highlight key issues and provide analysis of adverse events and identify trends. Quarterly report to HSCP Health and Safety Committee Safe & well procedures and use of lone working devices to mitigate risk of lone working Recording and investigation of all incidents on DATIX/ Sphera to support improvement and disseminate learning

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
25		8		8	

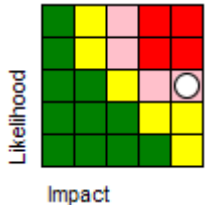
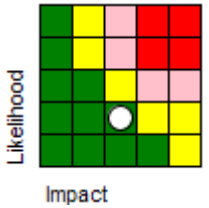
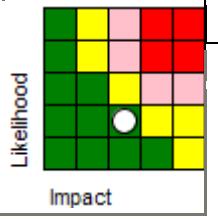
Linked Risk Actions	Original Due Date	Due Date	Progress	Description

	IJB002 Failure to effectively implement the Strategic Plan	Failure to effectively implement the strategic plan leading to key objectives not being achieved.
	Internal Controls:	National outcomes Local outcomes Extensive consultation on the strategic plan Strategic plan based on national and local policy Review of the strategic plan by IJB SMT Revised strategic plan approved by the IJB on 23/4/19 Associated strategic directions Revised strategic planning structure Strategic Planning group Health Care Governance group

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
20		6		6	

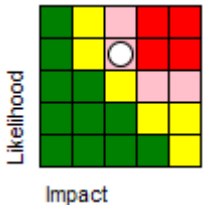
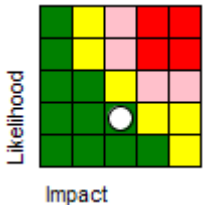
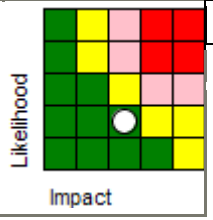
Linked Risk Actions		Original Due Date	Due Date	Progress	Description
	IJB16018_Ari Locality Plans	20-Apr-2017	26-Nov-2019	95%	Locality plans to be prepared following a consultation process and referral to the Strategic Planning Group.

	IJB001 Governance Failure	Appropriate internal processes and procedures are either not in place or are ineffective, leading to a lack of leadership, accountability or scrutiny, resulting in a failure to meet key objectives, financial overspends or reputational damage.
	Internal Controls:	Director Chief Finance Officer (S95 officer) Standing orders Scheme of administration Standards Officer Local code of corporate governance Code of conduct Audit, Risk and Governance Committee Internal auditor and annual audit plan Procedures for assessing disputes re resource allocations Risk management policy and strategy Annual risk management report by IJB risk manager Council and NHS Lothian annual risk management reports submitted to the IJB ARG Development sessions / training for IJB members

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
15		6		6	

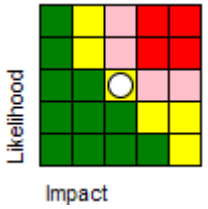
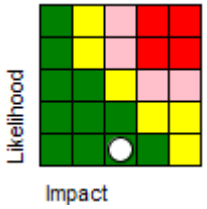
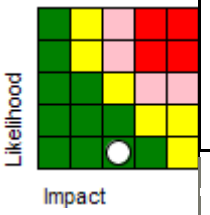
Linked Risk Actions		Original Due Date	Due Date	Progress	Description

	IJB003 Inadequate Performance Management	Processes for the review and scrutiny of health and council performance are either not in place or are ineffective, leading to less than robust scrutiny arrangements, and resulting in failure to identify, challenge, or rectify poor performance. Ultimately will have an adverse impact on ability to achieve ley objectives.
	Internal Controls:	Agreed outcomes / performance measures Robust performance management within WLC / NHS Regular monitoring by IJB SMT Regular reporting of performance to IJB including local indicators and balanced scorecard Annual performance report

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
12		6		6	

Linked Risk Actions	Original Due Date	Due Date	Progress	Description

	IJB007 Community Planning Failure	Inability to work effectively with partners leading to poorer outcomes. 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.
	Internal Controls:	Participation in Community Planning arrangements - Chief Officer is a member of the CPP Board. Strategic Plan. 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.

Risk Score	Original Risk Matrix	Risk Score	Current Risk Matrix	Risk Score	Target Risk Matrix
9		3		3	

Linked Risk Actions		Original Due Date	Due Date	Progress	Description
	IJB16018_Ari Locality Plans	20-Apr-2017	26-Nov-2019	95%	Locality plans to be prepared following a consultation process and referral to the Strategic Planning Group.

APPENDIX 2

RISK ASSESSMENT METHODOLOGY

RISK MATRIX

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

PROBABILITY TABLE

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

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

In assessing original risk the absence of controls can be expected to result in an increased impact or likelihood. For example, an event assessed with current controls as possible, may be assessed with the absence of controls as likely or higher.

IMPACT TABLE

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

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

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 15

REVISED INTEGRATION SCHEME

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To inform the Board of the council and health board's review the Integration Scheme in line with the Carers (Scotland) Act 2016; the subsequent revision of the Scheme; and approval of the Scheme by Scottish Ministers.

B RECOMMENDATION

1. To note the requirement arising from the Carers (Scotland) Act 2016 to review the Integration Scheme for the West Lothian Integration Joint Board

2. To note the revised Integration Scheme approved by Scottish Ministers

3. To note that the council and health board are required to review the Integration Scheme every five years and that the review is due in June 2020.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	Activities associated with Carers Act duties will be carried out within existing budgets
C3	**Policy/Legal**	Public Bodies (Joint Working) (Scotland) Act 2014; West Lothian Integration Scheme; Carers (Scotland) Act 2016
C4	**Risk**	No known risks

C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty
C6	**Environment and Sustainability**	No known impacts
C7	**National Health and Wellbeing Outcomes**	N/A
C8	**Strategic Plan Outcomes**	The amendments are consistent with the Strategic Plan in that it remains that only adult functions are delegated to the IJB through the Integration Scheme
C9	**Local Outcomes Improvement Plan**	N/A
C10	**Impact on other Lothian IJBs**	No known impacts. For those functions that are optional to delegate, this is a matter for local decision

D TERMS OF REPORT

1 Background

1.1 The Public Bodies (Joint Working) Scotland Act 2014 imposed statutory duties on councils and health boards to integrate specified health and social care services. That was to be achieved by formal delegation through an integration scheme of statutory duties by council and health board to an integration authority. The integration authority then has responsibility for making a strategic plan, receiving budget payments from council and health board and directing councils and health boards how to deliver the delegated functions and with what resources. The integration authority has oversight of the delivery of those functions and has to publish a statutory performance report each year.

1.2 The council and NHS Lothian (health board) agreed an Integration Scheme which delegated functions for adults and older people and retained children's services and criminal justice services within the council and health board. It was approved by council and health board in May 2015 and then submitted to the Scottish Minsters for approval. It was duly approved and the West Lothian Integration Joint Board was formally established by the Scottish Parliament in September 2015.

2 New duties to carers

2.1 Since that delegation of functions the Scottish Parliament enacted the Carers (Scotland) Act 2016. It imposed new statutory duties on the council and health board in relation to carers. Some of those are new duties, some add to existing duties and others are replacements for duties in place under earlier legislation. The principal duties imposed on council and health board by the 2016 Act are in Appendix 1.

2.2 The Scottish Parliament added the duties set out in the 2016 Act to the list of functions that must or may be delegated to integration authorities. Council officers' view of the effect of the legislation is that the duties which are relevant to the West Lothian Integration Joint Board are automatically incorporated into the list of delegated functions, by operation of law. A different view has been taken by the Scottish Ministers and by the health board. As a result, it was recommended that the council and health board go through the formal process of reviewing the integration scheme to make a reference in it to these duties and to the 2016 Act. As such, the review process was triggered in March 2019.

2.3 Most of the new duties became effective on 1 April 2018. Members may be assured that these duties have been implemented and complied with. There has been no gap in service provision or delivery.

3 The review process

3.1 The review process is set out in the 2014 Act. It is carried out by the council and health board and not by the integration joint board. It is a three-stage process, and in summary:

3.2 Stage 1:

- Consultation must take place with the persons and groups specified by the Ministers and with others identified by council and health board
- Council and health board must take account of views expressed before proceeding to decide if changes are required

3.3 Stage 2, if council and health board decide changes are required:

- Council and health board prepare a revised Scheme
- Council and health board consult again with the same people and groups
- Council and health board must take account of views expressed before proceeding to finalise the Scheme

3.4 Stage 3:

- Council and health board submit the revised Scheme to the Scottish Ministers for approval
- Once approved, the amended Scheme is republished and the changes take effect

3.5 It is not designed by statute to be primarily a consultation with members of the public. Legislation contains a list of professional and representative groups and stakeholders who must be consulted. Members of the public may be part of the process and anyone is able to participate and express views. All views expressed must be considered and taken into account before proceeding.

3.6 Council and health board agreed to implement a short consultation timescale with a view to having changes made, if so minded, as quickly as possible.

3.7 Because the statutory duty to review the Scheme lies on council and health board, the consultation was carried out jointly with the expectation that each organisation would comply with its own internal decision-making arrangements.

3.8 The review was concluded when both the council and health board agreed to the proposed amendments to the Integration Scheme. The amended Scheme was then sent to Scottish Ministers for approval on 9 May 2019. Approval was granted on 19 September 2019.

4 Amendments to the Scheme

4.1 The amended and approved Integration Scheme is attached at Appendix 2. The amendments to the Scheme are within Annex 1 and 2 of the document. Furthermore, references to the Community Health and Care Partnership now reference the Health and Social Care Partnership.

4.2 The legislation states that the majority of the functions added to the draft amended Scheme *must* be delegated to the Integration Joint Board for adults but delegation of the duties in relation to children is optional. Section 12 is optional for both council and health board and Section 31 is optional to the health board.

4.3 It was agreed to delegate all of the council's duties to the IJB (in relation to adults only) with the exception of Section 12, which relates to children. This is in keeping with the legislation. It was further agreed to delegate the health board's Section 31 duty for adults only. This is not a function that must be delegated but delegation is in line with the current Integration Scheme, which is limited to adults in relation to delegated social care functions, and keeps a single governance route for the preparation of a local carer strategy for adults.

5 Five-yearly review of the Scheme

5.1 The council and health board are required by the Act to carry out a review of the scheme no later than five years after the original approval by Scottish Ministers for the purpose of identifying whether any changes to the scheme are necessary or desirable.

5.2 The original Integration was approved in June 2015 and so is due to be reviewed by June 2020. It Is accepted that the recent review was limited to the Carers Act and so a full review must still be carried out.

E CONSULTATION

Prescribed consultees as per The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014

Health professionals
Users of health care
Carers of users of health care
Commercial providers of health care
Non-commercial providers of health care
Social care professionals
Users of social care
Carers of users of social care
Commercial providers of social care
Non-commercial providers of social care
Staff of the Health Board and local authority who are not health professionals or social care professionals
Non-commercial providers of social housing
Third sector bodies carrying out activities related to health or social care

Additional consultees

Lothian IJB Chief Officers

F REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Carers (Scotland) Act 2016

G APPENDICES

Appendix 1: Relevant Carers (Scotland) Act 2016 duties

Appendix 2: West Lothian Integration Scheme, approved 19 September 2019

H CONTACT

Lorna Kemp, Project Officer – IJB
lorna.kemp@westlothian.gov.uk
01506 283519

26 November 2019

Appendix 1

Relevant Carers (Scotland) Act 2016 duties

COUNCIL DUTIES	
Section 6	Duty to prepare adult carer support plan
Section 12	Duty to prepare young carer statement
Section 21	Duty to set local eligibility criteria
Section 24	Duty to provide support
Section 25	Provision of support to carers: breaks from caring
Section 31	Duty to prepare local carer strategy
Section 34	Information and advice service for carers
Section 35	Short breaks services statements

HEALTH BOARD DUTIES	
Section 12	Duty to prepare young carer statement
Section 31	Duty to prepare local carer strategy

Appendix 1

INTEGRATION SCHEME

BETWEEN

WEST LOTHIAN COUNCIL

AND

NHS LOTHIAN

(Approved 19 September 2019)

INTRODUCTION TO THE INTEGRATION SCHEME

This document is in two parts.

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

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

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

Aims and Outcomes of the Integration Scheme

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

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

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

2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

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

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

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

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

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

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

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

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

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

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

Name of the Integration Authority

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

The Chief Officer, or Director

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

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

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

Role of the Board

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

The legislation contains many legal requirements in relation to the Board's membership and constitution, but allows for some voluntary additional rules to be put in place. As part of the support services to be provided to the Board prior to and after its establishment the Parties will co-operate in preparing a proposed structure and draft constitutional documents to assist the Board in meeting those legal requirements, and including any voluntary additional rules the Parties consider are

appropriate. On its establishment, the Parties intend that the Board will adopt that structure and those constitutional documents, but they recognise that the Board has the ultimate legal power to make those decisions for itself.

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

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

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

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

Board Membership

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

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

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

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

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

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

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

Corporate Governance

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

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

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

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

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

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

Audit

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

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

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

Business Continuity and Emergency Planning

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

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

Procurement & Contracts

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

Strategic Plan

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

Community Planning and Localities

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

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

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

Clinical and Care Governance

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

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

The West Lothian Health and Social Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will continue, with the Clinical Director being appointed by NHS Lothian to that role. The Parties consider it is important that the Board's Standing Orders shall ensure that the Clinical Director is given the same rights and privileges of access as are to be afforded to the Chief Social Work Officer, and that the Clinical Director shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

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

Staff

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

Review

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

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

INTEGRATION SCHEME

1.0 The Parties

The Parties

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

and

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

together referred to as "the Parties"

2.0 Definitions and Interpretation

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

"The Parties" means the Council and NHS Lothian

"The Scheme" means this Integration Scheme (but not the Introduction)

"Integration functions" means the functions delegated by the Parties to the Integration Joint Board

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

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

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

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

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

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

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

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

3.0 Integration Model and Integration Functions

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

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

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

4.0 Local Governance Arrangements

Membership

The IJB shall have the following voting members:

a) **4** councillors nominated by the Council; and

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

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

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

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

Chairperson and Vice Chairperson

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

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

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

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

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

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

Support Services

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

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

Key matters that the working party will address are

(a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);

(b) defining what is meant by “professional, technical or administrative services”;

(c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;

(d) bringing all these elements together and devising a pragmatic and sustainable solution.

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

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

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

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

5.0 Delegation of Functions

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

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

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

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

6.0 Local Operational Delivery Arrangements

Management Arrangements

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

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

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

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

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

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

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

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

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

a) the responsibilities of each Party regarding compliance with directions issued by the IJB; or

b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Strategic Planning

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

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

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

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

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

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

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

Lothian Hospitals Strategic Plan

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

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

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

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

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

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

Performance Targets and Reporting Arrangements

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

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

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

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

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

7.0 Clinical and Care Governance

Introduction

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

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

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

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

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

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

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

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

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

Within its existing governance framework, NHS Lothian has :

- A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-

    • NHS Lothian Participation Standards

    • Volunteers/Carers

    • Information Governance

    • Protection of Vulnerable People including children, adults, offenders

    • Relevant Statutory Equality Duties

  And

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

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

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

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

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

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

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

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

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

Clinical and Care Governance Risk

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

Professional Advice

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In the event that the IJB issues a direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Director of their concerns and if their concerns are nor resolved by the Director to their satisfaction must then raise the matter with the Chief Executive of the Council.

Professionals Informing the IJB Strategic Plan

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

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

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

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

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

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

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

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

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

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

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

External scrutiny of clinical and care functions

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

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

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

Service User and Carer Feedback

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

8.0 Director

Appointment

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

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

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

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

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

Operational Role

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

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

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

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

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

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

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

9.0 Workforce

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

10.0 Finance

Finance Officer

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

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

Financial Management of the Board

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

Principles of Financial Governance

The following principles of financial governance shall apply:

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

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

Financial Governance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Initial Payments to the Board

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

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

Resource Transfer

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

Hosted Services

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

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

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

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

Due Diligence

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

If any such review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant Party will be notified. The relevant Party will be required to take action to ensure that services can be delivered within the available operational budget

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

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

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

Determining the schedules for the Initial Payments

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Process to agree payments from the Board to the Parties

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

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

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

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

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

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

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

Financial Reporting to the Board

Budgetary control and monitoring reports (in such form as the Board may request from time to time) will be provided to the Board as and when it requires. The reports will set out the financial position and outturn forecast against the payments by the Board to the Parties in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to operational budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

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

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

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

Process for addressing variance in the spending of the Board

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

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

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

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

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

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

Additional Payments by the Parties to the Board

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

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

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

Underspends

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

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

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

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

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

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

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

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

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

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

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

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

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

Use of Capital Assets

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

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

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

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

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

Audit and Financial Statements

Financial Statements and External Audit

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

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

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

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

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

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

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

11.0 Participation and Engagement

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

The stakeholders consulted in the development of this scheme were

- All prescribed consultees
- Staff of Parties.

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

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

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

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

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

12.0 Information Sharing and Confidentiality

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

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

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

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

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

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

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

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

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

13.0 Complaints

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

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

Complaints can be made to:

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

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

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

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

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

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

14.0 Claims Handling, Liability & Indemnity

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

15.0 Risk Management

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

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

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

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

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

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

16.0 Dispute Resolution Mechanism

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

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

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

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

ANNEX 1

Part 1 Functions delegated by the health board to the Board

Functions prescribed for the purposes of sections 1(6) and 1(8) of the Act

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

	section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25th October 2013); section 79 (purchase of land and moveable property); section 82use and administration of certain endowments and other property held by Health Boards); section 83(power of Health Boards and local health councils to hold property on trust); section 84A(power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98(charges in respect of non residents); and paragraphs 4, 5, 11A and 13 of Schedule

	1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7	

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

	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016 Section 31 Duty to prepare local carer strategy (and associated responsibilities to publish and review)	

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

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

ANNEX 2

Part 1 Functions delegated by the council to the Board

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

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

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

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

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

(choice of options: adults) Section 6 (choice of options under section 5: assistances) Section 7 (choice of options: adult carers) Section 9 (provision of information about self-directed support) Section 11 (local authority functions) Section 12 (eligibility for direct payment: review) Section 13 (further choice of options on material change of circumstances) Section 16 (misuse of direct payment: recovery) Section 19 (promotion of options for self-directed support)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Carers (Scotland) Act 2016 Section 6 Duty to prepare adult carer support plan (and associated responsibilities to review and provide information) Section 21 Duty to set local eligibility criteria (and associated responsibilities to publish and review) Section 24 Duty to provide support Section 25 Provision of support to carers: breaks from caring Section 31	

Duty to prepare local carer strategy (and associated responsibilities to publish and review) Section 34 Information and advice service for carers Section 35 Short breaks services statements	
PART 2 Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014	
The Community Care and Health (Scotland) Act 2002 Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

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

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

ANNEX 3

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

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

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

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

<u>Hosted Services</u>

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

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

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive)
- Lothian Unscheduled Care Service (East Lothian)
- Integrated Sexual and Reproductive Health Service (Edinburgh)
- Clinical Psychology Services (West Lothian)
- Continence Services (Edinburgh)
- Public Dental Service (including Edinburgh Dental Institute (West Lothian)
- Podiatry (West Lothian)
- Orthoptics (West Lothian)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)
- SMART Centre (Edinburgh)

Acute Hospitals

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

West Lothian Integration Joint Board

Date: 26 November 2019

Agenda Item: 16

WINTER PLAN

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 The purpose of the report is to provide an overview of the Lothian Health and Social Care system's Winter Plan 2019/20.

B RECOMMENDATION

B1 The Integration Joint Board is recommended to

1. Note the contents of the report
2. Be assured that a whole system plan has been developed to support the additional capacity required to meet the predicted winter demand

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	*A direction(s) is not required.*
C2	**Resource/ Finance**	*Scottish Government allocation of £698,087* *NHS Lothian investment of £2.0m*
C3	**Policy/Legal**	*None*
C4	**Risk**	*Risk associated with delayed discharge will have an impact on Winter performance* *The risk is captured in the risk register and will be monitored.*
C5	**Equality/Health**	*The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment*

has not been conducted. The relevance assessment can be viewed via the background references to this report.

C6	**Environment and Sustainability**	*(Summarise potential and known impacts on environment and/or sustainability)*
C7	**National Health and Wellbeing Outcomes**	*All apply*
C8	**Strategic Plan Outcomes**	*All apply*
C9	**Single Outcome Agreement**	*All apply*
C10	**Impact on other Lothian IJBs**	*There are co-dependences across the health and social care system to manage demand and surge activity over the winter period*

D TERMS OF REPORT

The Scottish Government have advised that NHS Lothian will receive an allocation of £1.425m which should be specifically targeted to deliver winter performance with particular focus upon whole system working to address the predicted additional pressures of winter across 2019/20.

D1 The allocation of Winter funding from Scottish Government has also been met with commitment from NHS Lothian Board to invest a further £2.0m into this plan.

D2 Through learning from previous years, it has been recognised that there is a degree of predictability in patterns of demand throughout the Winter period. This had led to a focus on robust flow throughout the system with seamless transition/intervention between hospital and community teams to support, wherever possible, rehabilitation nearest home.

D3 The development of the Winter Plan (Appendix 1) has been overseen by the Lothian Unscheduled care Committee which has membership from the four Lothian Health and Social Care Partnerships and the Acute sites. The Committee was tasked to plan, implement and produce a Winter Plan that demonstrates safe, effective, patient centred care for patients and best outcomes for relatives and staff

A framework was developed through the committee that encouraged prospective Winter objectives to be evaluated against following criteria:

- Supports Joint Working between Acute Services and Health and Social Care Partnerships (HSCPs)
- Supports a Home First Approach
- Admission avoidance
- Site and Community Resilience/Flow
- Supports a non Bed Based Model
- Facilitates 7 Day Working and Discharging

D4

The focused investment is intended to further support improvement priorities for unscheduled care with projects throughout Acute and Health and Social Care partnerships already evidencing positive impact on performance against the 4 hour
D5 emergency access standard and delayed discharges.

Key actions that will be progressed through the Winter period include:

- Enhancement of senior medical and other clinical staffing at critical pressure periods across Acute, Community and Social care Services.
- Consistency of 7 day working principles for HSCP Teams
- Point of Care Testing (POCT) for Influenza for all Acute Sites
- Robust cross-system escalation, coordination and communication through senior
- Leadership at Chief Operating Officer/Chief Officer level.
- Increased capacity to support admissions, transfers and discharges through utilisation of additional vehicles through the Lothian Flow Centre.
- Contingency planning for additional bed capacity at WGH, Ward 15

D6

The improvement trajectories and Winter impact will be monitored through the
D7 Unscheduled Care Committee from December – March 2019/20.

A comprehensive and well targeted communications strategy is key to signposting and educating the general public to the right service at the right time. Where possible the digital platform will be utilised using social media to drive prospective patients to the NHS Lothian website and NHS Inform to get more
D8 details of all available options to them at home.

E CONSULTATION

Unscheduled Care Committee

E1 *Local Winter Planning Groups*

F REFERENCES/BACKGROUND

F1 None

G APPENDICES

Appendix 1: Winter Plan 2019/20

H CONTACT

Carol Bebbington
Interim head of Health
Carol.bebbington@nhslothian.scot.nhs.uk
H1 01506 281017

26 November 2019

NHS Lothian: Winter Plan 2019/20

Version 0.10 Status: Final Date Approved: 4th October 2019

Lothian NHS Board

Office of the Chair and Chief Executive
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Telephone 0131 536 9000
www.nhslothian.scot.nhs.uk

To: Chief Executive NHS Scotland and Director-General Health & Social Care, Unscheduled Care Director

Cc: Chief Performance Officer NHS Scotland and Director of Delivery and Resilience

Date 25 October 2019
Your Ref
Our Ref TPD/WINTER

Enquiries to Tim Davison
Extension 35807
Direct Line 0131 465 5807
Email chief.executive@nhslothian.scot.nhs.uk
EA elaine.watters@nhslothian.scot.nhs.uk

Dear Malcolm,

PREPARING FOR WINTER 2019/20

Following on from your letter of 4th September 2019, we attach the Lothian Health and Social Care System's Winter Plan.

The development of this plan has been overseen by the Lothian Unscheduled Care Committee which is chaired by Alison MacDonald, Chief Officer, East Lothian Integration Joint Board.

The Committee is tasked to plan, implement and produce a Winter plan that demonstrates safe, effective, patient centred care for patients with the best outcomes for relatives and staff. This Winter plan has utilised a scoring framework to prioritise Winter schemes which have been derived from the learning from previous years and as noted in the 2018/19 Debrief to Scottish Government.

A framework was developed through the Committee that encouraged prospective Winter objectives to be evaluated against:

- Supports Joint Working between Acute Services and Health and Social Care Partnerships (HSCPs)
- Supports a Home First Approach
- Admission avoidance
- Site and Community Resilience/Flow
- Supports a non Bed Based Model
- Facilitates 7 Day Working and Discharging

Our Values Into Action
disability confident EMPLOYER
CARER POSITIVE Employer in Scotland EXEMPLARY

The allocation of Winter funding from Scottish Government has also been met with commitment from the NHS Lothian Board. NHS Lothian has therefore invested a further £2.0m into this plan.

Our focused investment from additional resources is intended to further support improvement priorities for Unscheduled Care. There are projects throughout Acute and Health and Social Care Partnerships that are already evidencing improving performance against the 4 hour Emergency Access Standard and Delayed Discharges. The improvement trajectories and Winter impact will be monitored through the Unscheduled Care Committee from December – March 2019/20.

Key Actions which the Board has taken and will progress through the Winter period are:

- Enhancement of senior medical and other clinical staffing at critical pressure periods across Acute, Community and Social care Services.
- Consistency of 7 day working principles for HSCP Teams
- Point of Care Testing (POCT) for Influenza for all Acute Sites
- Robust cross-system escalation, coordination and communication through senior Leadership at Chief Operating Officer/Chief Officer level.
- Increased capacity to support admissions, transfers and discharges through utilisation of additional vehicles through the Lothian Flow Centre.
- Contingency planning for additional bed capacity at WGH, Ward 15

As you are also aware, NHSL is adopting a programme approach to progress our unscheduled care performance, and this includes delayed discharges. We have discussed with you that we have complementary plans in place to deliver a trajectory of no more than 200 delays in the system by Christmas.

Yours sincerely

Mr Tim Davison
Chief Executive NHS Lothian

Mr Brian Houston
Chairman NHS Lothian

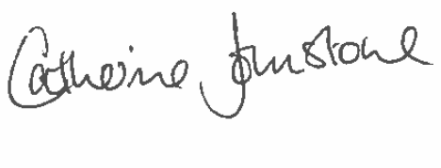
Ms Alison MacDonald
Chief Officer East Lothian
Integrated Joint Board

Ms Fiona O'Donnell
Chairman East Lothian
Integrated Joint Board

Ms Judith Proctor
Chief Officer Edinburgh
Integrated Joint Board

Mr Angus McCann
Chairman Edinburgh
Integrated Joint Board

Ms Morag Barrow
Chief Officer Midlothian
Integrated Joint Board



Ms Catherine Johnstone
Chairman Midlothian
Integrated Joint Board

Mr Allister Short
Chief Officer West Lothian
Integrated Joint Board

Mr Harry Cartmill
Chairman West Lothian
Integrated Joint Board

1. Winter Planning Process

1.1 NHS Lothian received notification from the Scottish Government that they would receive an allocation of £698,087 which should be specifically targeted to deliver winter performance with particular focus upon:

- Reducing Attendances
- Managing / Avoiding Admission
- Reducing Length of stay
- Focus on Flow in Acute Care
- Workforce

1.2 Through learning from previous years, it has been recognised that as a Board there is a degree of predictability in patterns of demand throughout the Winter period. This had led to a focus on robust flow throughout the system with seamless transition/intervention between hospital and community teams to support, wherever possible, rehabilitation nearest home.

1.3 Winter bids were solicited from across the whole system in Lothian and these were collated to a value of c.£6m. In order to rationalise these requests for funding a scoring framework was developed and referenced against each of the bids. This criteria was developed after a period of engagement with Acute and Partnership colleagues to ensure an inclusive / collaborative approach was undertaken to prioritising bids. This scoring framework was derived from the learning from previous years and as noted in the 2018/19 Debrief to Scottish Government.

1.4 This framework was developed through the Unscheduled Care Committee that encouraged prospective Winter bids to be evaluated and scored by 12 independent groups against the following criteria:

- Supports Joint Working between Acute/HSCP
- Supports a Home First Approach
- Admission Avoidance
- Site and Community Resilience/Flow
- Supports a non-Bed Based Model
- Facilitates 7 Day Working and Discharging

1.5 The schemes were subject to scrutiny and prioritisation by a Short Life Working Group workshop with Multidisciplinary input from all services.

1.6 The Winter Plan enclosed captures the response from NHS Lothian to deliver sustained performance and delivery of key operations over the Winter period to supplement year round plans. This plan demonstrates whole system engagement and collaboration between NHS Lothian, East Lothian, Edinburgh, Midlothian and West Lothian Health and Social Care Partnerships. The final plan is shown as Appendix 1.

1.7 The allocation of Winter funding from Scottish Government has been combined with reserve funding and slippage on the 6EA allocation to provide Winter funding of £3440k, the overall Winter plan is £3490k and it is assumed that there will be sufficient slippage in recruitment to cover this shortfall.

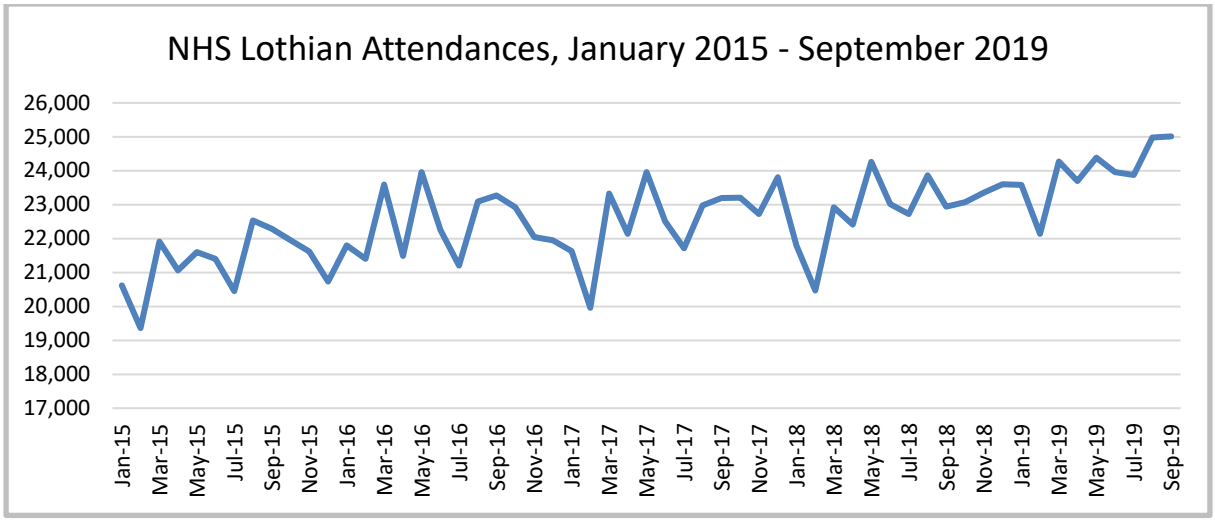
1.8 In 2018/19 NHS Lothian received a Scottish Government allocations to support Winter planning of £1392k, this has reduced by circa £700k in 2019/20.

1.9 In addition to the SG funding the plan is supported from the unscheduled care reserve. NHS Lothian holds recurrent reserves of £2.6m, against which there is £571k of commitment, leaving £2.0m reserve funding. This combined with an under commitment on 6EA funding and non-recurring slippage from 18/19 gives a total of £3440k to support the winter plan.

2. Projected Demand and Performance

2.1 Unscheduled Care activity has been increasing year and year since 2015. NHS Lothian experienced surge in demand during the summer of 2019 most notably during August 2019. The annual Edinburgh Fringe Festival brings higher number of tourists to Edinburgh and in doing so increases pressures on the adult Acute sites. This year the RIE had 11'579 attendances in the month of August. This represents an increase of 700 patients (c.6.5%) compared to the same dates for August 2018. Exhibit 1 below shows the gradual increase in attendances from January 2015 – September 2019 across NHS Lothian, all sites.

Exhibit 1: Attendances from January 2015 – September 2019 across NHS Lothian, all sites.



2.2 Performance against the 4 hour emergency access has fallen short of the national target throughout the 2019 calendar year although there have been signs of recovery during the mid- year period where 3/4 Acute sites maintained >90% for a period of 6 months. This performance must be contextualised against a backdrop of higher attendances, increased acuity and major capital works at one of the adult Acute sites (St John's Hospital).

2.3 Using data from January 2015 shows an annual increase in attendances from 69'896, 2015, to 69'993, 2019 which is c.13%. The uplift in attendances between the winter period 17/18 and 18/19 was 7.3%.

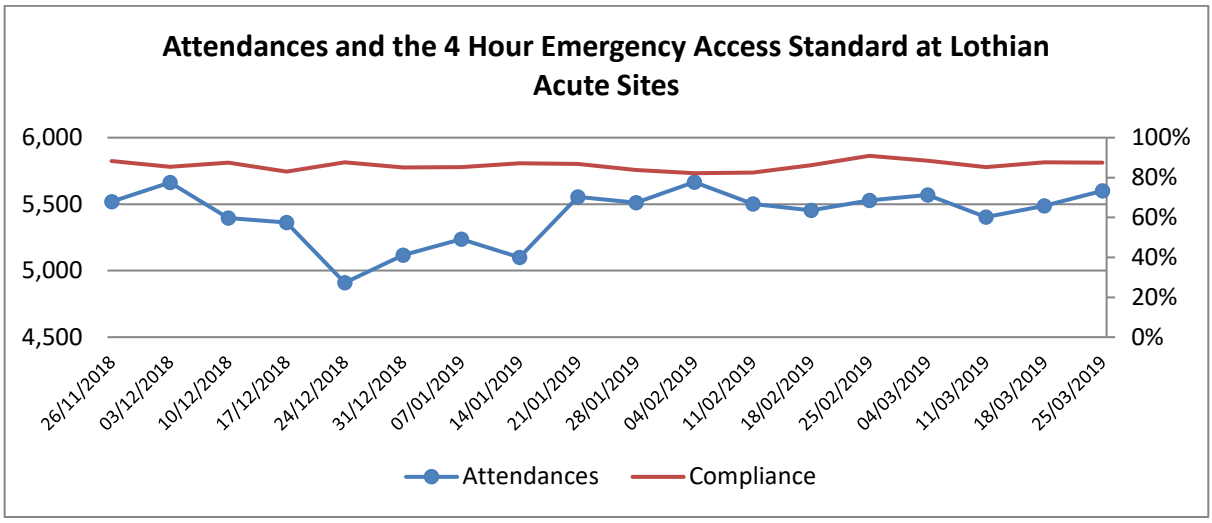
2.4 Extrapolating the performance to date across attendances gives the following predictions for January 2020 – March 2020:

Exhibit 2: Predicted Uplift for NHS Lothian, Jan – March 2020

Month	NHS Lothian
Jan-19	23,582
Feb-19	22,142
Mar-19	24,269
Predicted 6% Uplift	
Jan-20	24,997
Feb-20	23,470
Mar-20	25,725

2.5 Weekly trends have been used to better understand the potential uplifts in admissions also, Exhibit 3 below show the 4 hour emergency access standard (4EAS) vs. Attendances for 2018/19. From this analysis we can predict that there will a drop in attendances end of December before these pick back up from January onwards.

Exhibit 3: 4 hour emergency access standard (4EAS) vs. Attendances for 2018/19.



2.6 Despite a scoring framework developed to avoid the reliance on bed based models during Winter there is a collective recognition from the unscheduled care committee that additional winter bed surge capacity will be required and this capacity will be functional from January 2020. The committee have acknowledged that while beds are likely to be opened further resilience will be required to address demand across primary, community and Acute services. This has informed the key priority areas discussed in 1.4 above.

2.7 System Watch is recognised as a key tool to monitor demand and anticipate pressure points in admissions, bed days, GP consultations and Flu like presentations. At the time of writing the future prediction for admissions could only be reported to mid-December however this reporting will be used throughout Winter to ensure there is clarity and pro-active management of surge in demand.

3. Communications

3.1 A comprehensive and well targeted strategy is key to sign posting and educating the general population to the right service at the right time. Where possible the digital platform will be utilised using social media to drive prospective patients to NHS Lothian website and NHS Inform to get more details of all available options to them at home such as GP and pharmacy services. Last year, the Board a digital reach of 105,022 across social media, had 931 likes, shares, retweets and 46,722 impressions overall.

4. Key Actions taken by the Board

4.1 Key Actions taken under Enhanced staffing cover

Enhancement of senior medical and other clinical staffing at critical pressure periods across Acute, Community and Social care services
Acute Respiratory Nurse Specialist in-reach into ED and Medical Assessment Units
Cardiology Nurse Practitioner in-reach into ED
Increased Consultants on ward rounds
Increased staffing across all surge areas
Additional Consultants, Registrars and FY2 Cover during Winter months

4.2 Key Action taken to delivery consistent working practices

Consistency of 7 day working principles for HSCP Teams
Seven day working for Discharge to Assess teams
Seven day working for Patient Flow Teams
Social work support of Home First Model
Use of Day of Surgery Admission to supplement capacity and will move to a 7 day service
Additional Adult and Paediatric physiotherapy services

4.3 Key Actions taken under Flu

Point of Care Testing (POCT) for Influenza for all Acute Sites
Point of care testing for influenza in emergency medical patients (children and adults) attending Accident and Emergency and Medical Assessment areas the 4 hospital sites across Lothian. This was pre prioritised prior the scoring process and agreed to be of significant value across Lothian from the 18/19 Debrief.
Housebound Flu Immunisation Programme
Staff Flu Immunisation Programme – already underway

4.4 Key Actions taken under Effective Escalation

Robust cross-system escalation, coordination and communication through senior Leadership at Chief Operating Officer/Chief Officer level.
All Acute sites and Partnerships have tested business continuity arrangements. The Acute sector has already reinstated 3 times daily conference calls for the discussion and action of flow decisions across the system. During Winter, and if required, these calls are escalated to Chief Officers who are invited to join the calls in order to facilitate whole system decision making. Senior Leadership is provided by the chairmanship of the calls which is shared amongst the Deputy Chief Executive, Chief Officer, Acute Services and/or Chief Officer IJB.

4.5 The actions taken above provide a high level overview of priority areas as described in the Letter dated 14/10/2019 above. The full Winter submission from NHS Lothian can be found as Appendix 1 below. This details the Winter plan by priority action and the quantifiable impact of delivering these actions.

Reducing Attendances Wherever possible by managing care closer to home, preferably at home with services focussed on assessment and care closer to home.		
Winter Initiative	**Live Date**	**Context/Quantifiable Impact**
Midlothian Health & Social Care Partnership		
ED Redirection/Support for < 65	November 2019	• On average, 6626 Midlothian residents attend ED each year. • During June 2019 there were 1197 Royal Infirmary of Edinburgh ED attendances by Midlothian residents aged under 65. This is the highest monthly figure this year • On average, about 29 people were frequent attenders each year (attending ED 10 or more times within that year). • Top reasons for attendance included non-specific chest or abdominal pain, cellulitis, asthma, and lower respiratory tract infection. For the 18-44 age group, overdoses, wounds, and alcohol intoxication were unique top reasons. For ages 45-65, COPD, UTI, deep vein thrombosis, vasovagal syncope, and pulmonary embolism were unique top reasons. • 76% self-referrers to ED took not advice prior to attendance. Funding will support a reduction to repeat attendance by signposting and redirecting.
East Lothian Health & Social Care Partnership		
Enhanced Discharge to Assess	December 2019	• The intensive rehabilitation model has been very successfully implemented within the central cluster of East Lothian; it has been one of the initiatives that has successfully enabled a reduction in bed utilisation. This has been very successfully applied to those patients within the stroke unit. East Lothian patients are being pulled out of hospital by the team utilising the agreed stroke pathway up to 10 days earlier than before. They now have active rehabilitation in the community within the confines of their own home. • The COPD patients who would be admitted to Royal Infirmary of Edinburgh would be managed collectively with the advanced physiotherapy practitioner and hospital at home to team keep them within the community including administering IV antibiotics at home.
Edinburgh Health & Social Care Partnership		
CRT+	December 2019	• Number of referrals. • Source of referral. • Average time to contact. • Average home visits and telephone calls per patient. • Number of patients at risk of admission. • % of 'at risk' patients remaining at home at 48 hours and 1 week. • Number of 'supported discharge patients' • Number of supported discharge patients remaining at home at 48 hrs and 1 week

		• **This scheme will also support Admission Avoidance and Focus on Flow through Acute Care. Metrics include:** o Number of 'supported discharge patients' o Number of supported discharge patients remaining at home at 48hrs and 1 week
Festive Practice	20th December 2019	• Reduced number of attendances at A&E, LUCS, and Mental Health Services on public holidays • Reduce need for DN home visits for dressings
Winter Support Team	December 2019	• Reduction in attendances at acute hospitals • **This scheme will also support Admission Avoidance and Reducing Length of Stay.** • Metrics for Reduced Length of Stay include reduction in Delayed Discharges.
Open House (Stafford Centre)	December 2019	• Providing an alternative to A&E for those in mental health crisis o Numbers of people supported during a crisis o Numbers of people reporting increased resilience o Numbers of carers supported
Lothian Unscheduled Care Service (LUCS) and Flow Centre		
Weekend cover for Care Homes	December 2019	• For practices which are recognised as the lead practice for a care home or care homes to provide additional cover over winter weekends to improve continuity of care for patients, avoid hospital admissions, and reduce pressure on LUCS and A&E. • Between 10 and 14 practices participated over the dates covered last year and 18 to 21 care homes received cover from their lead practice. • 179 patients were visited at a total cost of £50,400 giving a cost per visit of £103 over the festive holidays and £142 on the other Saturdays • There was a positive impact on LUCS demand for care home visits. If all Lothian practices had participated and had the same impact as the practices that did participate the LUCS visits to care homes could have reduced from 153 in 2017/18 to 55 in 2018/19. A home visit for LUCS is estimated to cost £200-£250/visit (based on volume of work and cost of supporting the service (GPs/drivers/equipment/drugs/other) over the course of a year)
Increase number of alternatives to admission including access to these in evenings and at weekends.	December 2019	• % alternatives booked through Flow Centre • Increase availability of alternative pathways
Communications		
Winter Communications Plan	November 2019	• Last year, the campaign reach was 105,022 across social media, and 931 likes, shares, retweets and 46,722 impressions overall. • It is estimated that Bus advertising reached 89 per cent of adults visually and the aim is

		to replicate this again. • Radio advertising on Radio Forth reaches an audience of 405,000 and the target will be aimed to improve this reach 19/20. • The Plan will also support recruitment of flu champions and peer vaccinators via internal communications campaign using all channels: Intranet, staff magazine, social media and direct email cascade. Last year this tactic resulted in the recruitment of more flu champions and more peer vaccinators. • Roll out seasonal flu campaign Be Incredible 2 – the sequel to last year's effective promotion. We ask staff to "Be Incredible" and fight flu by being vaccinated.
Managing / Avoiding Admission Wherever possible with services developed to provide care at home across 7 days.		
Winter Initiative	**Live Date**	**Context/Quantifiable Impact**
Midlothian Health & Social Care Partnership		
Rapid Extended MDT Frailty Intervention	November 2019	• People identified with severe frailty are 4 times more likely to be admitted into hospital within 12 months than the non-frail population. • 716 frail people in Midlothian accounted for 20,000 unplanned OBD in 2018. • 190 were from two practices that will be supported in this project. • When someone with severe frailty presents to ED in 75% of presentations they will be admitted. For moderately frail patients the likelihood of admission is 60% (Midlothian analysis). • Access and Relational continuity of care in general practice is associated with a significant number of benefits to individuals and wider health systems, including: better clinical outcomes for an array of conditions; reduced mortality; better uptake of preventative services; better adherence to medication; reduced avoidable hospital admissions (Nuffield trust 2018). • A reduction of 20% hospital activity is achieved by this cohort, would equate to cost avoidance over £600K. This does not include the impact of the third practice.
West Lothian Health & Social Care Partnership		
REACT Care Home	January 2019	• Reduction in admissions from care homes at weekends
Edinburgh Health & Social Care Partnership		
Open House (Phone link & Befriending)	December 2019	• Providing an alternative to (for example) emergency Primary Care attendances for repeat medications • Providing support to augment existing community-based care (e.g. D2A, H@H) • Providing a link back to Locality Hub to intervene earlier in the event of a decline o Numbers of crisis appointments reduced in (for example) PC

		o Numbers supported o Numbers reporting increased resilience o Number of carers supported
St. John's Hospital		
Acute Respiratory Nurse Specialist (RNS) in reaching into ED and MAU	January 2020	• Patients presenting with Respiratory illness increases over winter period. By providing a RNS into front door, will allow a treatment plan identified for those who can be discharged and supported in the community, rather than being admitted, therefore reducing admissions. This links also with the Flu campaign • Monitoring impact will be through RNS activity : o Number of patients reviewed o Number of patients who were discharged o Length of Stay o Site admission profile o Reduction in overcrowding in ED
Cardiology Nurse Practitioner (NP) in reaching into ED	January 2020	• This would be a test of change for the site, where there would be a NP at front door. Troponin waits are the second largest reason accounting for clinical exception breaches. Buy having a NP at front door would allow them to assess patients and discharge all appropriate patients, with a view of moving into a planned clinic slot Monitoring impact will be evidenced through NP activity : o Number of patients reviewed o Number of patients who were discharged o Length of Stay o Site admission profile o Reduction in overcrowding in ED
Royal Infirmary of Edinburgh		
ED Hogmanay	December 2019	• Enhanced staffing model to ensure we can deliver safe and effective patient care throughout the Hogmanay period.
ED Resilience	December 2019	• The scheme will help reduce time to first assessment during the holiday period.
Therapy Services		
Adult Physiotherapy – Respiratory (APP) Royal Infirmary of Edinburgh /Community	December 2019	• Collecting data on the impact of APP working across acute and community managing acute respiratory patients. • Reducing Length of Stay, aided by clinical decision making from experienced, well-established community respiratory physiotherapy colleagues and knowledge of community capacity to support discharge. • Increased discharges on a Friday/later in week when confidence may previously be low

		for discharge over/towards the weekend, thereby a more consistent spread of discharges over the week. • Increased weekend discharge as improved knowledge of CRT
Paediatric Physiotherapy	December 2019	• Collecting data on the increased number of respiratory patients receiving physiotherapy in hospital and supporting hospital to home for immediate discharge from A&E and/or earlier supported discharge from wards will allow us to quantify the impact increased physiotherapy intervention has in contributing to decreased LOS and admission avoidance. • Collecting data on the those patients receiving physiotherapy in the community with chronic complex respiratory conditions and the long term ventilated patients who are often in hospital for extended periods will allow us to quantify the impact increased physiotherapy intervention has in contributing to avoiding admissions.
Lothian Unscheduled Care Service (LUCS) and Flow Centre		
LUCS winter (inc festive) provision	January 2020	• Patient capacity / avoidance of redirection to EDs due to inability to provide timely OOH service / turnaround of festive patients (Christmas and NY) / increased home visiting and base capacity, supportive of admission avoidance to hospitals
Increase number of Alternatives to Admission including Hospital @ Home including evenings and weekends	December 2019	• % H@H referrals booked through Flow Centre • Increase availability of alternative pathways
Reducing Length of Stay Through reduction in delayed discharges, discharge to assess, access to intermediate care services and provision of rehabilitation services at home or a community setting.		
Winter Initiative	**Live Date**	**Context/Quantifiable Impact**
Midlothian Health and Social care Partnership		
Seven day working for Discharge to Assess Team	December 2019	• To date the service has delivered: o 110 Patients supported home earlier from Royal Infirmary of Edinburgh o Saving 542 bed days o Financial savings of £135 000 o Provides ability for 7 days a week discharging
East Lothian Health & Social Care Partnership		
7 Day Working Patient Flow Team	December 2019	• This initiative will allow weekend and extended week day hours within the Partnership to work with discharge teams in the two Edinburgh acute sites. This will allow the commencement of needs assessment quicker and allow the relevant information to support discharge across seven days rather than 5.

		• Weekday working till 8.00pm and Saturday and Sunday working. • Enable discharge paper work and arrangements to be prepared and reduce length of time patients/clients are in the acute sector.
Increasing Hospital to Home Capacity	December 2019	• The Hospital to Home team within East Lothian has been in existence for several years. The service has increased year upon year from one team to six including a double up team. Over the last year they have successfully supported a total of 448 patients to return home. • The Emergency Care Service (ECS) is geared for rapid response to those in the community. It is currently a day time service and augmenting the service to run overnight will enhance their ability to maintain more people at home, avoiding a hospital admission. • Increasing the capacity within the hospital to home team to provide packages of care within the community will ensure that patients can be allocated a package of care at the point of discharge. • The further expansion of this service will reduce the number of patients waiting on packages within acute beds and will ensure that patient return to the community when medically fit. • To increase capacity within the Emergency Care Service (ECS) to ensure that those requiring care within the community during a crisis are provided with this rather than being admitted to hospital beds or care home beds overnight, this service will be implemented from 10 pm to 8 am.
West Lothian Health & Social Care Partnership		
7 Day Equipment Delivery	January 2020	• Reducing length of stay • Facilitating weekend discharges • Impact will be determined by demand • Earlier discharges on Mondays with planning over the weekend
Edinburgh Health & Social Care Partnership		
AWI (Adults with Incapacity)	December 2019	• Reduced length of stay for patients in hospital whose discharge is being impacted by issues of capacity to make welfare and/or financial decisions • Reduction in delayed discharges for this cohort of patients. Impact will be evidenced through Tableau and local systems to monitor capacity such as delays coding. All delays due to issues of capacity are coded 51X and are reported weekly.
Social Work to Support the Home First Model	December 2019	• Reduction in delayed discharges due to earlier intervention of social workers • Reduction in number of people waiting for an assessment
St. John's Hospital		

Managing patient flow 4- additional nurse practitioner at weekends	January 2020	• This will improve decision making at weekends, assisting in improving weekend discharges to meet demand on unscheduled care. • Monitoring impact will be evidenced through: o Discharges at weekends o Time of discharge o Length of Stay o Boarding numbers o Breaches associated with bed waits
Managing patient flow 6- Acute Consultant increase on Ward rounds	January 2020	• This initiative was trialled last year and was evaluated well. Essentially job planned clinic activity in January is converted to ward rounds, to maximise the number of decision makers on ward rounds, to expedite patient treatment and decision to discharge. To offset the closed clinics in January, patients are booked into extra clinic slots generally within their TTG. • Monitoring impact will be evidenced through: o Length of Stay o Time of Discharge o Breaches associated with bed waits o Out-patient TTG performance
REACH	January 2020	• This will allow service to expand into back door and Sundays. Frail patients can be followed through their pathway, with early interventions and identification as to where they could be discharged to home or other facility, which would be more appropriate with their care requirements. Close working with the discharge hub will integral and having a Sunday service, will allow better planning for week ahead • Monitoring impact will be evidenced through: o Activity by REACH o Reduced Length of Stay o Reduction in delays o Earlier in day discharge
Royal Infirmary of Edinburgh		
Boarding Team: Acute & General Medicine	December 2019	• Reduced length of stay • Weekend senior medical cover to facilitate discharge decisions
Boarding Team: MOE & Stroke	December 2019	• Earlier reviews for patients that are boarded out with their specialities.
Orthopaedic Supported Discharge	December 2019	• Enhanced support with ambulatory care pathways • Earlier access to services in the community

		• Earlier engagement with community teams • Prevents delays as patients are able to have ongoing rehab in the community and reduce the amount of inpatient rehab that is required.
Orthogeriatric Pathways Coordinator	December 2019	• Orthopaedic supported discharge has reduced 11,337 occupied bed days since commencing in feb 2017. This service supports on average 20-30 patients a day at home depending on their level of care/rehab dependency. Evidence supports that an additional 3 HCSWs would support a further 12 patients a day with OSD taking the service up to 32-42 a day.
Western General Hospital		
Optimising length of stay in patients with diabetes	January 2019	• Data analysis has demonstrated an increased length of stay for patients with diabetes. Evidence has also demonstrated that a focused **proactive** inpatient diabetes services (utilising e-health initiatives –which NHS Lothian are embedding) reduces length of stay. • CHI linkage of information will allow length of stay analysis. Focused MAU pick up in the morning will reduce length of stay for appropriate patients and will facilitate early review rather than wait for post take ward round review and time to subsequent referral. • QI work to data has focused 3 keys areas for intervention to improves length of stay / flow (based on tableau dashboard data) – inpatients on surgical wards, patients with type 1 diabetes and acute admissions which will be the targeted focused of this winter plan to facilitate timely discharge and improve flow.
Pharmacy		
Royal Infirmary of Edinburgh Weekend Working (1) Winter weekend clinical pharmacy service on the three anticipated busiest months Royal Infirmary of Edinburgh Clinical (2) Clinical pharmacy prioritising areas that did not have a pre-existing clinical pharmacy service	January 2020	• Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: o Number of medicines reconciliation with error rate o Volume of patients assessed/reviewed by clinical pharmacists o No of IDLs & IPSs reviewed and error rate o Number of Interventions o Number of High Risk Patients o Increase in capacity of over labelling service o Time of receipt of requests to pharmacy o Turnaround time of prescriptions from pharmacy performance
Therapies		
Adult Physiotherapy - Royal Infirmary of Edinburgh /Western General Hospital MMOET	December 2019	• Reduction in average length of stay for physiotherapy patients • Patients being discharged faster from physiotherapy services • A clinically meaningful improvement in patient function in more than 80% of caseload • Patient flow was directed to a high degree of accuracy

		• Patients being discharged less frail and more independent
Physiotherapy - Activity Support Workers Royal Victoria Building/ Western General Hospital Royal Infirmary of Edinburgh	January 2020	• Reduction in average length of stay for physiotherapy patients • Patients being discharged faster from physiotherapy services • A clinically meaningful improvement in patient function in more than 80% of caseload • Patient flow was directed to a high degree of accuracy • Patients being discharged less frail and more independent
Occupational Therapy - Roving - Western General	December 2019	The target of increased Roving winter resource at Western General Hospital would be to decrease the length of stay of medical boarders and increase flow of patients to point of discharge. Medical boarding patients are predominantly: over 65yrs; fall under frailty groups; sit on medical wards outwith their specialities; and wait for assessment from under capacity teams. By improving links to OTs at the 'front door' and tracking patients from there who are boarded directly, roving team members can assist better handover and enable earlier intervention Measurement is aimed at collecting data on: 1. Point of admission to hospital 2. Point of transfer to boarding ward from admissions and when referral received by roving. 3. Response time of OT roving assessment and intervention date and type 4. Date of planned discharge plan 5. Actual discharge date and actions
Occupational Therapy - Roving – Royal Infirmary of Edinburgh	December 2019	The target of increased Roving winter resource at Royal Infirmary of Edinburgh would be aimed at general medical and boarding patients. These patients are currently scoring low on prioritisation parameters and are getting delayed response time from OT. Their average LOS subsequently is higher. Roving will have the specific role to target and screen these patient borders and give them a higher prioritisation status; earlier intervention and improved discharge planning. Measurement is aimed at collecting data on: 1. Point of admission 2. Point of transfer to boarding ward and when referral received. 3. Response time of OT assessment and intervention 4. Date of planned discharge plan 5. Actual discharge
Lothian Unscheduled Care Service (LUCS) and the Flow Centre		
Reduce Length of Stay for patients awaiting repatriation transport to their home board	December 2019	• Bed days saved for repatriations • Utilisation rates – Demand from service/ capacity utilised
Focus on flow through Acute Care Through adherence to discharge trajectories, earlier in the day discharges and improvements through ED flow.		

Winter Initiative	Live Date	Context/Quantifiable Impact
Midlothian Health and Social Care Partnership		
Single Point of Contact Older People Services	November 2019	• Local ownership of patients will reduce length of patient journey as a result of local planning and system knowledge of capacity and options available. • Reduced Length of Stay in Royal Infirmary of Edinburgh, Midlothian Community Hospital and Highbank Intermediate Care • Reduced delays • Easy to navigate system to reduce time to refer for Royal Infirmary of Edinburgh
Edinburgh Health & Social Care Partnership		
Festive Practice	December 2019	• Improvements to ED flow by drawing activity away from the front door during public holidays.
St. John's Hospital		
Efficiency of Discharge Lounge in supporting DDD	January 2020	• This scheme will allow the discharge lounge to increase opening hours, with staff attending huddle, prioritising and pulling patients into lounge. This expands on the work which is a focus for the site, in improving discharges to earlier in day, thus reducing patients waiting for beds • Monitoring impact will be through evidenced through: o Site discharge profile hour by hour o Reduction in breaches associated with bed waits o Improvement in pre 12 discharge
Expansion of discharge hub & DDD	January 2020	• This scheme will allow all back door wards to have support from discharge hub, providing support and focus in discharge planning around complex patients and will link to discharge lounge also. • Monitoring impact will be undertaken by: o Site discharge profile hour by hour o Reduction in breaches associated with bed waits o Reduction in delayed discharges o Length of stay reduction

Managing patient flow 3- PAA	January 2020	• This initiative continues to support GP flow going through Primary Assessment Area (PAA), rather than being diverted to ED. This allows for an expansion of the current model to meet the later demand surge that the site experiences in the evening, allowing patients to be assessed and treated as ambulatory unless identified as need to be admitted. This will continue to reduce admissions into MAU and assist with delays in patients being allocated beds between PAA and ED. • Monitoring impact will be undertaken by: o Breaches associated with bed waits o PAA time to bed allocation o Admission and discharge profile of MAU o Any diverts to ED of PAA flow o Time of discharge
Royal Infirmary of Edinburgh		
Surgical Observation Unit Additional Fellow	December 2019	• Reduced length of stay • Improving time of surgical review on patients in an OOH period to maintain surgical flow throughout the front door areas – this has been recognised as a pressure in the OOH periods previously • Increased patient moves into the inpatient areas • Improved morning discharge profile • More robust staffing profile during winter months to support flow and address the acuity that will present during the winter months
Surgical ANP	December 2019	
AMU Medical Cover	December 2019	
Ward 204: Consultant Cover	December 2019	
Ward 204: Registrar Cover	December 2019	
Ward 204: FY2 Cover	December 2019	
Respiratory Nurse Specialist	December 2019	
Western General Hospital		
Enhanced Nursing Support to OPAT Service	January 2019	• Supporting this bid would reduce patients attending the front door as unscheduled care activity • Additional resource would also provide capacity for nursing staff to attend consultant rounds with ID at the Western General Hospital and Royal Infirmary of Edinburgh to help identify patients who are suitable for the OPAT service in a timely way and improve discharge planning within wards.
Enhanced Medical cover (overnight, weekends and boarding patients)	December 2019	• Increased number of weekend discharges, effective management of boarding patients and average length of stay: further enhancement of weekend medical staffing would help support timely senior review of patients and support discharge.
Radiology		
Radiology Winter Plan - Increased demand for diagnostic imaging	December 2019	• Additional provision is proposed to ensure patient flow is not impacted by any delays to diagnosis for admission and discharge. • Additional reporting capacity is provided for the three month period as WLI sessions

		and some extended days, to keep on top of the additional workload and avoid delays in reporting. • Additional Radiographer cover, CSW/RDA and portering will meet front door additional demand and maintain inpatient flow through CT/MRI/US.
Pharmacy		
Western General Hospital Same as Royal Infirmary of Edinburgh above		• Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: o Number of medicines reconciliation with error rate o Volume of patients assessed/reviewed by clinical pharmacists o No of IDLs & IPSs reviewed and error rate o Number of Interventions o Number of High Risk Patients o Increase in capacity of over labelling service o Time of receipt of requests to pharmacy Turnaround time of prescriptions from pharmacy performance
Lothian Unscheduled Care Service (LUCS) and the Flow Centre		
Increase number of alternative pathways for patients attending front door areas. Reduce time waiting for repatriation transport. Increase transport for discharges and transfers from acute sites	December 2019	• % alternatives booked through Flow Centre • Increase availability of alternative pathways • Bed days saved for repatriations • Utilisation rates – Demand from service/ capacity utilised • Number of patients transferred or discharged from sites across NHS Lothian
Seasonal Flu, Staff Protection and Outbreak Resourcing Ensure that there are adequate plans in place to manage the outbreak and vaccinations of multiple staff and patient groups as well as contingency planning for Norovirus outbreak control measures.		
Winter Initiative	**Live Date**	**Context/Quantifiable Impact**
Midlothian		
Local Flu Campaign	October 2019	• Midlothian Staff flu uptake was the Partnerships best ever at 59.9% in 18-19 Lothian wide. There have been reports that the additional clinics and clinics running in new areas were well received and attended. • Locally the Partnership built on NHSL 'Be Incredible' social media campaign with regular social media messages that began early October. This included a YouTube and Face Book video of Clinical Director being vaccinated which had over 5000 views and 26 shares. • Uptake amongst Over 65s continues to increase across the board at 74.9%, almost

		reaching the WHO target of 75%. Uptake amongst those at risk remains a challenge across the board at 43% for the year 18/19. • Comparing data from 2017 and 2018 there was a reduction in potentially preventable admissions due to flu. There was a change in the age profile of those that were admitted with an increase in the number of those aged 80+ and an increase in occupied bed days.
Public Health		
Housebound Flu	September 2019	• Last season 6,700 Housebound patients were vaccinated. The aim is to match this uptake for 2019/20 • The effect of not delivering the influenza vaccination to housebound patients could potentially impact on healthcare pressures – this can be evidence by the increase in acute winter admissions in 2017 when influenza virus was more potent and the vaccine less effective • A benefit of the centrally coordinated housebound vaccination programme could free up time for GP and District Nurse teams for other clinical activities • The timely launch of the programme and administration of the vaccine must be taken in to account as the immune response to vaccination takes about 2 weeks to fully develop • The programme is delivered by NHS L Bank staff vaccinators and this group of staff maintain their competencies and can be utilised to deal with flu outbreaks eg Nursing Home
Staff Flu Programme	September 2019	• Last season 17,200 staff were vaccinated. 15,800 NHS L staff (59% uptake) and 1400 of staff from social care partners • The NHS Lothian uptake for 2018/19 increased from the 51% achieved during 2017/18 season. For this coming season the aim is to improve uptake of clinical staff • The main benefit of delivering the staff flu programme is to maximise reduction of flu transmission in addition to providing individual protection. This will potentially reduce staff sickness rates and minimise local disruption/impact on local service delivery • This service also assists with the data collection and reporting process – could potentially enhance response rates should there be an outbreak
Point of care testing for influenza in emergency medical patients (children and adults) attending A/E and MAU at the 4 hospital sites across Lothian.	October 2019	• Rapid diagnosis, in this case POCT has been shown to reduce length of stay by 1 day. In NHS Lothian length of stay has been compared in periods where POCT is available to time periods where it is not and has found that length of stay is reduced overall in periods where POCT is available by 1 day. • Additionally the following impacts will be evidenced following funding of POCT Flu Testing: o Reduced bed closures o Improved patient flow o less patient moves

		o correct and appropriate use of antivirals o reduced spend of antivirals for prophylaxis owing to ward patients being exposed to flu Reduced nosocomial cases
Preparedness for Additional Surge Capacity across Health and Social Care services Planned dates for the introduction of additional acute, OOH and Social care services is agreed and operational before the anticipated surge period.		
Winter Initiative	**Live Date**	**Context/Quantifiable Impact**
St. John's Hospital		
1. Managing acute patient flow 1- ward 18 staffing	January 2020	• All 3 of these schemes are interlinked and relate to medicine taking capacity from ward 18 and cohorting medical patients into this area. To reduce impact on Head &Neck activity, DOSA will be used to supplement capacity and will move to a 7 day service between January- March, thus requiring additional staff. • To ensure that this is safe for patients and staff enhanced staffing is required in ward 18, to supplement the required care needs of this group of patients. Additionally medical staffing will be required to be increased to support this group of patients and any other patients that are boarding outside of medicine on the site. • Metrics which will be used: o Number of breaches associated with bed waits o Length of Stay o Time of discharge o Complaints/ compliments o Boarding numbers
2. Managing acute patient flow 2- medical staffing	January 2020	
3. Managing patient safety and dependency- DOSA	January2020	
Supporting Acute ORS flow over Winter	January 2020	• Historically the demand for Orthopaedic rehabilitation increases over winter months. This would allow for the addition 6 unfunded beds in ward 14 to open, to allow pull of West Lothian Orthopaedic patients requiring rehabilitation to be pulled over onto site, instead of being delayed at Royal Infirmary Edinburgh or other Orthopaedic centres and allow access to rehabilitation earlier in their journey. • Metrics which will be used: o Time to repatriation on site o Reduced length of stay
Royal Infirmary of Edinburgh		
DSU Winter Capacity	December 2019	• Enhanced site resilience in anticipation of increased attendances and admissions.
Western General Hospital		
Enhanced Medical cover (overnight, weekends and	January 2020	• Support system wide patient flow and the reduction of the number of delayed discharges in acute beds, optimising hospital capacity for acute admissions.

boarding patients) This proposal is to open 21 beds flexibly in Ward 15 to support delayed discharge patients		• To mitigate the risk associated with the reduction of 26 beds following ward 71 closure
Additional MDT Support for Medicine of the Elderly Team	January 2020	• Reduction in length of stay and number of delayed discharges • Improvement in Planned Discharge Dates in collaboration with MDTs • Support MDTs in the early initiation of realistic conversations with families to manage expectations • Support the reduction - to support length of stay post 71 ward closure
Workforce It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.		
Pharmacy		
St. Johns Extending hours would support safe supply of discharge medicines and manage staff welfare which requires additional manpower NOT additional hours to existing staff.	December 2019	• Pharmacy will be able to demonstrate quantifiable impact around the following elements for all initiatives: o Number of medicines reconciliation with error rate o Volume of patients assessed/reviewed by clinical pharmacists o No of IDLs & IPSs reviewed and error rate o Number of Interventions o Number of High Risk Patients o Increase in capacity of over labelling service o Time of receipt of requests to pharmacy o Turnaround time of prescriptions from pharmacy performance
Therapy Services		
Occupational Therapy - Ward 15 - Western General	December 2019	Impact is aimed at providing maintenance therapy to those who are awaiting NH or POC. The aim is to prevent de-conditioning / deterioration whilst continuing to work on improving function and reducing package of care requirements or requirements for complex discharge planning. Measurement will be aimed at: 1. Scoring functional capacity using pre and post measures of function to assess incremental gains or deterioration during length of stay 2. Improved patient experience
Adult Physiotherapy - Western General Hospital Ward 15	December 2019	Collecting data on those patients awaiting a Package of Care or Nursing Home placement. Physiotherapy to maintain/progress patients functional and mobility status and prevent de-conditioning whilst in hospital and increase patients' resilience at point of discharge. Collate impact of physiotherapy on: 1. reduction in falls

		2. reduced requirement for analgesia 3. reduction in re-admission rates

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 17

PROGRESS REPORT ON IMPLEMENTATION OF THE IJB STRATEGIC WORKFORCE DEVELOPMENT STRATEGY 2018-2023

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To provide the Integrated Joint Board (IJB) with an update on progress on implementation of the Workforce Development Strategy 2018–2023.

B RECOMMENDATION

- To note the establishment of the Workforce Planning Development Group
- To note the content of workforce plans for NHS Lothian and West Lothian Council
- To note actions being taken across the HSCP to support workforce planning

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction is not required.
C2	**Resource/ Finance**	None
C3	**Policy/Legal**	None
C4	**Risk**	The risk is captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

C6	**Environment and Sustainability**	None
C7	**National Health and Wellbeing Outcomes**	The strategy supports delivery of all relevant outcomes.
C8	**Strategic Plan Outcomes**	The strategy underpins delivery of the Strategic Plan.
C9	**Local Outcomes Improvement Plan**	The strategy supports delivery of all relevant outcomes.
C10	**Impact on other Lothian IJBs**	None

D TERMS OF REPORT

D1 The West Lothian Integration Joint Board's (IJB's) Workforce Development Strategy 2018 to 2023 was approved in November 2018 (appendix 1). The strategy describes the challenges the partnership faces in workforce development. It also identifies strategic actions to attract, recruit, motivate, engage, support and develop staff with the aim of retaining and securing the workforce of the future.

D2 The West Lothian Workforce Planning Development Group was established during 2019 to oversee implementation of the West Lothian IJB's Workforce Development Strategy. The remit of the group (appendix 2) is to ensure that workforce planning is aligned to the delivery of the strategic priorities set out in the IJB's Strategic Plan. A programme manager has been allocated to support the group.

D3 The group's representation has been drawn from across health and social care and includes members with substantial knowledge, experience and commitment to ensuring delivery of the partnership's workforce priorities. Included in the membership are representatives from NHS Lothian, West Lothian Council, the third and independent sectors, education, public health, and economic development and regeneration. It is hoped that a representative from West Lothian College will be able to join in the near future.

D4 The focus of initial meetings has been on understanding the approaches to workforce development which already exist across the Health and Social Care Partnership. As employers, both NHS Lothian and West Lothian Council have developed workforce plans (appendices 3 and 4) and it was agreed that the group should not attempt to duplicate the work already being undertaken through those plans. Discussion has instead centred on ensuring that local priorities are reflected in employers' workforce plans and on the identification of actions which could be undertaken to add value from a local perspective. A mapping exercise has been completed to identify work currently being done and to help with the identification of areas where more local efforts could be targeted (appendix 5).

D5 It has been acknowledged through the group's discussions that there are significant challenges in recruitment and retention in both internally and externally commissioned services within the social care market. In October 2019 representatives from the Health and Social Care Partnership's Support at Home Service and Business Support Team held an information and recruitment event at West Lothian College for health and social care students to promote vacancies and offer advice on future careers. In addition, a representative from Scottish Care, the body which represents independent social care providers in Scotland, has been invited to the Workforce Development Group's meeting in December 2019 to provide an overview of workforce planning in that sector. The Scottish Government acknowledges challenges with recruitment in the social care sector and is developing a national adult social care recruitment drive, due to launch early next year, which will promote working in adult social care as a 'meaningful, valued and rewarding' career choice.

D6 The importance of promoting jobs in health and social care as careers of choice for young people has also been discussed. Following a presentation by representatives of the Workforce Development Planning Group to the Developing the Young Workforce (DYW) Steering Board, a member of that board has agreed to join the group. In addition, planning is now underway for a health and social care careers event in February 2020 which will promote the wide range of career opportunities within the partnership to approximately 500 primary and secondary school students.

D7 A revised strategic planning structure was approved by the IJB in April 2019 to support implementation of the Strategic Plan. Planning and Commissioning Boards are currently working on the development of commissioning plans for key care groups across the Health and Social Care Partnership which will set out commissioning priorities and transformation plans for the next 3 years. The plans will be reviewed on completion to identify the workforce priorities required to deliver them. Those priorities will be reflected in an action plan to be developed by the group.

D8 In recent years General Practices have been under increasing pressure due to increasing volume and complexity of workload and challenging workforce availability. The West Lothian Primary Care Implementation and Improvement Plan 2018 to 2021, reflects ongoing programmes of development in Primary Care which include development of new teams and roles to support the sector.

D9 There are plans in place for representatives of NHS Lothian and West Lothian Council to attend the IJB's Audit and Risk Committee to provide an overview of workforce plans for the respective partners. The aim of attendance is to provide assurance to the Board that there are robust workforce planning arrangements in place in the employing bodies to ensure future delivery of delegated functions.

D10 In conclusion, the Workforce Planning Development Group has been established to progress implementation of the IJB's Workforce Development Strategy 2018 to 2023. Work is progressing to promote the job opportunities available within Health and Social Care Partnership as careers of choice. Particular focus to date has been on developing the young workforce and on promoting careers in social care. Further priorities for local development will be agreed on completion of strategic commissioning plans.

E CONSULTATION

NHS Lothian

West Lothian Council

F REFERENCES/BACKGROUND

F1 Strategic Workforce Development Plan 2018:23

G APPENDICES

Appendix 1 – Workforce Development Strategy 2018 – 2023

Appendix 2 - Workforce Planning Development Group Remit

Appendix 3 – NHS Lothian Workforce Plan to 2019

Appendix 4 – Social Policy Workforce Plan 2019/2020

Appendix 5 – Workforce Planning Group Position Summary

H CONTACT

Yvonne Lawton, Head of Strategic Planning & Performance, WLHSCP,
Tel: 01506 283949 |Mobile: 07966119935
yvonne.lawton@nhslothian.scot.nhs.uk

26th November 2019

STRATEGIC WORKFORCE DEVELOPMENT PLAN 2018:23

West Lothian Integration Joint Board

Table of Contents

MESSAGE FROM THE CHIEF OFFICER 4

1. INTRODUCTION 5

2. OUR DEMOGRAPHICS 6

2.1 OUR LOCAL POPULATION 6

2.2 WHO WE ARE AND WHAT WE DO 8

2.3 OUR CURRENT WORKFORCE 8

2.4 LOCAL LABOUR MARKET & EMPLOYABILITY 14

3. NATIONAL STRATEGY 16

3.1. NATIONAL HEALTH AND SOCIAL CARE WORKFORCE PLAN 16

3.2. SAFE STAFFING LEGISLATION 16

3.3. NHS SCOTLAND'S EVERYONE MATTERS - 2020 17

4. DRIVERS FOR CHANGE 17

4.1 DEMOGRAPHIC CHANGE 17

4.2 THE HEALTH AND SOCIAL CARE SYSTEM 17

4.3 QUALITY & EFFICIENCY 17

4.4 FINANCIAL CONTEXT 18

5. TRANSFORMATIONAL CHANGE 18

5.1. WHERE ARE WE NOW 19

5.2. WHAT WILL WE DO 19

5.3. HOW WILL WE DO IT 21

5.4. RISKS 22

6. OUR PEOPLE 23

6.1. OUR VALUES 24

6.2. ORGANISATIONAL DEVELOPMENT 24

6.3 LEADERSHIP 25

6.4. HUMAN RESOURCES 26

6.5. WORKFORCE DEVELOPMENT 26

6.6. HEALTH, WELLBEING & RESILIENCE 28

6.7. EQUALITY 28

6.8. TRADE UNION/PARTNERSHIP WORKING 28

7. DEFINING THE REQUIRED WORKFORCE 28

8. APPROACH 29

9. MONITORING, MEASURING AND EVALUATING THIS PLAN 30

9. CONCLUSION 31

APPENDIX 1: ACTION PLAN 32

Message from the Chief Officer

This Workforce Plan reflects our ambition to have the right people with the right skills in the right place at the right time. It describes the challenges we face and identifies strategic actions needed to deliver our vision. Our workforce are our most valuable asset and this plan seeks to support and empower our workforce for the future.

We know that in order to meet the challenges of our local population needs, workforce availability and financial constraints we need to do things differently, and transform how we deliver services. As we embark on this journey our workforce will need to be flexible, innovative and empowered to think creatively and bring new ideas to ensure sustainability of services. We want to attract and retain employees across all ages and experience by creating opportunities and flexible career paths to retain the skills and experience of our current workforce and support opportunities to diversify and remain in employment.

We are committed to ensuring we have the right people with the right skills in the right place at the right time, to deliver sustainable and high-quality health and social care services for the people of West Lothian. It is recognised that workforce planning and workforce development needs are emergent and dynamic therefore development of the workforce is a continuous core activity embedded within all our planning processes. We will provide training and development for our workforce to ensure they are appropriately skilled and to support them to be the best they can be, work at the top of their ability and encourage ownership of personal development.

As we transform our services our focus is increasingly on working in partnership on outcomes for individuals rather than on how we provide or deliver services. The contribution of partners from all sectors is essential to ensuring that we have a workforce fit for the future which is integrated and puts people at the heart of all we do.

Jim Forrest

Chief Officer

West Lothian Integrated Joint Board

1. Introduction

The long-term aim for health and social care in Scotland[i] is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:

- Is integrated;
- Focuses on prevention, anticipation and supported self-management;
- Will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Integration Joint Board's Strategic Plan sets out our vision:

> **To increase wellbeing and reduce health inequalities across all communities in West Lothian**

In addition, the partnership has a key role in the delivery of the health and well-being outcomes set out in the Community Planning Partnership's Local Outcomes Improvement Plan:

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

In order to achieve these outcomes, a programme of transformational change is already underway. At the heart of this is our single most valuable resource, our workforce. Our workforce planning requires to be integral not only to transformational change through the Integration Joint Board but also the transformational change programmes of West Lothian Council and NHS Lothian. To be successful our workforce will be flexible, appropriately trained and motivated to do things differently and work in new ways.

Workforce planning is critical to success. It is dynamic, evolving and needs to be robust, adaptable and affordable. Within our transformational change programme individual services will develop their own bespoke workforce plans reflecting their challenges in delivery of the overall programme and linking back to this plan to ensure an integrated and consistent approach. This workforce plan outlines the main challenges we will face over the medium term, the key actions to be taken and the stakeholders involved to help address these as well as the national and local policies and drivers that influence this plan. It is a work in progress and will remain flexible enough to support continuing fluctuations within our service delivery.

2. Our Demographics

It is well documented that Scotland's population is aging with more complex health and care needs and this is reflected in our local population.

2.1 Our Local Population

National Records Scotland[ii] estimate from 2016 to 2026 the population of West Lothian will increase by 6.6%. The number of children (0-15) will be almost the same with only 0.1% growth; those of working age will increase by only 3.3% whilst those of pensionable age will increase by 27.7% and those over 75 years by 46% the second largest increase in Scotland.

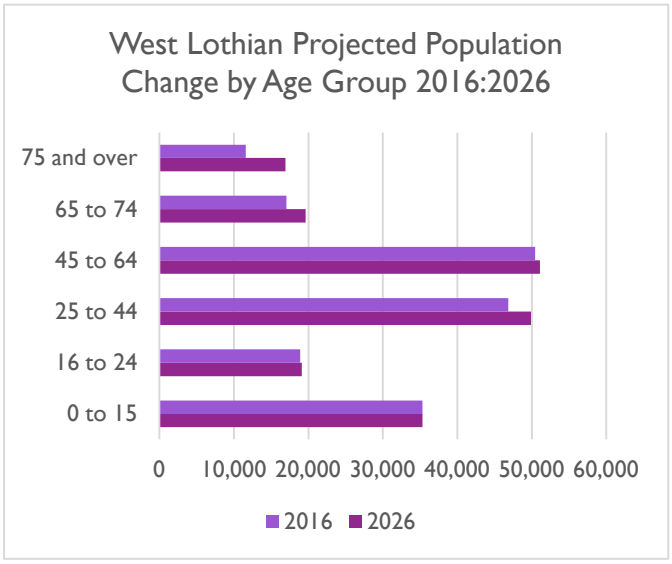


Fig 1 West Lothian Projected population change by age group

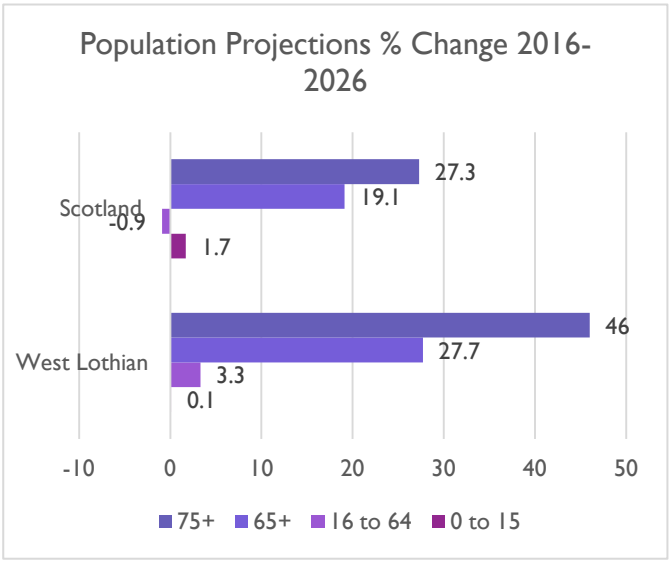


Fig 2 Projected percentage change compared to Scotland

Dependency Ratio

The dependency ratio (the ratio of those of working age to those above and below working age) is a useful indicator of the potential social support required as a result of changing population age structures. The larger the dependency ratio the greater the burden on the average adult as the needs of the dependents must be met by the rest of the adult population.

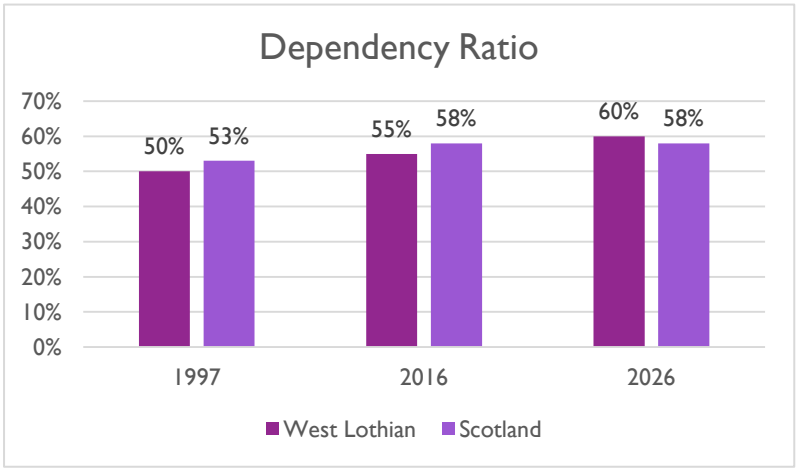


Figure 3: Dependency ratio trend 1997-26

The changing age structure of the population is having an impact on the West Lothian dependency ratio with an increasing dependency trend from 1997 (Figure 3). The projected increase to 60% by 2026 will take West Lothian above the estimated Scottish ratio and means that on average there will be 6 dependent people for every 10 working age people by 2026.

Key Health and Social Care Indicators

- 16% of the West Lothian population live within the 20% most deprived areas in Scotland.
- Life expectancy at birth is currently 78.3 years for men which is better than the Scottish average of 77.1 years and 80.8 years for women which is slightly below the Scottish average of 81.1 years.
- 19.2% of the adult population provide unpaid care which is higher than Scottish average of 17%.
- 32.4% of the over 65 population live alone.
- 18.5% of people over age 15 are prescribed antidepressants and/or anxiolytics (excluding Amitriptyline) which is higher proportion than Lothian (15.8%) and Scotland (17.9%).
- 7.9% of adults aged 16-64 are claiming incapacity benefits as they are unable to work due to a health condition or disability.
- 11.5% of population age 16 and over are claiming personal independence payment/disability living allowance/ attendance allowance to help with additional care and mobility costs associated with disability irrespective of employment status.

The changing demographic exerts pressure on both health and social care services both in relation to demand on services but also on the workforce, recognising that a significant proportion of our workforce are part of the local population.

2.2 Who we are and what we do

The partnership brings together those who plan, manage, and provide the community and some elements of hospital services for the West Lothian population, and in some cases beyond with hosted services which are Lothian wide. Services are managed through a Senior Management team accountable to the Integration Joint Board Chief Officer.

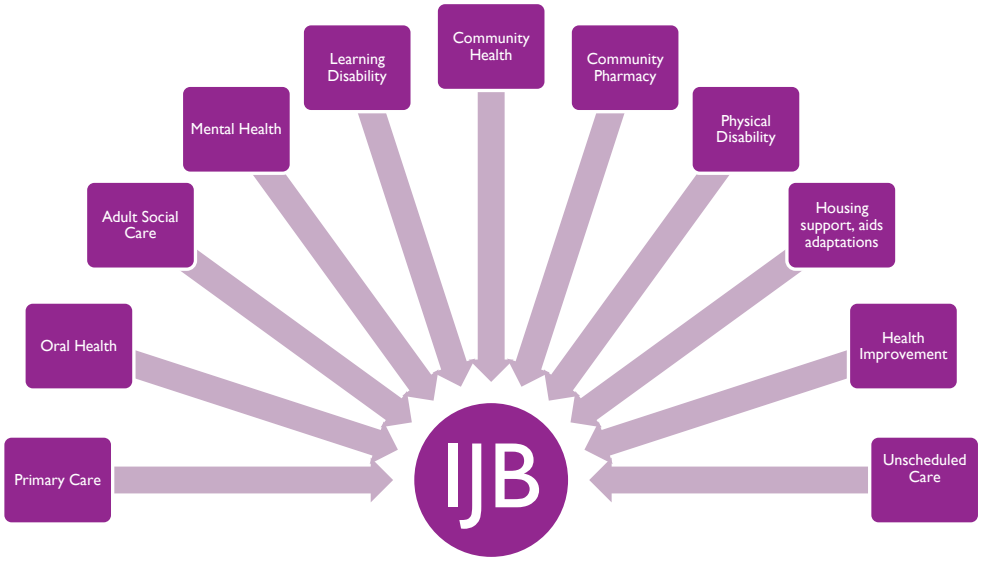


Figure 4 Adult Health and Social Care Functions Delegated to the Integration Joint Board

2.3 Our Current Workforce

The information in this section is taken from NHS Lothian and West Lothian Council Human Resource and Payroll systems and includes data for the whole Health and Social Care Partnership.

2.3.1 Headcount

As of June 2018, the headcount was 2804 with a full-time equivalent of 2383.

2.3.2 Gender and Contract Type:

86% of the workforce is female and 53% work full time.

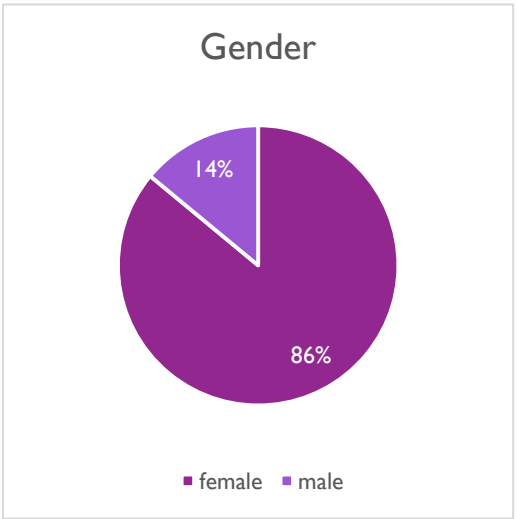


Fig 5 Gender profile of workforce

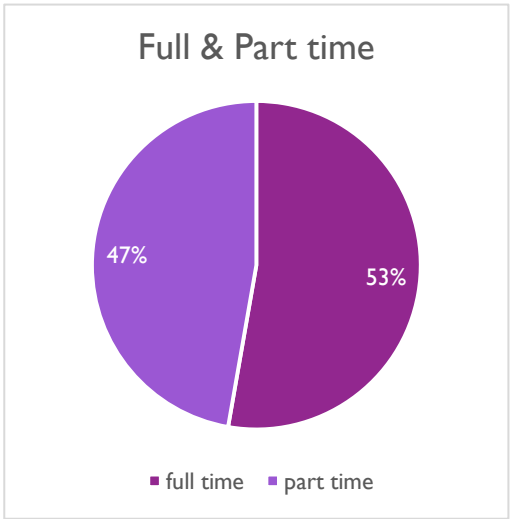


Fig 6 Contract type

The gender profile indicates that males are less attracted to the care professions resulting in a restricted workforce pool.

2.3.3. Age Profile

The workforce is aging with 59% over 45 years old and 25% over 55 years. 20% are under 35 years. The average age is 47 years.

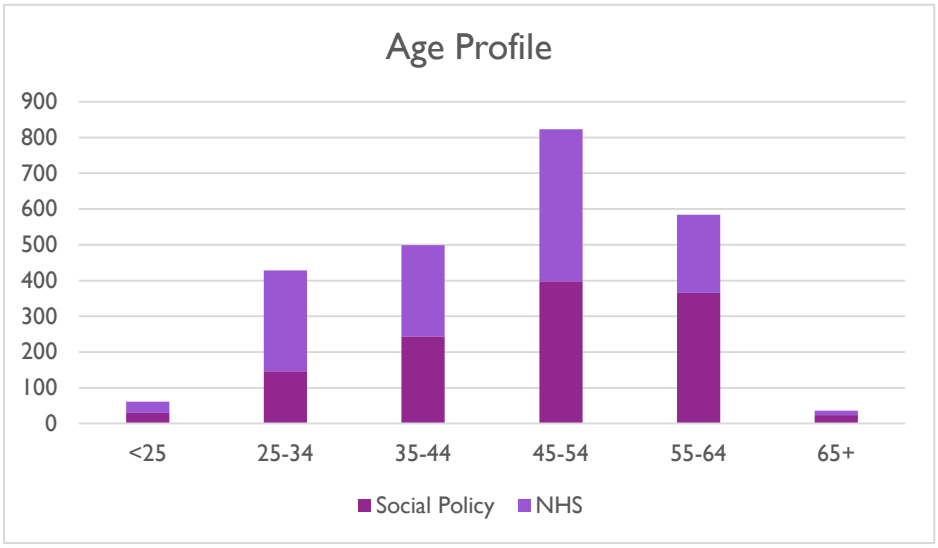


Fig 7 Age profile

Changes to pensions will see the retiral age gradually increase to 68 years old. A significant number of registered nursing staff hold special class/ mental health officer status and as such can retire at 55 without any actuarial reduction to their pension. This means that potentially those staff within the 45-49 age category and above may consider retiral; this equates to 47% of the registered nursing workforce.

Research into *Age as an Asset* [iii]identified important lessons in facilitating a genuine *age aware* management structure and workforce planning for a 'mixed age' staff structure. Whilst the older group of employees benefits the service through increased experience and skill, there needs to be a focus on making flexible working work for all age groups, targeting training for managers on skills management and mentoring skills for older workers to support on the job learning and appropriate and targeted succession planning.

2.3.4 Sickness Absence

Levels of sickness absence are broadly typical of the health and social care sector. As the workforce ages it is anticipated there will be a corresponding increase in sickness absence. The emergent trend is that of long-term absences associated with musculoskeletal injuries and mental health. There are variations in methodology for recording of absences within the respective employing organisations in keeping with their policies. Figure 8 details the rates of absence from 2016/17 to 2017/18.

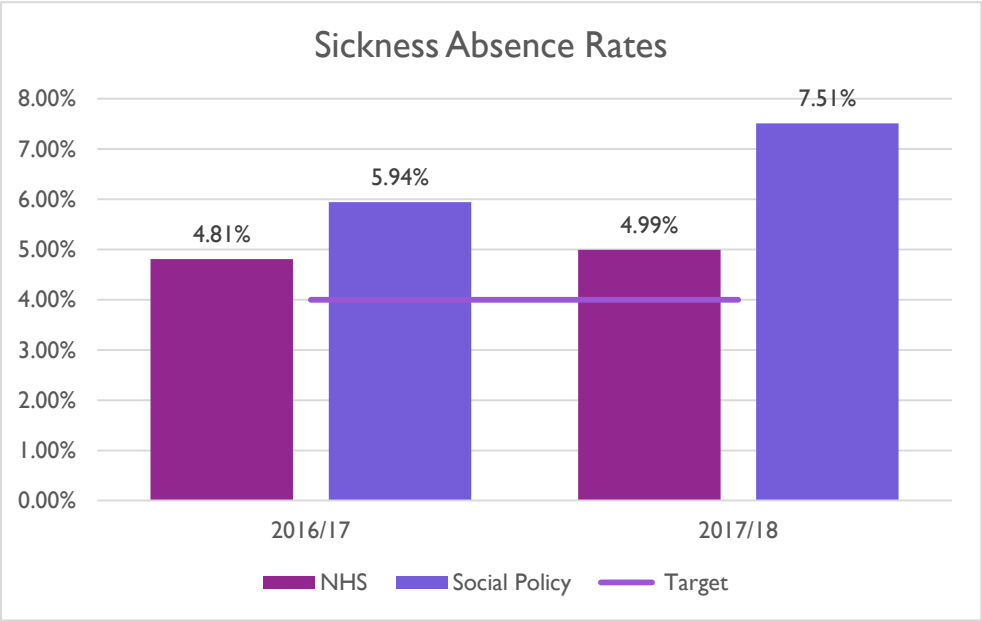


Figure 8 Sickness Absence Rates 2016/17-2017/18

Significant efforts continue to be made in maximising attendance at work through:

- Comprehensive, detailed and accurate sickness absence reporting
- Local line management capability
- HR support for line managers
- Robust consistent process for managing poor attendance
- Access to occupational health service, including counselling and staff physiotherapy services.

2.3.5 Length of Service

Length of service: over 50% of our staff have more than 10 years' service

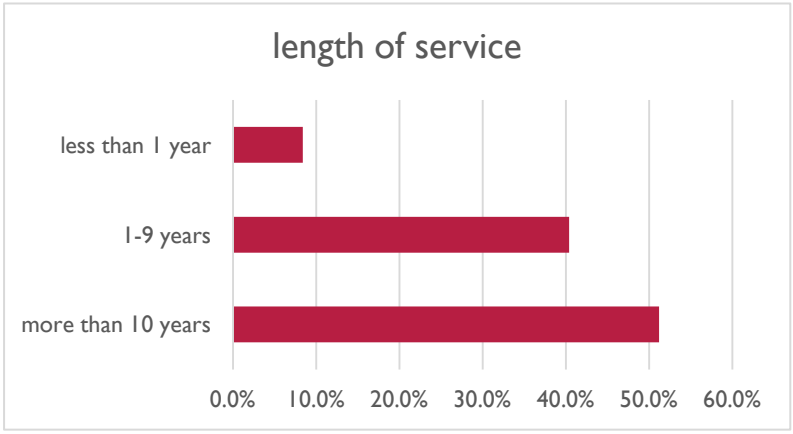


Fig 9 Length of service

2.3.6 Turnover

Although there are variations between disciplines and areas of work the overall turnover rate is 9.32%: 6.58% social policy and 12% NHS. This is within the current norms for NHS and Social Care sectors, however it is anticipated that turnover is likely to increase over the next five years as retirals increase reflecting the age profile of the workforce.

It is clear that that the demographic bulge in the workforce is a substantial risk for the partnership with a large proportion of the workforce retiring in a relatively short period. Recent changes in the pension schemes inevitably mean staff will consider their personal retiral circumstances and as such there may be changes to historic patterns.

Following the referendum vote for the UK to leave the European Union (EU) there is an increased risk around the recruitment and retention of staff from EU and overseas countries. It is not yet clear what restrictions may be and as a result there is significant uncertainty, which is highly likely to reduce the ability to attract applicants to fill shortage specialties in particular.

2.3.7 Our Partners

True health and social care integration is much wider than the Local Authority and NHS and includes our independent sector colleagues such Care Home Providers, Care at Home Providers and our many voluntary organisation partners who provide vital support within the community as well as our Independent Contractors within Primary Care. All sectors are vital contributors to designing and delivering a sustainable and improved service and are very much viewed as equal partners in the delivery of our transformational change programme. We are committed to support our partners with workforce planning and are working with them to understand the workforce implications, capacity and capabilities as we transfer the balance of care from acute hospital to community settings.

Data on the 2017[iv] independent and third sector workforce providing care at home, housing support and care homes indicates that there are 1370 staff across the care at home and care home providers (figure 10). 61% work full time (Figure 11) and 89% of the workforce are female. 69% are class 2 care workers and 15% ancillary staff.

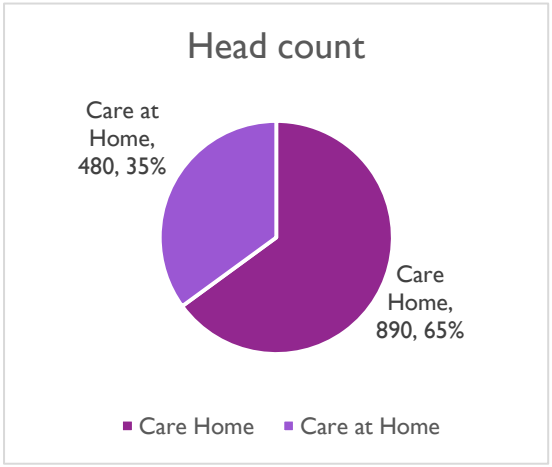


Figure 10 Care Provider Workforce

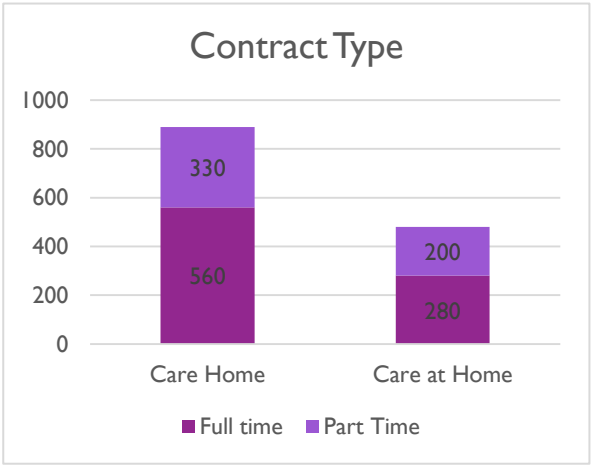


Figure 11 Care provider workforce contract type

There are similarities in the age profile with the statutory sector with 44% over 45 years old and 21% over the age of 55.

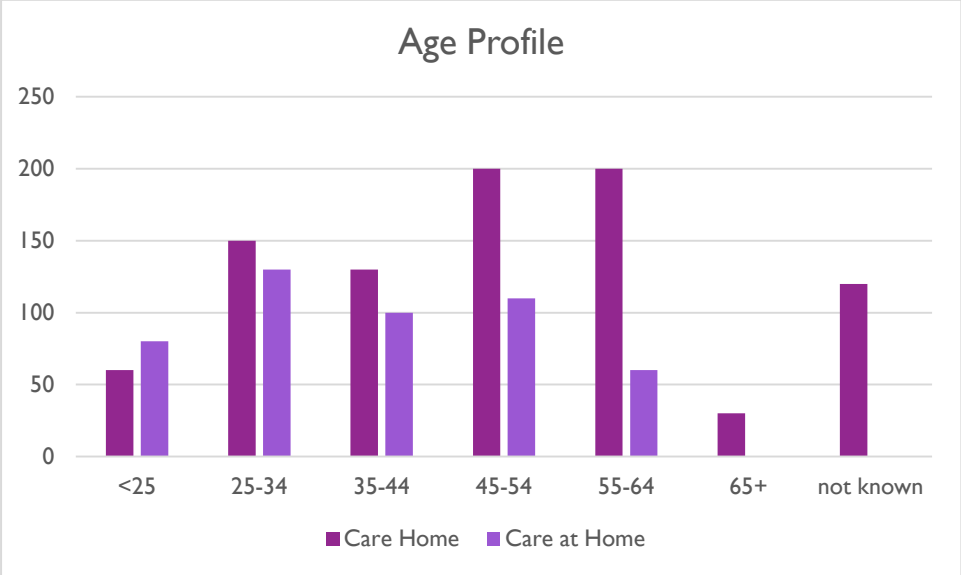


Figure 12 Care providers workforce age profile

2.3.8 Primary Care

The profile of the workforce within our 22 General Practices generally reflects the national picture with:

- 65% of the GP Workforce are female
- 66% of GPs work part time
- There has been a 10% reduction (12 WTE) in General Practitioners in West Lothian from 2015 to 2017
- 51% of West Lothian GPs are over 45 years old (2017)
- 26% of Nurses and 34% of Healthcare Support Workers/ Phlebotomists are over 55 years old in West Lothian Practices (2017).

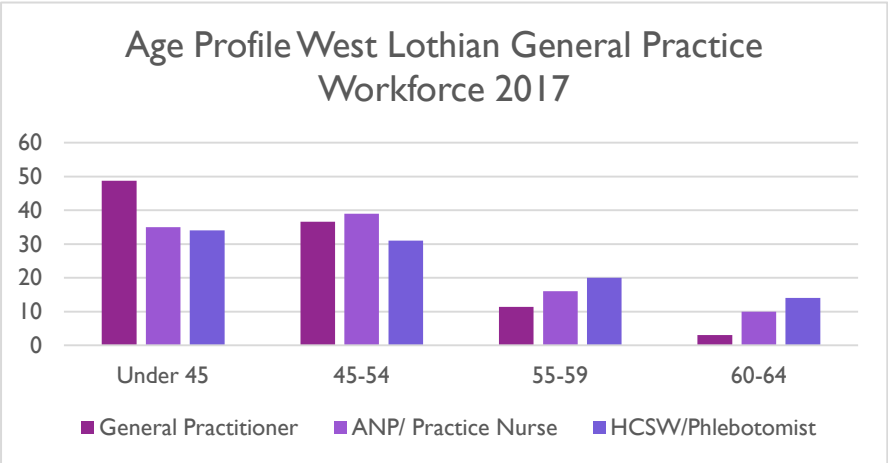


Figure 13 Age Profile of General Practice Workforce 2017 (ISD)

General Practice within the Lothians is facing unprecedented pressures in sustaining the workforce as a result of retirals and the impact of part-time working. Increasing numbers of practices require some support and, in some cases, special measures are required. One of the most significant issues for practices is the lack of GP workforce availability, which is likely to be a continuing trend. Recruitment to GP training places has deteriorated further at a national level from 78% in 2015 to 68% in 2017 at an NHS Scotland level. This fill rate is likely to impact on the overall GP labour market which is already weakening.

Current recruitment pressures for trained GPs when taken together with the demographic changes that are emerging from a growing and ageing population show a clear need for a framework of support that can be provided for practices that are experiencing difficulties. The partnership

have been developing innovative approaches to creating additional capacity within the primary care team with ongoing programmes to introduce pharmacists, nurse practitioners, physiotherapists, paramedics and link workers to support implementation of the new GMS contract and Primary Care Improvement Plan.

General practice nurses are largely employed by independent GP practices and are an integral part of the practice workforce. Ensuring adequate supply is a key requirement in supporting GP sustainability. This workforce has typically been long serving and attracted experienced staff from other settings, however there has not been a career structure in place that would allow for a greater mix of skills and experience.

2.3.9 Recruitment Challenges

- Mental Health Officers, Reviewing Officers and Out of Hours Social Workers

Whilst there are relatively few of these posts, they are highly specialised and crucial to enable Social Policy to enact its legislative duties. For the first two of these the Partnership is at a disadvantage in the local labour market as several neighbouring authorities offer an enhanced salary level. Out of hours posts are challenging across the sector as a whole.

- Nursing

The national nursing and midwifery workload and workforce planning tools have been run on an annual basis. The findings have been triangulated with professional judgement and quality indicators and optimum staffing levels identified across specialty groups. Investment has been made to ameliorate the impact of incremental drift on budgets, to ensure safer staffing levels in areas of professional concern and to eliminate variation within specialties across sites.

Maintaining safe staffing has seen continued and increased use of supplementary staffing to ensure safety for patients across in-patient settings. The Francis, Keogh and Vale of Leven reports have all highlighted the impact of staffing levels and skill mix on the quality of care delivered. A risk assessment is carried out for every agency shift requested and whilst there has been a reduction in agency use this continues to be pursued where patient safety may be compromised.

Vacancies are monitored regularly and where appropriate we have deviated from the generic recruitment processes to focus targeted approaches in harder to fill vacancies.

- District Nursing

District Nurses are instrumental in the delivery of care which is integrated from the point of view of the service users by ensuring high-quality person-centered care, care coordination and joint working across health and care agencies. Their skills are essential in helping transform the multidisciplinary future for primary care. The new GP Contract will see a significant shift in work away from General Practitioners to the wider health care team. In order to meet this demand, it is essential that the district nursing workforce is adequately resourced to meet this challenge.

District Nursing is facing significant demographic challenges with 43% of District Nurses over the age of 50 years. The national review of District Nursing will inform the strategic direction and further recommendations may be made in relation to caseloads.

We are continuing to develop models of anticipatory care, case management and more acute *hospital at home* provisions which are dependent on nurses and allied health professionals developing advanced clinical and decision-making skills and becoming independent prescribers.

- Psychiatry

Recruiting to psychiatry posts in West Lothian is challenging requiring regular use of agency staffing to fill gaps. This is compounded by the fill rates for specialty training declining with around 30% remaining unfilled. This is having an adverse impact on waiting times and continuity of care. Options to enhance recruitment and to look at new roles and skill development to provide greater resilience are being explored.

- Care at Home and Care Homes

The partnership continues to develop innovative services to facilitate earlier discharge from hospital through reablement and nursing teams. Recruitment of care staff both in the statutory and independent sectors is challenging and we need to consider how we can work collaboratively to manage these challenges. Successful delivery of the partnership goals relies on all sectors working together to ensure we have a flexible, robust, fit for purpose workforce.

This could involve developing a recruitment campaign encouraging entry to all care and nursing professions including community services, care homes, general practice and acute services, integrated training and development opportunities and liaising with our college and university partners to review the education pathway and links to all sectors.

2.4 Local Labour Market & Employability

Within West Lothian 79.1% of the working age population are economically active. The largest industry sectors are in Retail with 19.7% of jobs followed by Health and Social Work with 11.8%. The proportion of jobs in health and social work is lower than Scotland (16.3%)[v] (Figure 14). 3.7% (n=3,400)[vi] of those who are economically active are unemployed.

Figure 14 Employee Jobs by Industry 2018

Economic inactivity considers individuals who may be inactive for a variety of reasons: long- term illness or disability, studying, staying at home to look after family, or retired (Figure 15). Although this group are not considered an active part of the labour supply, given how dynamic the labour market is with people continuously moving between different categories it is important to consider them as they include those who may make up the future labour supply and those who were part of the labour supply in the past.

As at June 2018 20.9% (n=23,700) of the working age population are economically inactive, which is a lower proportion than Scotland (22.2%). 31.8% (n=7,500) of those currently economically inactive want a job. Whilst this potentially provides an increased supply in the local labour market it takes no consideration of existing skills, qualifications or suitability within the local population.

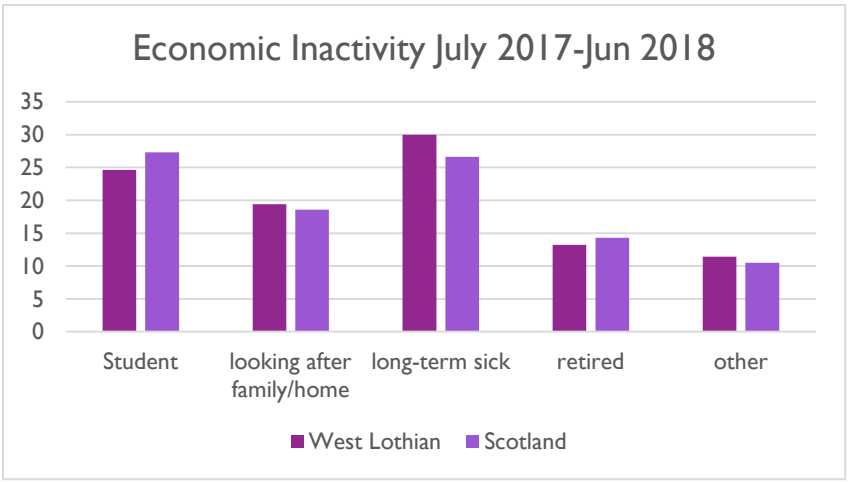


Figure 15 Economic Inactivity Categories June 2018

Employment is one of the most strongly evidenced determinants of health, the World Health Organisation notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon service demand. There are a range of employability services available to support West Lothian residents into work and consideration needs to be given to how we can attract more people into careers in health and social care.

A key challenge is to maintain a skilled workforce to meet current demands, whilst adapting, supporting and growing this workforce to achieve the vision of the partnership. This needs to be done considering the following:

- Meeting the needs of an ageing population with an ageing workforce;
- The changing demand resulting from an increasing prevalence of complex long- term conditions and co-morbidities, dementia and frailty;
- Meeting user expectations as they influence the care they receive;
- Transformation that sees the person as the expert in their own care and a move towards supported self-management.

3. National Strategy

3.1. National Health and Social Care Workforce Plan

Workforce Planning is already challenging in the current climate and is further complicated by incorporating multiple organisations and a commitment to a fast-paced transformation programme. To help support integrated workforce planning across health and social care a National Health and Social Care Workforce Plan has been developed and is set out in three parts:

- Part 1 – Framework for improving workforce planning across NHS Scotland, June 2017[vii]
- Part 2 – Framework for improving workforce planning for Social Care in Scotland, Dec 2017[viii]
- Part 3 – Framework for improving workforce planning in Primary Care – April 2018[ix]

The intention is this will be an evolving document which will improve and strengthen workforce planning across the health and social care partnerships. A National Workforce Planning Group has also been created to consider issues and barriers that can't be addressed locally.

3.2. Safe Staffing Legislation

In April 2017 the Scottish Government consulted on Safe and Effective Staffing in Health and Social Care. The Health and Care (Staffing) Scotland Bill sets out the intention to legislate across the health and social care landscape to build on and strengthen existing mechanisms in place to ensure and assure appropriate staffing for high quality care and to enable further improvements in workforce planning.

3.3. NHS Scotland's Everyone Matters - 2020

The Workforce Vision Plan 2018-20 from Everyone Matters[x] continues to deliver an implementation plan for NHS boards in relation to 5 key workforce priorities:

- Health Organisational Culture
- Sustainable Workforce
- Capable Workforce
- Workforce to Deliver Integrated Services
- Effective Leadership and Management

4. Drivers for Change

4.1 Demographic Change

As outlined in section 2 West Lothian has an ageing population with increased complex conditions including dementia and frailty and an aging workforce. Our workforce will need to design and adapt to new ways of service delivery for our users as they deal with more complex situations and move away from traditional 'done to' methods and educate to promote more self-management, prevention and early intervention approaches to keep our population well. Managing our users' expectations will be challenging as we redesign our services. In addition, as our workforce ages some are likely to be affected by complex health conditions now or in the future, which may impact on their ability to carry out their roles.

4.2 The Health and Social Care System

The workforce will be able to support implementation of approaches and interventions which seek to improve health and reduce inequalities. This is a shared responsibility of the entire workforce across all sectors. New, integrated, innovate ways of working are already emerging across traditional boundaries such as multi-disciplinary teams and will continue to do so. We are encouraging our users and their families to be involved in decisions about their own health and social care journey which is a relatively new approach for many professionals where historically people would be told what treatment/care they would receive. Our workforce will be equipped to support this way of delivering care and have the appropriate skills and knowledge to ensure informed decisions are made inclusive of and to the benefit of the user.

4.3 Quality & Efficiency

Traditional ways of delivering care will be challenged and redesigned to include new technologies and prevention techniques and to consider the whole system across all sectors. Any changes made will deliver improved outcomes and be financially viable which include changes to the workforce. We need to be able to measure the impact of the changes to ensure they provide an improvement and benefit to the users and to how we deliver our services.

4.4 Financial Context

It will be essential to match our Strategic Plan and service delivery models with the resources available to us. Taking account of a number of underlying assumptions around future cost and demand pressures, as well as future funding, the indicative scale of the financial challenge is set out in the Medium-Term Financial Plan. To meet this financial challenge, delivering services in a more streamlined and effective manner will be essential, the following being key considerations:

- Full review of all elements of the budget.
- Review of demand drivers and impact on future costs to identify relevant mitigating actions.
- Identify operational risks associated with potential reduced service provision.
- Deliver the ambition of the IJB and a safe level of service within delegated resources.
- Compliance with Health and Care Delivery Plan (December 2016) with focus on set aside budget.

It follows that new service implementation needs to be robust, cost effective and sustainable. This will inevitably impact the workforce at some level.

5. Transformational Change

In response to the Health and Social Care Delivery Plan West Lothian is delivering a transformational change programme that is designed to provide new and innovative approaches to the delivery of health and social care services. Effective workforce planning will be influenced by the output from the various projects within the transformational change programmes (Figure 16).

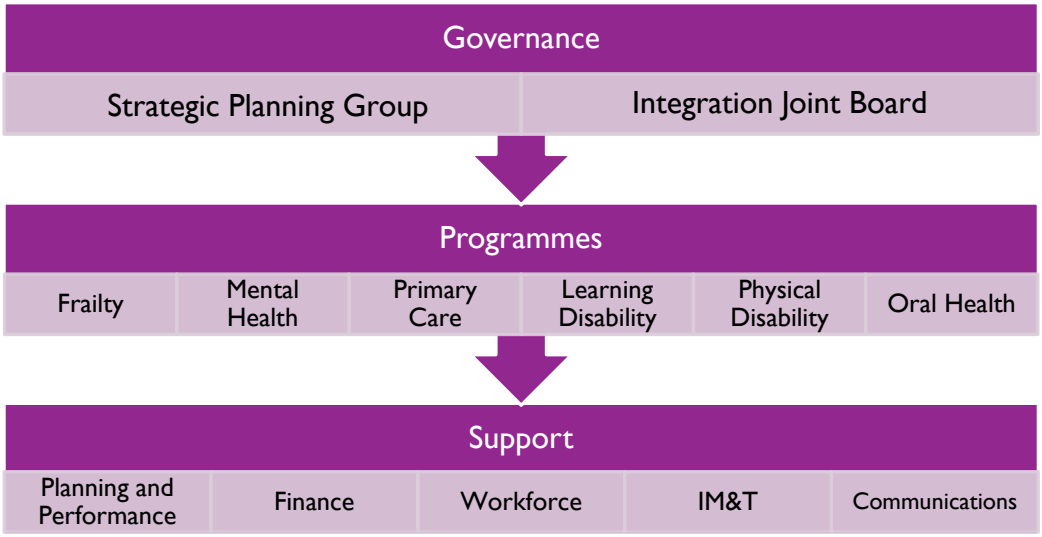


Figure 16 Transformational Change Programmes

5.1. Where Are We Now

Some of our key challenges are:

- Our population has more complex health needs than before. We have many unavoidable admissions to hospital due to lack of investment in infrastructure and workforce in the community which also contributes to delays in patient transfers from hospital;
- Shifting towards prevention and early intervention and focusing on efforts to keep the population well, whilst working within a system where the effort is often in relation to health care service provision and treatment;
- Our general practices are usually the first point of contact within the community and are integral to successfully shifting the balance of care from hospital to community settings. However, there is a national shortage of GPs and vacancies are difficult to fill. It will not be possible to replace all GPs who retire or leave over the next 10-15 years;
- Our workforce is aging and it is difficult to attract and recruit certain groups of staff
- There are financial pressures and we need to close the financial gap and transform the way we work to achieve sustainability;
- Re-thinking and redesigning services to be enabling, integrated and person- centred;
- Consideration of the impact the Living Wage has on lower graded posts and contracts with independent and third sectors.
- Improving current flows and processes and use of technology.

5.2. What Will We Do

5.2.1 Team development

Effective high-performing teams are at the heart of effective service delivery and are also key to staff health and well-being. Teams from each organisation have been working together in an integrated way to deliver high quality care for some years – but we can do more. We are committed to developing teams to work collaboratively within and across agencies and to giving them the capacity, capability and confidence to do so.

We will look to supporting a range of models to suit local circumstances and service requirements – one size does not fit all. The Team Development Toolkit for Health & Social Care Teams has been developed in partnership and will be used to support this work which includes supporting team leaders with their own development and with the development of their team.

5.2.2 Service Improvement and Innovation

Faced with significant financial and operational pressures, the importance of effective and efficient services has never been greater for the public sector. The IJB and leaders acknowledge they have a significant role in creating a supportive culture and environment which enables service improvement and innovation to flourish. However, responsibility must extend well beyond senior leaders, instead a shared distribution with leaders at all levels across the partnership must exist. We must ensure: -

- A compelling vision for improvement is shared at all levels within the partnership.
- Clear, aligned objectives for all services, teams and individuals.
- Data is used effectively at all levels, in order to identify gaps, define performance indicators and measure the impact of different interventions of quality care.
- Supportive and enabling people management and high levels of staff engagement.
- Service improvement and learning embedded in the practice of all staff.
- Effective team working

The IJB recognises the importance of innovation at all levels in order to address our challenges and improve the health and wellbeing of the people of West Lothian. We acknowledge all staff must be supported and encouraged to start thinking in different ways and doing things differently to drive forward innovative practice to support transformational change. This will be supported through:

- Setting of clear goals for innovation at an organisational and service level.
- Harnessing and nurturing the creative talent of staff.
- Ensuring structured processes are in place to generate staff ideas which supports a culture of open innovation and co-production.
- Adopting a more pro-active approach to involve service users and carers in service improvement and innovation to embrace a culture of co-creation.

5.2.3 Workforce Planning

Each of the parent organisations has in place existing arrangements to address workforce planning to ensure that the partnership is viewed as an employer of choice and attracts high quality suitably skilled and motivated employees and potential gaps are identified with proactive measures in place to address these.

Workforce Planning is a dynamic process. As service improvement plans, redesign and transformational change programmes are implemented, workforce needs will be emergent and continue to be addressed in real time. In some areas national reviews and initiatives to address known pressures are underway and we will have due regard to these.

When determining the future workforce requirements for the delivery of integrated services, we must take account of our existing workforce and the challenges of developing roles and skills. Due to the changes in demand, on-going economic challenges and the identified strategic & commissioning priorities

there will naturally be a corresponding change to the make-up of the future workforce and the support and development they will require. Some of the known workforce challenges that need to be considered within service areas are: -

- ❖ Continued provision of a suitably skilled and diverse personal carer workforce
- ❖ Improving the gender balance within the personal carer workforce
- ❖ Sustaining suitable numbers of Mental Health Officers
- ❖ Addressing the national shortage of qualified District Nurses
- ❖ A national shortage of GP's and the implications of the new GMS contract
- ❖ Supporting increased use of advanced practitioners in Primary Care: Nursing, Physiotherapy, Pharmacy and Specialist Paramedics
- ❖ Promotion of asset-based approaches through the greater visibility and engagement of staff within local communities.
- ❖ Changes in the balance of care from acute to more community working and supporting people in their home or a homely setting
- ❖ Maintain current professional roles whilst recognising the changes to specific skills, knowledge and behaviours in order to work more collaboratively
- ❖ Implementation of new technology requiring both shifts in the skills mix required of staff
- ❖ and the possibility of removing the need for certain activities to be provided by staff.
- ❖ New types of worker role and a growth in personal assistants, the engagement of non-traditional health/social care workforce in supporting better outcomes for people, including leisure and sport staff.

5.3. How Will We Do It

As the transformation vision becomes reality, this will be a huge shift away from how we traditionally deliver services meaning new, innovative ways of working for our workforce.

We need to understand our current core workforce and model what our future core workforce will look like, for example, a shift to more enhanced and inclusive roles combined with multi- disciplinary team working. Some of the required resources are currently available, but limited, some skills gaps can be filled by upskilling the current workforce through training and development and other gaps will be filled by recruitment, modern apprenticeships, work placements etc.

We need to plan to ensure our workforce has the skills required to deliver our future services and is affordable and sustainable. This all needs to be done through:

- ❖ Better understanding of workforce demand and supply;
- ❖ Cognisance of the integration of workforce, service and financial planning;
- ❖ Building a flexible workforce able to respond to future needs and demands
- ❖ Working in alignment with existing and developing legislation.

In order to fulfil our workforce transformation we need to:

- To encourage and support our current workforce to work to the top of their competency by ensuring they have the right skills and knowledge to do so;
- Look at the skills gaps within our current workforce and provide training and development opportunities to upskill our workforce to fill these and provide career progression opportunities;
- Develop new career paths, new job types and more flexible routes into and within health and social care.
- Maximise opportunities to attract a new workforce to the Partnership to fill any skills gaps through various methods including apprenticeships, work- placements and recruitment;
- Be guided by national, regional and local strategy/policy and influenced by external drivers for change such as understanding supply and demand;
- Be seen as an employer of choice where our workforce is motivated, committed and flexible;
- Consult with staff representation across the Partnership and all staff groups including in the form of focus groups.
- Broaden the range of activities and therefore skill set of the workforce that contributes to the health and well-being of citizens.
- Create more varied learning and development methods, including volunteers, carers and service users as equal contributors and participants with access to accreditation where desired.
- Improve use of current and new technologies test different approaches to creating a more flexible and mobile workforce
- Increase understanding within the wider community of the contribution of the workforce on the health & well-being of all citizens.
- Contribute to local and national discussions on future workforce planning and the content of accredited training courses particularly for key professional groups.
- Work with local and national academic and vocational bodies to support and review the development of new and existing qualifications.
- Develop a Core Competency Framework, comprising the skills, knowledge, behaviours and attitudes that are relevant to the integrated workforce in its totality.
- Explore the use of technology enable care to promote greater shared responsibility in provision of care and support
- Explore the opportunity for positive action to be taken to support recruitment of a diverse workforce and to address the balance of the workforce particularly in relation to age and gender.

5.4. Risks

To achieve these ambitions, it is vital we have the right people with the right skills in the right place at the right time however this won't be easy in light of the challenges we face locally and nationally.

- Transformational change programmes are happening nationally therefore competition for qualified, trained and experienced staff is unavoidable;

- There are shortages within certain groups of staff e.g. GPs, District Nurses, Personal Carers, Care Home Nursing staff; Mental Health Officers
- Some workforce groups take time to be trained or achieve the necessary qualifications before they can take up post;
- The financial pressures mean the workforce will require to be streamlined and roles redefined, with some being more generalist to allow flexibility;
- Staff will need to work across different boundaries and organisations which is a culture shift for many;
- We have many volunteer carers, young and old, who are key contributors to our health and social care provision and we must retain this resource by providing support, respite and training where appropriate;

6. Our People

As our single most valuable resource is our workforce there are various initiatives in place to support them. The partnership is committed to become an employer of choice, which is able to attract and retain a highly qualified and skilled workforce. Key themes and ambitions have been determined through collaborative workshops, road shows, staff engagement, demographic and policy direction (Table 1).

Theme	**Ambition**
Leadership, Management and Team Development	To develop our leaders and managers and strengthen our teams t o ensure collaborative and compassionate leadership and high performing teams.
Culture and Values	To understand and value the different organisational cultures across sectors and develop a healthy culture across the partnership.
Developing and engaging the workforce	To ensure that workforce development contributes to a sustainable, capable, engaged and motivated workforce
Professional and Technical advances	To ensure we have a workforce who works to the top of their skill set and understand their contribution to a team and delivering the best outcomes for the population we serve
Integrated working	To explore how to do things differently and achieve new, effective integrated models of care by supporting and helping our collective workforce and representatives to develop and work together in joined up ways
Workforce planning	Our workforce is our most valuable asset which we need to celebrate and plan for future needs and demands. We will seek to promote health and social care as a career of choice
Quality and evaluation	To be able to demonstrate the ability to make significant continuous improvement

6.1. Our Values

The IJB have aligned NHS and Council values to develop a common set of values for the Partnership.

Figure 17 IJB Values

6.2. Organisational Development

An Organisational Development (OD) approach is adopted to ensure that Workforce Planning, Organisational Development interventions, Learning and Development provision and HR Policies and Procedures are fully aligned to support the aim of this plan to have the right people with the right skills in the right place at the right time.

All Services and Sections within the partnership are supported to identify current and future development needs to equip our workforce with the skills, knowledge and attitude they need to deliver the outcomes of the Strategic Plan.

Each Service will be supported to have an OD Plan aligned to their service improvement activity to identify and plan appropriate interventions to support service redesign, development of integrated teams and team-working, collaborative and joint planning and joint working with partners and stakeholders and change management. In addition, each professional discipline working within the Partnership has appropriate access to relevant learning and development and advice to ensure they are fully supported to deliver in their role now and in the future.

All OD interventions are designed to deliver improvement and are derived from a strength and asset-based perspective (Figure 18).

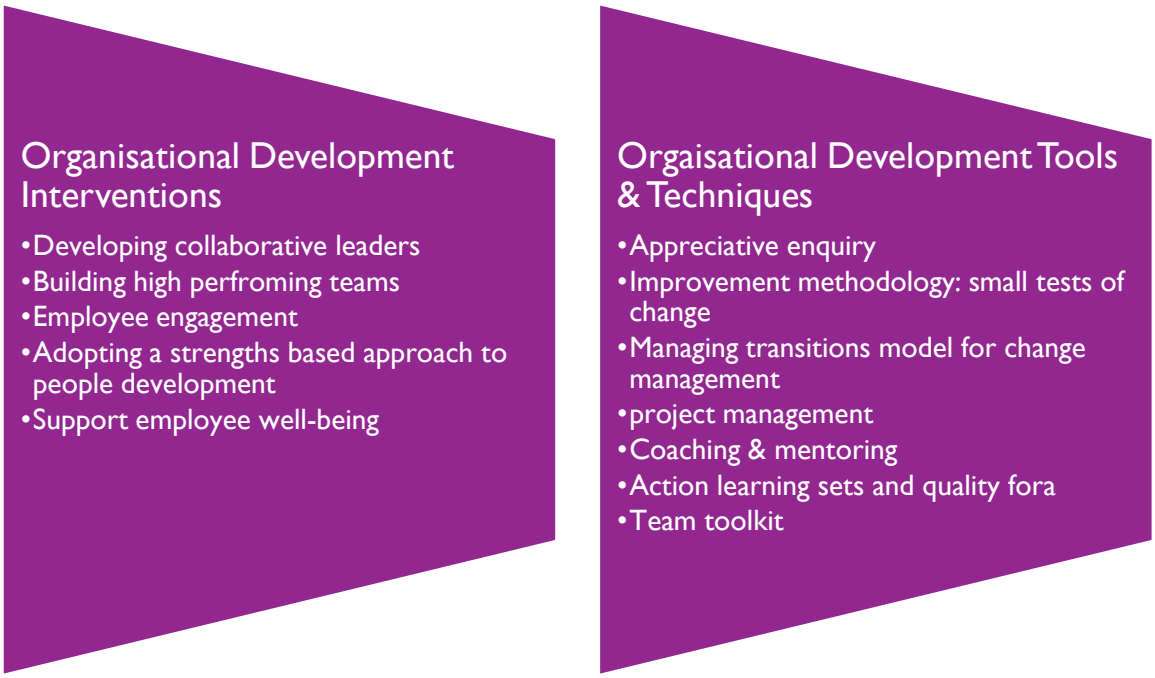


Figure 18 Organisational Development Interventions, tools and techniques

The Chief Officer and Management Teams will support leadership development, leading change and building high performing teams in support of the delivery of transformation.

6.3 Leadership

We require leadership at all levels from a broad range of backgrounds and experiences to drive our ambitious transformational change and quality improvement programmes forward for the integration of health and social care services.

Clarity of direction and a clear vision about the future of health and social care in West Lothian will require strong leadership to meet the future challenges ahead. Our inclusive approach will support the development of locality working and the closer collaboration with all our communities. We have invested in leadership programmes and competencies in our partnership. We will build on these programmes to ensure that we develop and nurture our current and future leaders. We will use the Leadership for Integration Framework developed nationally and jointly by the Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES) to guide the development of our leaders and managers (Table 2)

Table 2: Leadership for Integration Framework (SSSC &NES)	
Vision	Seeing how best to make a difference, communicating and promoting ownership of the vision, promoting a public service ethos, thinking and planning strategically
Empowering	Enabling leadership at all levels, driving a knowledge sharing culture, promoting professional autonomy, involving people in development and improvement
Self-Leadership	Demonstrating and adapting leadership, improving own leadership, enabling intelligent risk taking, demonstrating and promoting resilience, challenging discrimination and inequality
Collaborating and Influencing	Leading partnership working Influencing people Understanding and valuing the perspectives of others
Motivating and Inspiring	Inspiring people by personal example Recognising and valuing the contribution of others Driving the creation of a learning and performance culture
Creativity and Innovation	Seeing opportunities to do things differently, promoting and supporting creativity and innovation, leading and managing change

6.4. Human Resources

West Lothian Council and NHS Lothian remain the employer of the workforce and as such employees continue to adhere to their respective terms and conditions of employment. In addition, within the Partnership it is recognised that a number of Senior Management posts should be developed as joint appointments and as such have management responsibility for employees from both organisations.

Human Resources provide a professional service and ensure the Partnership meets its legal obligations as an employer and maintain responsive and supportive employment practices and processes in partnership with Staff Side and Trades Unions, to support the demands of an increasingly flexible workforce within the changing environment.

6.5. Workforce Development

As our transformational change programmes progress our workforce will look different, it will be integrated, engaged, motivated and empowered, where innovation and positive response to change is necessary. Our traditional working boundaries will become blurred with new ways of working such as multi-disciplinary team working, across, not just health and local authority, but also with our third and independent sector partners.

The new National Health & Social Care Standards came into force in April 2018 and provide a framework to plan and deliver services. Health and Social Care professionals have learning frameworks in place namely, the Knowledge and Skills Framework (NHS) and the Continuous Learning Framework (SSSC) which closely align to core skills across the sector.

We are committed to workforce development and by retaining ownership of their professional and personal development every employee will continue to be supported to be the best they can be through relevant training and development opportunities to ensure they are equipped to meet the new challenges ahead and be our workforce of the future.

Mandatory and statutory training remains a priority to ensure our workforce is meeting legislative and policy requirements. There are robust arrangements in place in both the Council and NHS to identify and address current and emergent development needs and to deliver and track completion of mandatory and statutory training.

For specialised roles, we continue to support employees to have necessary qualifications and accreditation. Many registered roles require an element of continuous professional development which are fully supported.

In ensuring that we maintain a capable workforce we will:

- Develop learning & development plans which meet the needs of our regulated workforce as relevant to the regulatory requirements for all professionals including continuous professional development.
- Design opportunities to create an integrated approach to learning & development (where appropriate) which makes best use of resources.
- Build career pathways that facilitate opportunities for cross sector working through access to learning across organisations.
- Continue to develop skills and behaviours that promote employee engagement in co-production to achieve better outcomes for individuals and communities.
- Provide regular supervision in support of sound professional practice and practitioner professional development through assessing competency, knowledge, skills and value- based practice, relevant to the practitioner role being undertaken.
- Review development arrangements of Newly Qualified Social Workers (NQSW) to increase retention in line with the Scottish Social Services Council's review.

We need to ensure that all managers of integrated teams are competent and compliant in the implementation of policy and procedures across the employing agencies. To support this, we will:

- develop an induction programme which will reflect learning in relation to the respective terms and conditions, policies and procedures across both employing agencies.
- Facilitate change management sessions for managers to develop skills in managing change, transition and service improvement.
- Continue to deliver local integrated management training/learning programmes to ensure managers (current/new) have the necessary knowledge and skills.

Employee development in relation to changing working practice will be addressed by continuing to build on our positive shared cultural and value base and support the development of new working practice by:

- Delivering employee engagement events which communicate and inform employees of organisation change and transition.

- ❖ Delivering Team building and Team development sessions for integrating teams
- ❖ Develop opportunities to up skill employee's capabilities which may enhance cross sector working.
- ❖ Continue to further develop integrated learning building on, for example, our Integrated Dementia Learning Pathway and Joint Manual Handling training delivery.

The Partnership will work with all partners further educational establishments and Higher Educational Institutions to influence the development of new qualifications that may emerge as a result of service redesign and changing work practices.

6.6. Health, Wellbeing & Resilience

Change can be an unsettling experience for many people, so it is imperative we have a flexible, responsive and adaptive workforce to deal with this. Health, wellbeing and resilience is a training priority to ensure our workforce is able to manage this change and delivery of wellbeing and resilience training for our workforce is underway.

Healthy Working Lives is a nationally recognised scheme which helps organisations to create healthier and safer workplaces by providing resources, information and opportunities to improve employee health and wellbeing, both at work and at home. West Lothian Health and Social Care Partnership have achieved and maintained the Gold Award.

6.7. Equality

Equality is also extremely important and our commitments within our Strategic Plan and the approach we have adopted to Workforce Development are designed to engender a culture which promotes equality, values, diversity and protect human rights and social justice and tackles discrimination for our workforce and also our residents. All new policies, procedures and service changes are also the subject of an Equality Impact Assessment to ensure no protected group is disadvantaged by any change implemented

6.8. Trade Union/Partnership Working

We are committed to ensure our workforce is supported to be the best it can be through the areas described and fully engage with our Trade Union and Staff Side representatives to ensure fairness and consistency across the full workforce.

Empowering the whole workforce to become engaged and valued for its contribution will be essential as we move towards viewing the workforce as one entity.

7. Defining the Required Workforce

Whilst the Council and NHS already have separate systems in place to collect data on their workforce, the Scottish Government's Workforce Plan Part 2, confirms that NES and other stakeholders will be

undertaking work to establish a single data set on the Health & Social Care Workforce which will aid more comprehensive analysis of the workforce particularly in relation to supply and demand.

In order to determine future workforce requirements, we will consider the following and link them to strategic, financial and service planning:

- Skills set analysis and requirements;
- Roles and number of staff required; and
- Productivity and new ways of working.

Thereafter the current workforce data set can then be compared against future workforce requirements, and a plan developed to bridge any gaps.

New roles will emerge as service models change and this will mean building and enhancing existing skills, and developing new ones for our current workforce.

The future characteristics of the workforce are designed to meet the needs of service users now and in the future. These characteristics can and must run in parallel to the transformational change programme. The workforce should be:

- Kind, compassionate and person centred;
- Flexible and able to adapt to changing circumstances;
- Confident, well-informed and value-driven – in ability to make decisions and act in their role, and in addressing inequalities and improving health where possible;
- Creative and innovative – in service design and delivering for service users;
- Integrated – a culture that values and trusts the skills and roles of others, not just in their immediate job family or organisation but across the partnership;
- Able to have a clear picture of career progression, succession planning and development, taking mutual accountability for that development, with clear access as and when appropriate.

8. Approach

Workforce planning and development is a central corporate responsibility for both NHS Lothian and West Lothian Council and therefore this plan is designed to augment that work and reflect local priorities and actions. There are co dependencies with corporate plans and strategic direction, set by policy or community planning priority areas. Central to this is the IJB Strategic plan which sets the vision and direction for West Lothian. In order to meet the outcomes of the Strategic Plan it is necessary to ensure that we :-

- Attract, recruit, motivate and engage, support and develop and thereby retain the right and the best people to deliver services for our residents.
- Take forward the actions required to deliver this objective as set out in the Action Plan
- Ensure that workforce planning is an integral part of our service and financial planning.

Ownership and responsibility for the workforce development plan will sit with the Senior Lead accountable for each service area alongside their operational managers and professional leads. This will enable the production of individual service workforce plans that will determine the shape of what is required in terms of skills, knowledge and profession within each of the service areas. The workforce plan will sit alongside the Strategic Plan and Financial Strategy in terms of annual review and update.

To support this West Lothian Organisational and Workforce Development Board has been established to commit to a common organisational development approach to ensure consistency and identify opportunities for joint working and shared learning wherever possible. This proactive and integrated approach to the development of leaders, managers, teams and our people supports a learning culture which engenders a culture of continuous improvement and develops engaged, competent and confident employees.

9. Monitoring, Measuring and Evaluating This Plan

West Lothian IJB is committed to agreeing and delivering its workforce plan in consultation with a wide range of stakeholders. The plan will be subject to monitoring and reporting on a regular basis and progress will be reported annually to the West Lothian IJB to ensure it continues to align with the Strategic Plan.

In view of the emergent and responsive nature of organisational development interventions and workforce development, monitoring and measuring the impact of these interventions is continuous.

Monitoring and measuring our organisational development actions is built into our feedback measures following development events and through more formal review of project and programme work undertaken to support change. In addition, we will utilise the existing review measures available within the parent organisations, such as: -

- Staff Surveys
- imatter team feedback
- Consultation and Engagement events
- Feedback from development events, team meetings and performance review

All of this feedback will provide learning and support continuous improvement to meet the changing needs of our workforce and our population. We will continue to consult our workforce as we review and renew our Strategic Plan and this supporting workforce plan to ensure that their needs are met.

This Plan will be reviewed annually and updated to take account of future changes and priorities, including the ongoing changes to the profile of the workforce, their development needs and succession planning as services change to meet service demand.

The Organisational Development and Workforce Development Board will monitor the effectiveness of the plan and its deployment across the partnership to ensure a consistent approach is taken and to support shared learning and identify opportunities for shared delivery as appropriate.

9. Conclusion

In the current climate of various skills shortages, the long lead times in training and developing new staff, a declining working age population, changing demography health profiles and the current (and predicted) financial climate, it has never been more important for us to take a robust and strategic approach to workforce planning.

Proactive steps have been taken to date within services and across the partnership. This plan will continue to support a cohesive approach to identifying skills gaps and addressing these collaboratively. The Action Plan at appendix 1 outlines in more detail some of the actions which will ensure we have the right people with the right skills in the right place at the right time, to deliver high quality health and social care for the people of West Lothian.

Our drivers include ongoing reform at a national level including the Scottish Governments reform agenda informed by the Christie Commission, the introduction of the Community Empowerment (Scotland) Act 2015 and the plan to develop a strategy that will build on the 2020 vision for health and social care in Scotland.

This Workforce Plan sets out arrangements already in place and the action we will take to attract, recruit, motivate and engage, support and develop and thereby retain, our future workforce.

NHS Lothian and West Lothian Council already have workforce planning and workforce development arrangements in place which will continue and form part of the arrangements to support and develop our people. Adopting an Organisational Development approach means that, the recruitment, support and development of our workforce is embedded within our strategic planning arrangements.

This plan will be implemented to take account of the emergent needs of the workforce in response to change and to engender in employees the ability to work flexibly within a change environment.

Appendix 1: Action Plan

AIM	PRIORITY	WHAT WILL WE DO	HOW WILL WE DO IT
Right People	Be an employer of choice	Promote West Lothian as an attractive place to work Promote Health and Social Care as a Career Choice	Robust recruitment advertising campaigns especially for difficult to recruit posts Design career opportunities for those that wish to progress within the partnership Provide flexible and agile working opportunities to attract wide range of candidates Engage champions/ role models to share their experiences
	Engage a younger workforce	Attract school/ college /university leavers Promote health and social care as career choice	Improve accessibility of modern apprenticeships, work experience and foundation apprenticeship opportunities Collaborate with West Lothian College to develop relevant qualifications and learning opportunities Visit schools and colleges to promote the opportunities and explain choices which best fit
	Attract returners to the partnership	Provide opportunities for career change	Offer flexible learning opportunities to retrain Offer flexible working patterns to support training and work/life balance
	Be inclusive and diverse employers	Ensure recruitment opportunities are accessible to all groups Provide appropriate training and awareness raising of different equality areas	Examine opportunities for Positive Action in recruitment to increase number of employees employed with protected characteristics in terms of the Equality Act
	Ensure workforce is fit for purpose, sustainable and affordable	Ensure workforce planning is embedded into service improvement plans	Undertake workforce review for each service area Support managers to integrate workforce planning into everyday responsibilities
	Work with partners to support appropriate staffing to deliver and sustain services	Liaise with third and independent sectors to share learning and experience Encourage our partners to forward plan to ensure appropriate skills and resources are accessible	Work together to promote recruitment Support partners to produce workforce plans Share training and development opportunities
	Value our volunteers	Attract recruit, train and support volunteers Recognise important contribution of volunteers	Promote benefits of volunteering Provide training opportunities and support networks

Right Skills	Develop a workforce aligned to the organisation values	Promote the organisation values and behaviours	Incorporate values and behaviours into recruitment and selection processes Provide robust induction programmes for new starts Integrate values into day to day service delivery Lead by example and adopt values and behaviours
	Ensure workforce is fully equipped to fulfill their role	Ensure appropriate process is in place to identify workforce needs Support training and development requirements Encourage and support the workforce to work at the top of their competency level Ensure that the National Health and Social Care Standards are implemented and embedded in practice Identify technology training needs and how technology can enable learning and develop associated training plan	Undertake ongoing training needs analysis Promote learning and development opportunities for employees Ensure personal development reviews are implemented Monitor compliance with National Health and Social Care Standards across the partnership Ensure staff have access to appropriate PC/ Technology. Optimise use of technology to support learning and widen access to opportunities
	Ensure workforce is focused on prevention and early intervention	Ensure workforce are confident and competent to utilise opportunities to improve health and reduce inequalities	Develop programme of capacity building in line with public health skills and knowledge frameworks
	Encourage and provide opportunities to develop skills	Ensure opportunities are available to help people retrain or attain new qualifications to support personal and organisational growth	Utilise flexible working policies Support access to learning and development opportunities internally and externally Explore retraining opportunities in redeployment situations
	Promote and deliver integrated working	Develop a more efficient and effective workforce Ensure workforce is appropriately qualified and has the flexibility to move across the partnership	Review existing roles and determine where roles can be more generic/ flexible Engage with education providers to review course being delivered Develop management teams who champion integrated working

Right Place	Continue to support the shift in the balance of care to community settings	Ensure skilled and sustainable workforce in community where it is needed	Enhance multidisciplinary teams within primary care setting Ongoing recruitment of workforce to reduce vacancy gap Invest in community care and support services across health and social care to increase capacity and improve access Ensure workforce available to support services delivering alternative options- *know where to go* Explore colocation opportunities
Right time	Have a skilled workforce at the right time	Plan ahead to ensure a resource is available to deliver service needs at the right time	Workforce plans within service improvement plans need to consider lead times for training and development Consider recruitment timescales Succession planning and workforce planning embedded into management objectives Aligned to financial availability
	Support people to be at work	Maximise all opportunities for attendance by supporting the workforce in line with policies and procedures	Improve workforce attendance Provide resilience training to ensure workforce are prepared for change Ensure workforce are familiar with policies, procedures and their responsibilities Ensure managers are trained in implementation of policies and procedures
	Plan for an ageing workforce	Consider the challenges and potential solutions to address an ageing workforce	Consider alternatives to retirement e.g. new roles, mentorship roles Utilise work/life balance policies to support continued employment
All actions should be progressed with partner organisations to ensure an integrated approach and take account of all relevant policies and procedures. Where possible developments should be progressed utilizing collaborative approaches to ensure total workforce benefits and supports integration.			

[i] Health and Social Care Delivery Plan (2016) Scottish Government
[ii] National Records of Scotland: Population Projections (2016 based)
[iii] Enabling Age as an Asset in the South East NHS Workforce NES
[iv] SSSC https://data.sssc.uk.com
[v] NOMIS 2017 http://www.nomisweb.co.uk/reports/lmp/la/1946157436/printable.aspx
[vi] Office for National Statistics
[vii] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/
[viii] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/
[ix] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/pages/2/
[x] https://www2.gov.scot/resource/0042/00424225.pdf

West Lothian Integration Joint Board

Workforce Planning Development Group

Terms of Reference

1. Remit

The Workforce Planning Development Group will oversee implementation of the West Lothian Integration Joint Board's (IJB's) Workforce Development Strategy. The Group will ensure that workforce planning is aligned to the delivery of the strategic priorities set out in the IJB's Strategic Plan.

The Group will provide assurance to the Integration Joint Board that workforce planning across the Health and Social Care Partnership is robust, evidence based, integrated across all staff groups and is aligned to financial planning and transformational change programmes

Representatives from across health and social care will bring substantial knowledge, experience and commitment to ensuring delivery of the action plan developed in support of the West Lothian Workforce Development Strategy. The Group will also ensure that the ongoing learning and development needs of the health and social care workforce are identified and progressed across the partnership.

2. Membership

The proposed core membership (to be agreed with the chair) of the group includes:

Representative	Job Title
Yvonne Lawton (Char)	Head of Strategic Planning & Performance
Carol Bebbington	Head of Health
Pamela Main	Senior Manager
Nick Clater	General Manager, Mental Health
TBC	General Manager, Primary Care
Pat Donald	AHP Lead West Lothian
Mairead Hughes	Chief Nurse
Isobel Meek	Group Manager, Business Support
Nick McAlister	Head of Workforce Planning
Caroline McDowall	NHS Partnership Lead
Martin Murray	Social Policy Partnership Lead
Alice Mitchell	Economic Development & Regeneration Manager
Jacquie Balkan	Regional Workforce Planning Manager
Jackie Houston	NHS Head of HR
Robert Telfer	Scottish Care Lead
Claire Wallace	HR Business Partner WLC
James Cameron	Head of Education Services WLC
Stuart Mackay	Education Representative (DYW)
TBC	West Lothian College

Additional representatives may be invited to attend where required.

3. Quorum

Meetings will be quorate when there is 50% attendance. Members should send a representative if unable to attend a meeting.

4. Frequency of Meetings

Meetings should take place a minimum of 6 times per year.

5. Key Responsibilities

- To provide strategic leadership for workforce planning across the Health and Social Care Partnership for all staff groups involved in the delivery of health and social care in West Lothian
- To promote partnership and integrated working across health and social care
- Ensure that workforce plans represent a whole system approach to health and care delivery
- Engage with wider partners to ensure plans take account of emerging policy and local employment circumstances
- Ensure delivery of the actions outlined in the West Lothian Workforce Development Strategy
- Monitor progress against agreed actions
- Review plans regularly to identify further areas of workforce development
- Establish work streams where required to support delivery of workforce priorities
- On an on-going basis Identify areas of risk in relation to the health and social care workforce, identify escalation routes and ensure appropriate planning is in place
- Consider the needs of the workforce is different localities of West Lothian
- Ensure appropriate engagement with staff across the partnership in relation to workforce development plans
- Establish a performance framework to support plans and review performance against targets

6. Reporting Arrangements

The Workforce Planning Development Group will report to the Integration Joint Board via the Strategic Planning Group.

NHS Lothian Workforce Plan

2017-19

Workforce Planning Department
HR & OD Directorate
Waverley Gate,
Edinburgh

Contents Page

		Page Numbers
Foreword		3
Introduction		4
Section 1	**Defining the Plan**	4
	1.1 2020 Vision for the NHS in Scotland	5
	1.2 NHS Scotland 2020 Workforce Vision 2017-2018	5-6
	1.3 NHS Lothian's Strategic Plan	6
	1.4 NHS Lothian's Corporate Objectives	7
	1.5 National Strategy	7-8
	1.6 NHS Lothian's Financial Plan	8
Section 2	**Visioning the Future**	
	2.1 Scotland's Changing Population	8-10
	2.2 Strategic Clinical Framework 2012 to 2024	10-12
	2.3 Integration of Health & Social Care	12
	2.4 Achieving a financially sustainable workforce	12-13
	2.5 Quality Management	13-14
	2.6 Regional Collaboration	14-15
Section 3	**The Current Workforce**	
	3.1 Distribution of current workforce	15-16
	3.2 Demographic Change	17-19
	3.3 Staff Turnover	19-21
	3.4 Sustainability of small non-medical specialist services	22-23
	3.5 Medical Workforce Planning	23-26
	3.6 Nursing and Midwifery Workforce	26-30
	3.8 Promoting Attendance at Work	30-31
	3.9 Socially responsible recruitment	31-34
Section 4	**Workforce Demand**	
	4.1 Workforce investments by job family	35-37
	4.2 Efficiency & Productivity Plan	37
	4.3 Safe Staffing	37-38
	4.4 Health Visiting Services - future focus	38-39
	4.5 Reprovision of RHSC and DCN	39
	4.6 Regional Trauma Network	40
	4.7 East Region Elective Treatment Centres	40-41
	4.8 Non-medical Workforce Solutions	41-42
	4.9 HR and Learning and Development Strategies	43-44
Section 5	**Action Plan**	45-54
Section 6	**Implementation and Review**	55
Appendix A	**Nursing and Midwifery Career Framework**	56

Foreword

The Scottish Government is in the process of reviewing workforce planning arrangements and guidance through the recently established National Workforce Planning Group as identified in Part 1 of the National Workforce Plan.

The national plan is being published in three parts:

- Part 1 – NHS Scotland – already published.
- Part 2 – Social Care – jointly published with COSLA in December 2017.
- Part 3 – Primary Care – will be published following conclusion of GMS negotiations.

Part 1 published in August 2017 made recommendations around the following areas:

- Governance – establishment of a national workforce planning group.
- Roles – clarification of roles to ensure workforce planning is more effectively coordinated nationally, regionally and locally.
- Workforce data –Development of improved workforce supply modelling.
- Clear and consistent guidance – Scottish Government to develop revised guidance by end of March 2017
- Student Intakes – Scottish Government to review and improve student intake planning for controlled groups and consider increasing the scope of intake planning for other key clinical job families.

In July 2017 Audit Scotland published NHS Workforce Planning – The Clinical Workforce in Secondary Care on 27th of July, making the following key recommendations for Boards:

- Produce future plans based on demand as well as supply criteria. This would include: projecting their future workforce against estimated changes in population demography and health factors.
- Producing plans which detail the expected workforce required, supported by analysis of workforce supply and demand trends.
- Fully cost the workforce changes needed to meet policy directives, such as the shift to community-based care, proposed elective centres, safe staffing levels and more regional working

Whilst this workforce plan goes a long way to clearly set out the workforce supply challenges and the planned changes in workforce demand, it does so in the context of the extant Scottish Government workforce planning guidance set out in CEL 32 (2011). As such changes in demand reflect affordability as detailed within our financial plan.

It is acknowledged that this plan is written within the limitations of the extant guidance and that a revised approach to integrated workforce planning operating at national, regional and local levels taking both a short term operational and a long term strategic view will be necessary going forward. It is anticipated that this will be captured in any revised workforce planning guidance.

Introduction

This 2017-18 plan seeks to provide an update on progress against key actions set out in the previous plan and provides detail on the changes that are taking place nationally in relation to workforce planning.

The plan is structured around the Scottish Government workforce planning guidance CEL (2011) 32, which suggested that Boards use the nationally sponsored 6 step workforce planning methodology for developing their plans.

The guidance sets out the following 6 steps, which will form the framework for this plan.

- **Step 1:** Defining the plan
- **Step 2:** Visioning the future/Mapping service change
- **Step 3:** Defining the required workforce
- **Step 4:** Understanding workforce availability
- **Step 5:** Developing an action plan
- **Step 6:** Implement, monitor and refresh.

The adoption of the 6 step approach was intended to make Board level workforce planning more iterative, enabling challenges to be identified and addressed on an on-going basis rather than on an annual basis. The guidance will be reviewed by the Scottish Government during as part of a national review of workforce planning.

This updated plan provides details of the national policy context and local planning context, detailing workforce demand projections for 2017/18 and an assessment of the future workforce supply at a local level and the actions that are being undertaken to balance supply and demand.

Section 1 – Defining the plan

The purpose of this plan is to set out the progress that has been made against the planned change to the workforce and set out key workforce supply and demand challenges NHS Lothian (NHSL) is facing over the coming years. It will also detail the actions that NHSL is undertaking to address these challenges through both the Board's Clinical Strategy and Human Resources & Organisational Development Strategy.

Many changes to our workforce relate to the redesign of our services and as such the planning is iterative. This plan is not intended to look at all aspects of workforce demand and supply for all job families, it will however highlight where there are emerging pressures that require to be addressed.

The plan will detail the considerable investments and efficiency savings that are being made in 2017/18 in the workforce to enhance our capacity to help meet treatment time guarantees, enhance unscheduled care services and provide a new 'state of the art' new Royal Hospital for Children and Young People and Department of Neurosciences. It will also detail where medium to

long term workforce risks are anticipated and what the Board is doing to respond to them.

1.1 2020 Vision for the NHS in Scotland

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Day case will become the norm for Hospital treatment where required.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

1.2 NHS Scotland 2020 Workforce Vision

The largest element in service provision within the NHS in Scotland is the workforce who equate to between 60% and 65% of all expenditure. In order to realize the 2020 vision for services it is essential that there is a 2020 vision for the workforce in order to undertake the development and reshaping of the workforce to meet the needs of service delivery. As part of the 2020 vision for the NHS in Scotland an extensive communication exercise was undertaken to find out what people thought the workforce will need to look like in 2020 to address the challenges that NHSScotland (NHSS) is facing. Over 10,000 people responded.

The values that are shared across NHSScotland are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork

The 2017-18 implementation plan builds on the actions in the first plan published in 2014-15 and subsequent annual action plans setting out the following actions for Boards and the Scottish Government.

Organisation	Responsibilities
NHS Boards	• Ensure delivery of their iMatter implementation plans, involve staff in decision making and take meaningful action on staff experience for all staff. (Healthy Organisational Culture). • Take action to promote the health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them. (Sustainable) • Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning. (Capable) • Work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development.(Capable) • Working with partners, develop workforce planning capacity and capability in the integrated setting. (Workforce to Deliver Integrated Services) • Implement the new development programme for board-level leadership and talent management.(Effective Leadership and Management)
The Scottish Government	• Ensure full implementation of iMatter, working with Boards to improve the experience of staff from all backgrounds. Continue to understand and develop the linkages between staff experience and patient experience. (Healthy Organisational Culture) • Develop approaches to create a workforce which is confident and competent in using technology to make decisions and deliver care.(Capable) • Develop and implement a national and regional workforce planning system across the NHSScotland to help deliver the vision set out in the National Clinical Strategy.(Sustainable) • Provide support to health and social care partnerships on the workforce themes and challenges emerging from Strategic Plans and Workforce Plans.(Workforce to Deliver Integrated Services) • Ensure effective implementation of development programmes to ensure that those aspiring to, or currently in, boardroom-level positions and boards of governance can be as effective as possible in demonstrating leadership at the highest level. (Effective Leadership and Management)

The table below gives an indicative timeline for Scottish Government and others to complete the new actions for 2016-17 and the actions carried forward from 2015-16.

1.3 NHS Lothian's Strategic Plan

During 2013 -14 NHS Lothian developed a draft Strategic Plan covering 2014 – 2024 to set out the strategy that will be followed in responding to significant challenges of a growing and ageing population with multi-morbidities within a tight financial climate.

Further detail is provided in section 2.

1.4 NHS Lothian's Corporate Objectives

For 2017/18, NHS Lothian's Corporate Objectives have been re-structured to mirror the 6 key strategic Improvement Priorities & Planning areas set out in NHSScotland 2017-18 Local Delivery Plan (LDP). The NHS Lothian Local Delivery plan 2017-18 sets out the detail of NHS Lothian's service, workforce and financial objectives and plans.

1.5 National Strategy

Health & Social Care Delivery Plan

The aim of the plan is for high quality services that have a focus on prevention, early intervention and supported self management. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as it is safe to do so.
http://www.gov.scot/Resource/0051/00511950.pdf

The plan sets out a triple aim:

- to improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care');
- to improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health')
- to increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

The plan sets out a range of measures that are being taken forward to:

- enhance workforce capacity within Primary Care and ensure
- review patient flow
- improve and expand scheduled care
- introduce new arrangements for the regional planning of services
- strengthen relationships between professionals and individuals through realistic medicine and reduce the unnecessary cost of medical action
- reform NHS Boards.

National Health & Social Care Workforce Plan – Part I

The National Health & Social Care Workforce Plan will be published in three distinct parts:

- Part I – covering the NHS workforce (published in June 2017);
- Part II – covering the social care workforce (to be published in Autumn 2017); and
- Part III – covering the primary care workforce (to be published late 2017)

http://www.gov.scot/Resource/0052/00521803.pdf

The intent is that the first full National Health & Social Care Plan will be published in spring 2018.

Part I, relating to the NHS in Scotland, sets out the current pressures facing the NHS workforce, considers the potential future NHS workforce and sets out a framework for improving workforce planning across NHSScotland. The plan highlights the need to enhance workforce planning at a national, regional and local level to support the delivery of the Health & Social Care Delivery Plan.

1.6 Financial Plan

The financial outlook presented to the Board in December 2016 and Finance and Resources Committee in January 2017, set out a challenging financial position for 17/18. This is within the context of Lothian having the largest population increase across Scotland over the last year and a growing older population, who are presenting with more complex needs requiring community and hospital support.

The Board's Financial Plan for 2017/18 has been developed using a revised approach which aims to strengthen the link between business unit plans and delivery of financial balance through the development of individual forecasts and specific action plans at Business Unit level. The financial planning process has also sought to recognise the Board's changing role in relation to

the preparation of budgets for Integrated Joint Boards. See section 2.4 for further details.

Section 2: Visioning the Future

2.1 Scotland's Changing Population

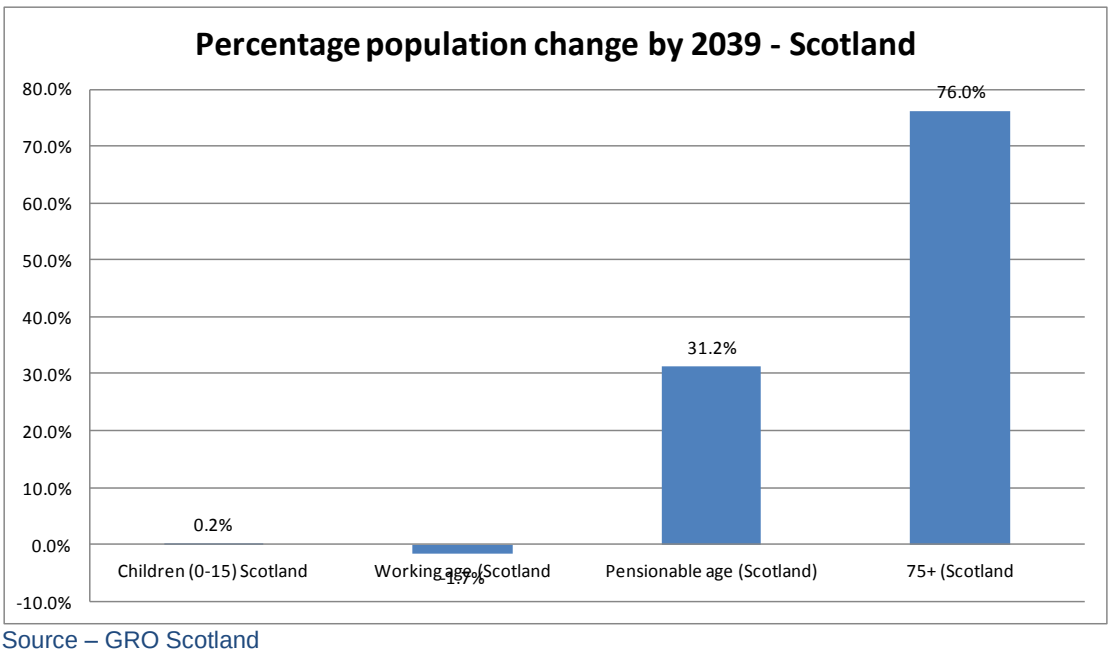
General Records Office Scotland (GROS) forecast that the growth in the population of Scotland will continue over the next 25 years. GROS project that the population will rise from 5.3 million in 2014 to 5.68 million in 2039, an increase of 339,000 c9% over the 25 year period.

However the population will continue to 'get older' and will continue to increase proportionally faster in SEAT boards in comparison with the rest of NHSS.

The projected increase of 6% in Scotland's population will be driven by the increase in the over 60 year olds. As the graph below shows, the population aged under 60 is projected to remain fairly constant whilst the number of 60+ year olds is projected to increase significantly. The rate of growth has however dropped from 8% in the previous and the impact of Brexit may have change projections further.

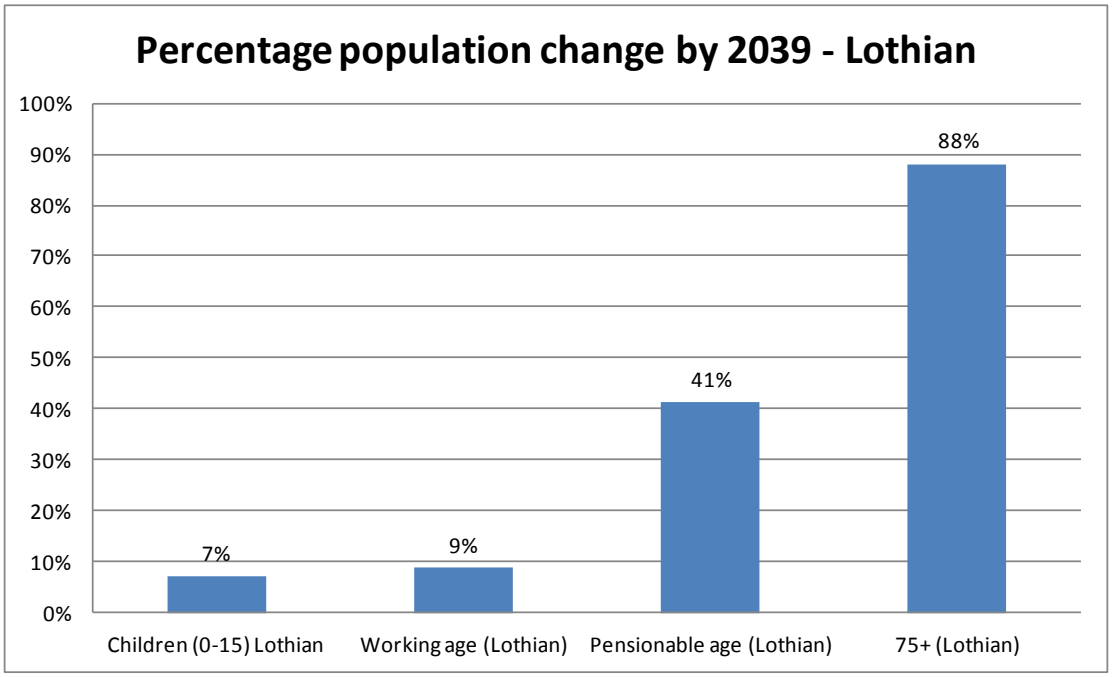
The following two figures detail the changing demographic structure nationally and within the Lothians.

Figure 1 – Projected demographic change in Scotland by 2039



Source – GRO Scotland

Figure 2 – Projected demographic change in Lothian by 2037



Source – GRO Scotland

NHS Lothian is projected to increase by 148,296 (21%) between 2014 and 2039, the largest increase in the population in Scotland. This increase will be across all age categories. The population in Scotland as a whole will however remain static or reduce within children and the working age population where these will increase in Lothian.

These figures also have built in changes in retiral age and as such the national reduction would have been considerably larger were previous age cohorts used.

These projected changes have significant implications for NHS Scotland and NHS Lothian. It will require the ongoing shift in resources to those boards projected to have significant increases in population, particularly given this growth will be mainly in the over 60 year olds. It will also require growth in the workforce of those boards in order to deliver the increased demand in clinical services. The change will also have a significant impact on the workforce as detailed in section 3.2.

2.2 NHS Lothian Strategic Plan – Our Health, Our Care, Our Future

The NHS Lothian strategic plan Our Health, Our Care, Our Future sets out the planning approach that will be followed to transform our services through a radical shift away from the traditional way of doing things to a patient-centred, whole-system approach.

The Plan reflects considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. What has become clear is the scale of the challenge in seeking to deliver our strategic ambitions in the absence of a balanced financial position.

Work on implementing the strategy has concentrated on:-

- Finding innovative ways of delivering our strategic ambitions within a constrained financial position;
- Refining service models and identifying how current provision will need to be fundamentally reshaped to deliver the future;
- Prioritising the role of primary care and the immediate steps to address capacity challenges to support the shift in the balance of care;
- Agreeing the right 'footprint' for acute services, recognising the conflict of short-term expectations and longer term need in terms of meeting treatment time guarantees, the 4 hour waiting targets in A&E departments, delayed discharges and other performance targets;
- Reviewing and reorganising the workforce profile so that it is fit and sustainable to deliver the future.

A number of enabling strategies include:-

- The centrality of the Partnerships' Strategic Commissioning Plans, which will both inform and be informed by this plan but which also will progressively develop comprehensive local plans for each partnership that will replace some elements of this plan in the future;
- A robust and publically-defensible approach to improving efficiency and productivity, including the benchmarking of performance;
- A re-focused and energised system of clinical leadership to help identify solutions as well as to deliver change;
- A more rapid and systematic adoption of proven technologies together with encouragement of innovation;
- Development of processes designed to achieve financial sustainability.

The following are the key areas of work underway as part of the strategy:

- Enhancing Primary and Community Care Access and Capability
- Development of Integrated Care Facilities
- Development of Older Peoples services capacity
- Site Master Planning
- Eye Care Redesign
- Outpatient Services Redesign
- Orthopaedic Services Redesign
- Stroke Services Redesign
- Implementation of Laboratory 'Renew' Strategy
- Expanding Ambulatory Care (day surgery)

Key to all the work steams is being able to sustain and in some case enhance/expand the workforce in the face of considerable workforce pressures further detail of which is included within section 3.

2.3 Integration of Health and Social Care

Integrated Joint Boards are responsible for the full range of community health and social care services for adults, including some acute hospital-based services. They may also direct NHS Lothian to review acute services provision through issuing directions for the review of Acute Services.

The current represents the key areas where directions have been issued to date:

- Review Allied Health Professions (AHP) Staffing - Develop clear plans to deploy more AHPs from Acute Settings to the community to support hospital discharge.
- Increase community provision of diabetes care – more clinics to be undertaken in community and Type 2 care to be provided in the community.
- Develop and implement locality-based frail elderly pathway, which will look at pathways across acute and primary care.
- Develop new design for LD services, including delivery of NHSL LD strategy.
- Work up case including risk assessment and how locality-based pathways would work. Development of ambulatory care approaches within the RIE. This is being taken forward as the Medical Specialties Programme Board.
- Introduce alternative approaches to improving access to psychological therapies. Move of substance misuse services to the community.

Integration of health and social care offers the opportunity to promote a different model of care that promotes primary and secondary prevention activity to keep people healthy for longer. The Allied health workforce is ideally situated to work in the communities and localities to undertake this work. There is also an opportunity to work across professions and boundaries to workforce plan against pathways to ensure best value and workforce utilisation that optimises return on investment.

This way of working is being tested in some of the Health and Social Care partnerships and in acute settings to utilise a philosophy of care that starts with the key skills and competencies of the entire workforce that have integrated. This is maximising the prevention and re-enabling approaches across a wider workforce who previously would have been in different silos.

The ethos of illustrating best value is driving a new way of articulating how best to use Allied health workforce in the health and social care interface. Aligning workforce in relation to bands 2-8 within Allied Health to ensure the right staff are at the interface with the population has started in Children's

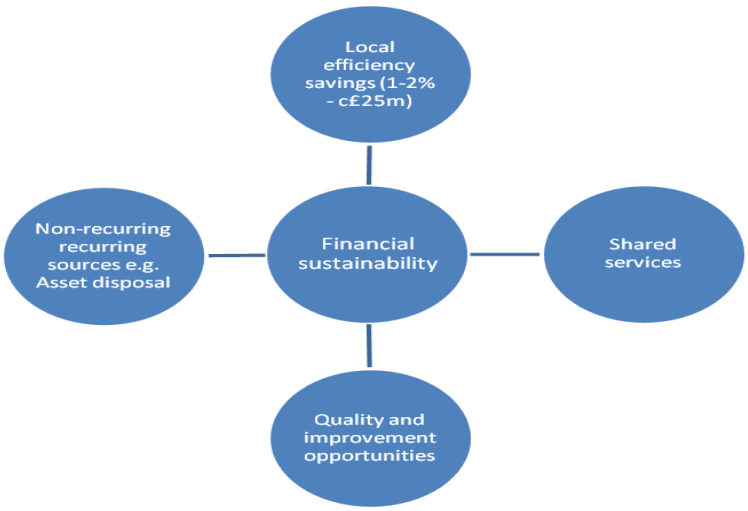
services utilising the universal, targeted and specialist approach to the utilisation of resource.

In adult services this philosophy is being explored to better utilise the limited resources across the acute and community interface and forms the basis of the discussion with the Health & Social care partnerships who have given a direction around the use of this resource

All Integrated Joint Boards (IJBs) are required to develop workforce plans by the end of the 2017/18 financial year. These plans will provide a profile of the workforce within the health and social care partnerships and the key challenges and opportunities.

2.4 Achieving a financially sustainable workforce

In 2017/18 NHS Lothian has a baseline budget of £1.54bn there is however a gap of £38.95m in funding, against which efficiency savings of £25.54 have been identified, with a gap of £13.41m remaining. The following figure details the key elements in delivering financial sustainability.



Within the recovery and efficiency actions there are four key work streams being progressed to help close this gap:

- Medicines
- Supplementary Staffing
- Property Sales
- Recovery Plans
- General Practice/Primary Care Innovation

2.5 Quality Management

NHS Lothian is fully committed to following a systematic approach to improving quality within the provision of clinical and non-clinical services.

Since 2016 NHS Lothian has been investing in the implementation quality management system to support front line teams to manage and improve quality.

Quality Management System Goal & Plan

The following are the guiding principles of NHSL approach are:

- Identify, value and nurture leaders and participants in clinical teams to drive continuous quality improvement.
- Value and develop both clinical and managerial skills in clinicians and clinical teams.
- Accept that most continuous quality improvement is a series of planned experiments within a Learning Healthcare System (LHS), not the result of large plans drawn up in offices.
- Help clinical teams acquire the skills and resources to experiment in the LHS.
- Temper standardisation with an acceptance that there isn't a 'perfect system' for us to copy.
- Make the most of what you've got by collaboration - internally and with neighbours.
- Be able to measure the small gains acquired from lots of experiments.
- Use information to manage the organisation by fact, not just intuition.
- Be bold in bringing cost as a component of efficiency squarely into the remit of 'quality'.
- Put the needs of patients at the centre of clinical decision making.
- Transformational change (rather than 'developmental' or 'transitional') will be needed to achieve the vision and mission described above.

A clinical change forum has been created to bring together clinicians from across NHS Lothian to discuss the issues and ensure clinical engagement and leadership. It aims to change practice, improve outcomes, reduce waste

and variation, by developing approaches to individual patient care and driving improvements in quality. This will be clinically driven and not management driven.

There is a well established Clinical Quality Academy which delivers training and builds capacity and capability for quality improvement within the services. There is also a network of QI coaches that services can access for support through their quality improvement journey.

NHSL is committed to expanded the reach, spread and scale of it's quality management system.

2.6 Regional Collaboration

The Health & Social Care Delivery Plan set put in place new arrangements for the regional planning of services, with each region required to produce a regional health and social care delivery plan by the end of March 2018. These plans will set out initial clinical and non-clinical priority workstreams.

Within the East region the areas currently in scope are:

- Orthopaedics
- Ophthalmology
- Urology
- Radiology
- Regional Trauma Centres
- Regional Diagnostics and Treatment Centres
- GI/Endoscopy
- Anaesthetics & Theatres

Detailed workforce profiles have been developed for each service to help inform the planning of services and assess the viability of options.

The East Region is also extending the remit of its regional workforce group which has previously focussed predominantly on medical workforce planning to cover all professions.

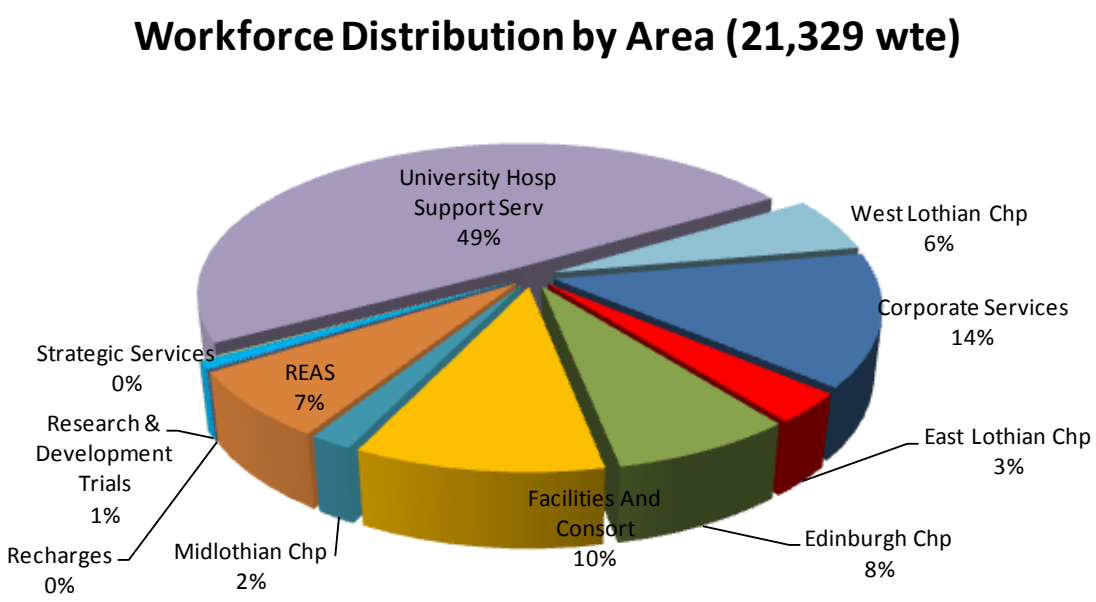
Section 3: The Current Workforce

3.1 Distribution of current workforce

The following section sets out the dimensions and characteristics of the existing workforce and analysis of key drivers affecting workforce supply.

As at July 2017 NHS Lothian utilised 21,329wte (including supplementary staffing), covering all job families and (includes supplementary staffing) at an approximate cost of £825m per year in direct workforce costs. The following figure shows the distribution of the workforce by operating division.

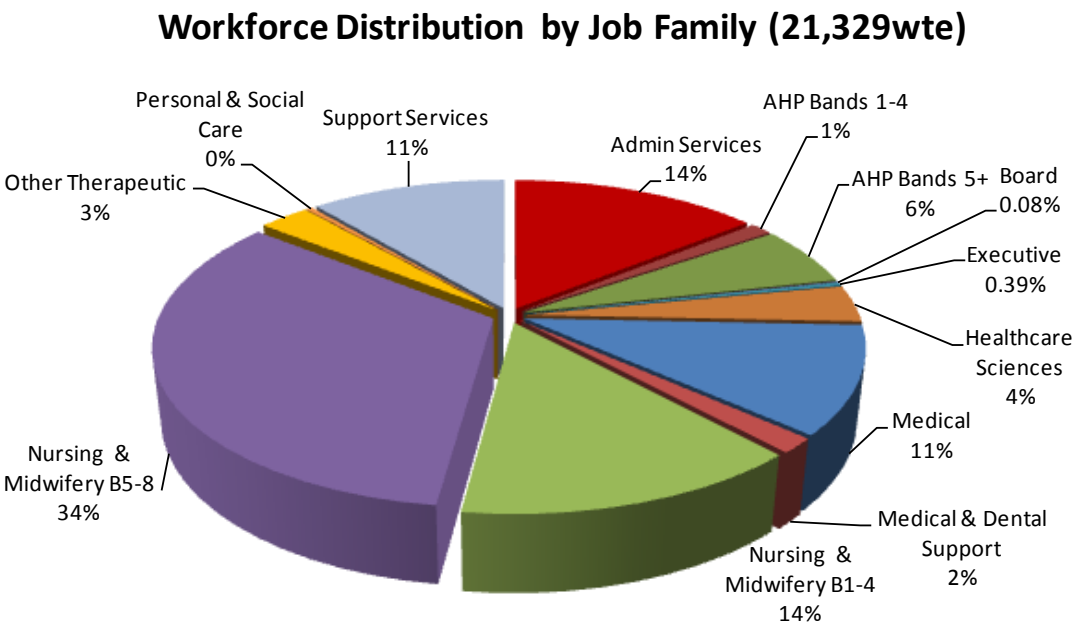
Figure 3 – Workforce by operating division



Source – NHS Lothian payroll

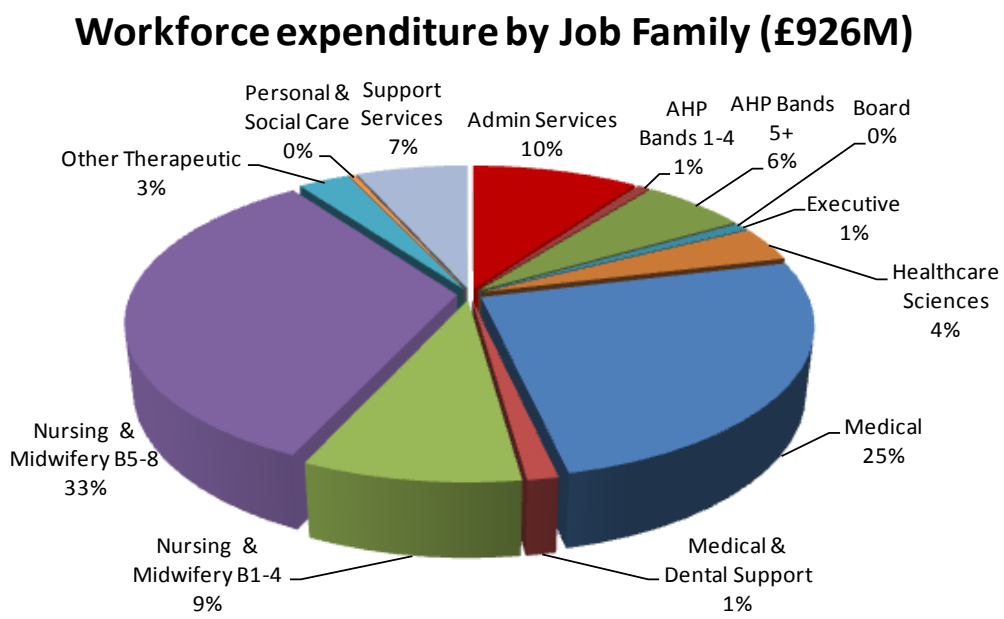
The following figures detail the workforce distribution by job family both in terms of whole time equivalents and cost.

Figure 4 – Workforce by job family (WTE)



Source – NHS Lothian payroll

Figure 5 – Workforce by job family (£)

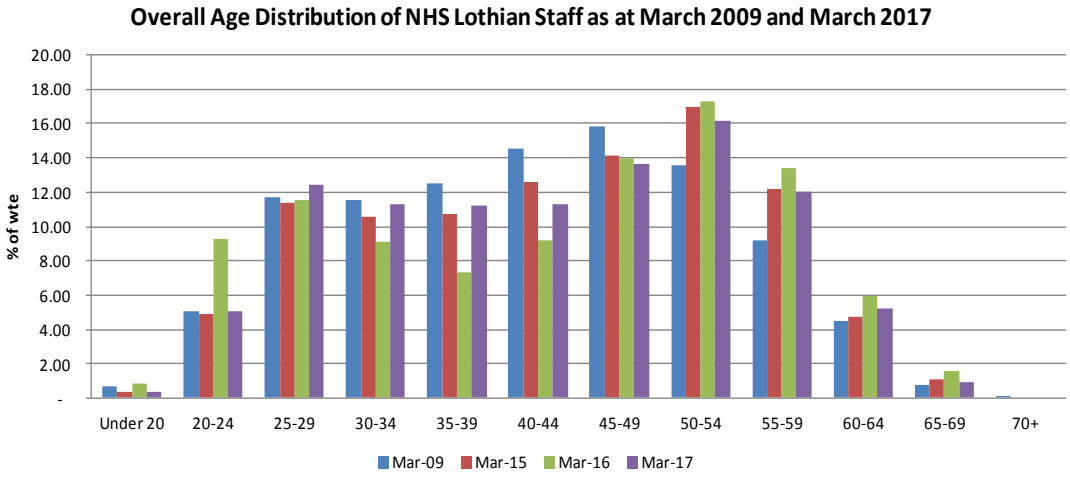


NHS Lothian maximises the proportion of the workforce focused on providing direct patient care and has the lowest proportion of Administrative staff in NHS Scotland (15.2%).

3.2 Demographic Change

Demographic change within the population is one of the most significant drivers for service change and redesign. The following section details how this change is becoming evident within our workforce and will require NHS Lothian and other boards to develop recruitment and retention strategies in order to avoid the loss of a significant proportion of the workforce over the next 5 to 10 years. The development of supply channels is necessary to enable alternative routes into the workforce to ensure adequate recruitment in the face of competition from other sectors.

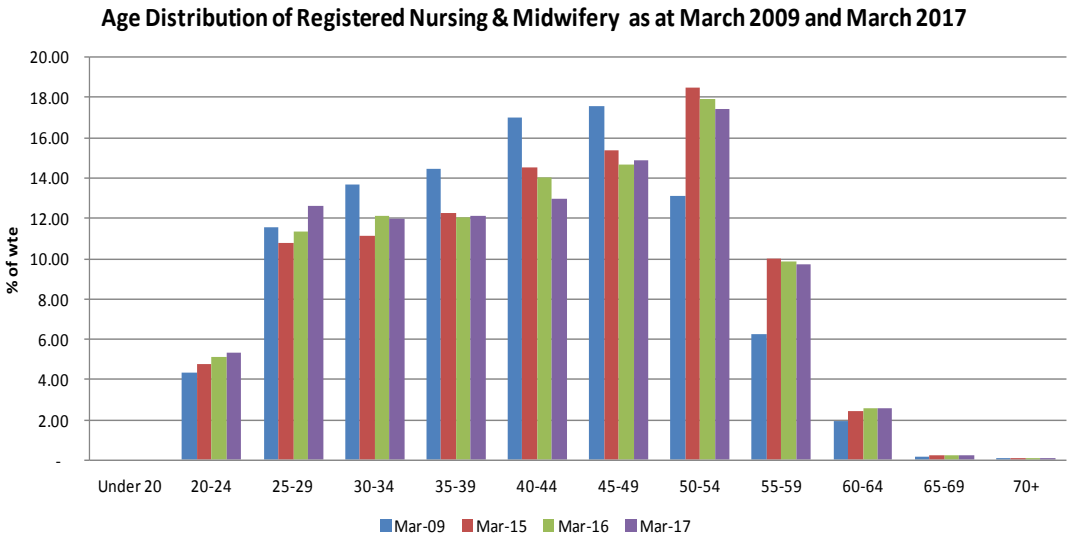
Figure 6 – Overall age distribution



Source – NHS Lothian Payroll

In March 2017 18.5% of the total of NHS Lothian workforce were aged over 55 years old compared to 14.6% in March 2009. The age grouping with the largest percentage has also shifted from 17% in 45-49 years old in 2009 to 16 % in 50-54 years old in 2016. These changes clearly illustrate the ageing that is taking place within the overall workforce. Whilst this overall profile clearly shows the demographic imbalance within the workforce it is through looking at the individual job families that specific challenges arise.

Figure 7 - Age distribution within registered nursing

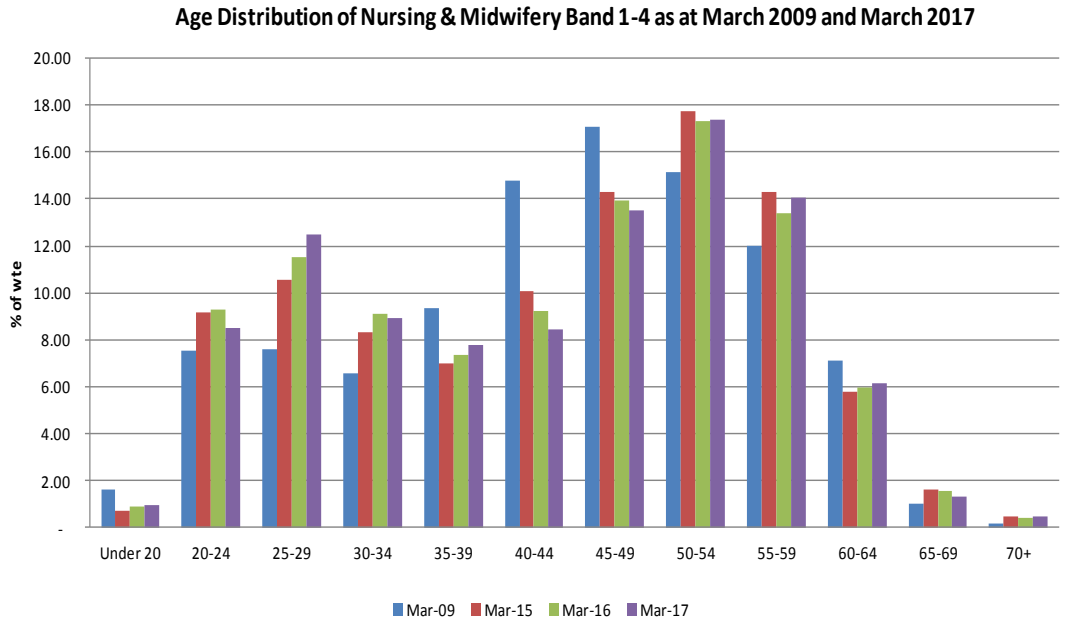


Source – NHS Lothian Payroll

Within registered nursing the ageing of the workforce is already pronounced, between March 2009 and March 2017 the proportion of staff aged over 50 has increased from 21.4% to 30.1% an increase of nearly 10% in 7 years. The median age has increased from 41 to 43 years old. Within this overall picture Midwifery also reflects these increases with 34% eligible to retire within the next 5 years. Changes to pensions will see the retiral age gradually increase to 68 years old. Within this age grouping a significant number of staff hold special class/mental health officer status and as such can retire at 55 without any actuarial reduction being applied to their pension. This means that potentially those staff within the 45-49 age category and those above may consider retiral; this equates to 47% of the registered nursing workforce.

It may be in practice there are a range of factors that influence individual decision making and not all staff will hold special class/mental health officer status however this remains a key area of uncertainty and risk for health boards. There are also implications for health and well being associated with an ageing workforce which are being considered as part of the Occupational Health Strategy which is seeking to expand provision to enable more proactive support for staff and services.

Figure 8 – Age distribution within non-registered nursing



Source – NHS Lothian Payroll

Within the non-registered workforce there is a similar pattern, between March 2009 and March 2017 the proportion of staff aged over 50 has increased from 35% to 49.4% an increase of 2.6% in 5 years. The median age has however only increased with a median age of 45 years old to 46 years old in this timescale. This suggests that whilst there is increasing ageing within the workforce there has been significant growth in the 20 to 34 age group. The distribution however remains disproportionately skewed towards older age groups and remains an area of concern.

The above figures detail the position within nursing as it is the largest area of our workforce and has the most noticeable ageing within the clinical workforce. However there are a significant proportion of the workforce already aged 55 years old who are either already entitled to retire or entitled to retire at 60 years old where individuals remain within the pay scheme as detailed in the following table.

Figure 9 – Proportion of staff over 55 years old by job family (March 2017)

Job Family	WTE Over 55 yo	% Over 55
Medical	218.82	10%
Medical & Dental Support	55.68	17%
Nursing Band 1-4	565.18	22%
Nursing Band 5-8	883.51	13%
AHP Bands 1-4	62.30	25%
AHP Bands 5+	129.25	10%
Healthcare Sciences	147.02	18%
Other Therapeutic	70.77	11%
Personal & Social Care	23.77	31%
Admin Services	868.38	29%
Executive	27.36	33%
Support Services	686.58	36%
Board	14.00	78%
Grand Total	3533.79	17%

Source – NHS Lothian Payroll
Note - Excludes staff bank

There are also significant hot spots within these job families and there are some small areas of disproportionate impact where the loss of even a single member of staff can have a major impact.

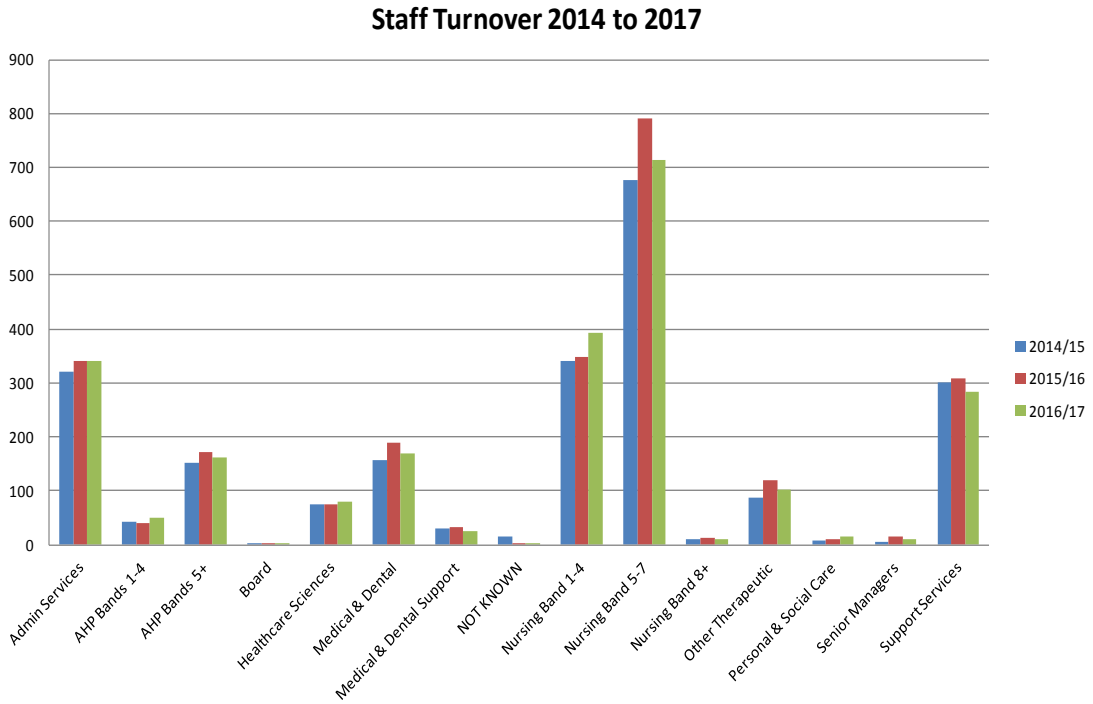
NHS Lothian is mindful of the principles set out under 'Enabling Age as Asset', including issues of flexible working, mentoring and succession planning. This has identified important lessons for NHS Boards in facilitating a genuine age aware management structure and workforce planning for a 'mixed age' staff structure. There is a need to develop employment policies that will support the ageing of the workforce especially the planned changes in retiral age.

It is clear that as the workforce ages there will be a corresponding increase in sickness absence, in particular long term absence associated with musculoskeletal injuries and mental health. A health and well being plan has been developed to enable collaborative working in NHS Lothian in support of employee health and well being. The plan recognises the importance of supporting both employee's physical and mental health wellbeing.

3.3 Staff Turnover

After the onset of the global economic crisis staff turnover reduced significantly as individuals chose to remain for financial reasons or as a result of the reduction in vacancies within healthcare and all other sectors. However since 2013/14 staff turnover began increasing in all job families reaching a peak in 2015/16 followed by modest reductions in some job families in 2016/17. It is however anticipated that turnover is likely to increase over the next five years as retrials increase reflecting the ageing of the workforce. The following figure demonstrates how this has changed between 2011 and 2017.

Figure 10 – Staff turnover by job family 2014 to 2017



Source – NHS Lothian payroll

There continues to be a sufficient level of turnover to allow redeployment of individuals where required. However the redeployment of band 7 and above remains problematic due to low levels of turnover and the lower proportion of posts at this level.

The following figure provides a comparison of the reasons for leaving from 2014/15 up to 2016/17.

Figure 11 - Reasons for leaving for all staff

Leave reason	2014/15	2015/16	2016/17
Death in Service	21	15	24
Dismissal	29	46	37
Dismissal Capability	12	11	26
End of fixed term contract	129	115	82
Ill health	62	72	79
New employment with NHS outwith Scotland	68	81	77
New employment with NHS within Scotland	322	402	338
Non Occupational illness	6	4	7
non occupational injury	1		
Occupational illness	2	1	2
Other	359	343	364
Pregnancy	3	6	2
Voluntary Severance	16	44	22
Retirement - age	392	412	415
Retirement other	49	53	64
Voluntary Early retirement - acturial reduction	43	49	62
Voluntary Early retirement - no acturial reduction		9	10
Voluntary resignation - lack of opportunity	9	10	9
Voluntary resignation - lateral move	59	65	67
Voluntary resignation - other	608	675	638
Voluntary resignation - promotion	40	49	34
Grand Total	**2230**	**2462**	**2359**

Source – NHS Lothian payroll

It is clear that whilst retrials have increased slightly the demographic bulge in the workforce remains a substantial risk for NHS Lothian and NHS Scotland is a large proportion of the workforce retiring in a relatively short period. A significant proportion of nursing staff that hold protected special class will reach retiral age and are likely to retire. This may mean insufficient numbers in training to match retrials. NHSL are currently working with NES to identify the numbers in training within the Lothians to project against likely retrials.

An anonymised online approach to exit interviews has been introduced to improve intelligence around turnover to support more proactive approaches to retention.

From April 2015 all scheme members have been transferred into the 2015 Career Average pension scheme. Those staff within 10 years of their normal

retrial age will remain eligible to retire at 60 or 55 where they hold special class status.

These changes will inevitably mean staff will consider their personal retiral circumstances and as such there may be changes to historic patterns. There have also been continued actions by the UK treasury to pension tax regulations that will increasingly see high earners such as consultant staff facing increasing taxation.

Following the referendum vote for the UK to leave the EU there is an increased risk around the recruitment and retention of staff from EU and overseas countries. It is not yet clear what restrictions may be and as a result there is significant uncertainty, which is highly likely to reduce the ability of the NHS to attract applicants to fill shortage specialties in particular.

3.4 Sustainability of small non-medical specialist services

There are a number of small non-medical specialist services where workforce supply issues can have a direct impact on the provision of clinical services; these are in the main within healthcare science areas. The workforces within these areas can however have disproportionate impacts on patient services should there be difficulties in maintaining adequate workforce supply.

Initial local priority areas identified include; Oncology Medical Physics, Medical Physics, Clinical Perfusionists and Sonography. There are also a number of small areas where there are insufficient/no training programmes in Scotland and low turnover which means that when gaps do arise they can be very difficult to fill.

There was also recognition in the NHS Scotland that the solution to many of these areas requires national support and coordination and the national workforce planning board will taking a lead nationally. Locally considerable work is underway to develop a wide range of training opportunities to attract school leavers through the Healthcare Science Academy and into a range of foundation, modern and graduate apprenticeships.

There is also regional activity underway within medical physics and laboratory services which are focussing on workforce, including the development of competency frameworks that can provide clarity in consistency around workforce capacity and providing improved capacity and skill mix planning.

The NHS Lothian Healthcare Science forum in conjunction with Learning and Development leads have a detailed action plan to support workforce sustainability, including the following key actions:

- To ensure appropriate skill mix within the different areas
- To develop a career pathway for career framework 1-4 which will provide opportunities for progression, to assist in succession planning for the future and to overcome the recruitment and retention issues currently faced.

- To continue to support all NHS Education for Scotland (NES) healthcare science education and training strategies developed to align with the Modernising Scientific Career (MSC) initiative launched by the Department of Health.
- To continue to support all NHS Education for Scotland (NES) healthcare science education and training programmes including the early leadership; refresher leadership courses and the nationally funded programmes such as the Clinical Scientist Training programme and the common core programmes to assist in succession planning
- To develop a more generic national practitioner training programme in line with MSC requirements for equivalence
- To continue to participate in healthcare science week and other professional recruitment and promotional events to ensure that pupils and students are aware of healthcare science as a profession.

3.5 Medical Workforce Planning

Within the trained medical workforce in Lothian recruitment is relatively strong at an overall level, with approximately 85% of consultant recruitment processes completing in 2016/17, with an 87% appointment rate. However 15% of consultant recruitment processes in 2016/17 did not complete due to either a lack of applications or suitable applicants.

Whilst NHS Lothian is relatively well placed in comparison with other boards there remain specialties where there are challenges in recruitment, these include:

- Medicine for the Elderly – there has been an increasing difficulty in recruiting to consultant posts with the last four posts under recruitment having received no applicants/no suitable applicants.

- St John's Site – recruiting to posts solely based at St John's site has become more difficult in a numbers of specialties. Specialties such as paediatrics have been appointing to posts split across sites to improve recruitment.

- Paediatrics – Following the review by the Royal College of Paediatrics of Paediatrics and Child Health (RCPCH) NHS Lothian committed to increasing the Paediatrics consultant workforce to sustain the paediatrics service at St John's and in particular the out of hours service. It has however not been possible to recruit sufficient staff to cover evenings and the weekends despite three attempts at national recruitment and consequently admissions out of hours have stopped.

The fill rate for specialty training posts within the East of Scotland is the highest in Scotland, there are however a number of specialties where fill rates in other areas of Scotland are low e.g. psychiatry and emergency medicine. The high fill rate within the East region is as a result of the high quality training programmes and close University links.

The fill rate for Core training and Specialty training levels 1 to 2 in the South-East Deanery region is 100% for all specialties with the exception of general practice where 8 posts out of an establishment of 88 posts are unfilled (90%). The SE region has the highest fill rate at this level.

Figure 12 – Fill rates for Core/Specialty Training Years 1&2 2017

Region	Core 1&2/Specialty 1&2
East	78%
North	80%
South-east	95%
West	77%

However fill rates for specialty training have declined with 30% of overall posts unfilled, within this overall figure there are also a number of specialties where the fill rate is significant lower:

Figure 13 – fill rates for Higher Specialty Training

	2017 Fill rate	Specialty training programme establishment Fill Rate
Acute Internal Medicine	37%	77%
Child and Adolescent Psychiatry	40%	79%
Clinical Oncology	50%	83%
Medical Oncology	29%	76%
Old Age Psychiatry	38%	68%

Whilst the SE typically has a higher proportion of the fill rate the reducing national establishment may have an impact on Lothian in future years as there will be a reducing number of CCT holders. It is also of concern that the specialties that are experiencing the greatest difficulties are those which will see increased demand associated with an ageing population.

There are however significant gaps that emerge during the course of the year as trainees go out of programme for reasons including maternity leave, trainees taking up PhD research opportunities, out of programme training etc. There is no funding for maternity leave cover and as such represents a financial pressure and also it is often not possible to fill a Locum post for less

than a year and consequently there is reliance of bank or agency staffing to provide cover. Clinical Fellows and Clinical Development Fellows have been important in helping support sustainability within a number of 'front door' specialties, whilst also providing high quality supervised training opportunities. It may be however that further investments in ANPs may be more cost effective and provide greater resilience.

Scottish Shape of Training Transition Group

Many of the workforce challenges that are faced by Boards require to be tackled at both a local and national level. The planning of training programmes and numbers requires to be carried out nationally in conjunction with Boards to ensure that planning reflects the requirements of services, as well as those of trainees. This group was established in 2014 under the leadership of the Scottish Government along with training leads from NES and stakeholders from Boards.

The key work streams that are currently being progressed include:

- Research to understand the career destinations of foundation trainees through a destination survey.
- Profiling of core medical training including recruitment & retention and flows through to specialty training.
- Supporting recruitment and retention
- Development of medical specialty profiles
- Coordination of the International Medical Fellowship programme

The SE region and NHS Lothian are currently working with the group to review and test some of the planning assumptions that have been used to plan future trainee numbers to help ensure the accuracy of the planning process. Getting this work right is key in ensuring workforce sustainability in the medium to long terms. The national workforce plan indicated that there medical specialty profiles will be used to help support regional medical workforce planning.

The UK Shape of Training Project is now at a stage where Curricula mapping is being developed within General Surgery, General Medicine, General Practice and Obstetrics and Gynaecology. This will help identify the changes to training programmes, training duration and potential impact on service provision.

General Practice

Over the last 10 years the profile of the GP workforce has changed significantly. There are now more female GPs than males, with a lower sessional commitment. In Lothian there are a significantly higher proportion of part-time GPs (61.3%) than the Scottish average (49.5%), the majority of whom are part-time. National research (Primary care workforce survey 2013) has shown that only 25% of females work 8 or more sessions (whole time equivalent). These changes in the average contribution level were not

factored in to the national planning of training of numbers until relatively recently.

Demographic change within the GP workforce is also a key factor as the majority of GPs (55%) are aged over 45 years old, with the majority of females aged under 45 and the majority of males approximately 48 years old. Where gaps arise they are typically partners and these posts can be unattractive given the predominance of part-time working.

General Practice within the Lothians is facing unprecedented pressures in sustaining the workforce as a result of retirals and the impact of part-time working. Increasing numbers of practices require some support and in some cases special measures are required. This in the most serious cases requires the practice to be taken on by the health board until sustainability can be ensured and the practice can once again become independent. One of the most significant issues for practices is the lack of GP workforce availability, which is likely to be a continuing trend. Recruitment to GP training places has deteriorated further at a national level from 78% in 2015 to 68% in 2017 at an NHS Scotland level. The fill rate within the South East (SE) of Scotland however has been higher at 91%, which is positive for the medium to long term if trainees remain in the SE region. However the combined fill rate of 61% within other regions is likely to impact on the overall GP labour market which is already weakening.

Current recruitment pressures for trained GPs when taken together with the demographic changes that are emerging from a growing and ageing population show a clear need for a framework of support that can be provided for practices that are experiencing difficulties. Currently 19 practices are being provided with support to varying degrees, with a 51 practices out of a total of 125 having to apply restrictions to their list size to protect the quality of service provided to existing patients. There are now 10 Section 2c practices where NHS Lothian has had to take over the running of practices as they could no longer be sustained as an independent contractor.

To improve sustainability and modernise general practice there has been recurrent investment from NHS Lothian of £2m in 2017/18, with a further £3m in 2018/19 and 2019/20 is supplementing the national Primary Care Transformation monies which have been allocated in 2017/18.

Health and Social Care Partnerships (HSCPs) are pursuing the developing innovative approaches to creating additional capacity in the primary care team. There are ongoing programmes to introduce pharmacists, nurse practitioners, physiotherapists, paramedics and link workers. Co-ordination is through the HSCPs working together with Lothian-wide support and overseen by the Primary Care Investment and Redesign Board (PCIRB).

A revised national GP contract is currently under negotiation with the intention to implement from April 2018.

3.6 Nursing and Midwifery Workforce Planning

The national nursing and midwifery workload and workforce planning tools have been run on an annual basis. The findings have been triangulated with professional judgement and quality indicators and optimum staffing levels identified across speciality groups, and papers brought to previous CMT meetings. Investment has been made to ameliorate the impact of incremental drift on budgets, to ensure safer staffing levels in areas of professional concern and to eliminate variation within specialities across sites.

Maintaining safe staffing has seen continued and increased use of supplementary staffing to ensure safety for patients across in patient settings. The Francis, Keogh and Vale of Leven reports have all highlighted the impact of staffing levels and skill mix on the quality of care delivered. A risk assessment is carried out for every agency shift requested and whilst there has been a reduction in agency used however agency continues to be pursued where patient safety may be compromised.

Nursing & Midwifery

Vacancies

Across the Board the establishment gap is monitored monthly. The Board has continued to use a generic recruitment process founded on "1 application 1 interview 1 decision" to manage all band 2 and band 5 nursing vacancies, to good effect. The establishment gap target is around 5%, this will allow for use of flexible staff to cover predictable absences.

Theatre Nursing

There are significant workforce capacity pressures within the theatre workforce, with increasing activity, working towards 3 session days and a workforce with approximately 25% of its staff eligible to retire within 5 years. A theatres nursing workforce group has been established to take forward the development of training solutions to support service sustainability.

A five year forward plan of the workforce has shown a potential gap of 86wte (16%) in the workforce not including any future growth in demand for the workforce. The initial priority has been identified as increasing anaesthetic trained practitioners through training an additional 10wte per year for the next 3 years. The development of a local/regional approach to training ODPs is also under development following the closure of the only ODP training programme in Scotland at Glasgow Caledonian.

Development of Band 4 Peri-operative Department Assistants has also been on-going with a final cohort in 2017/18, which will provide full capacity at the RIE, WGH and SJH. This workforce was/is being developed from within the existing healthcare support workers undertaking a locally developed Professional Development Award at West Lothian College(WLC).

Candidate progression to the Intraoperative unit will be by successful completion of these units. NHS Lothian and WLC staffs are working collaboratively to deliver the Intraoperative unit which commenced in January 2016.

Health Visiting

The Health Visiting (HV) workforce requires to considerably increase to enable compliance with the Children and Young Persons (Scotland) Act 2014 with its shift in focus to care delivered by B6 HVs and the implementation of the universal pathway (which Lothian agreed with Scottish Government to implement from May 2017) which prescribes additional home visits.

The issues regarding reduced supply and capacity within the Health Visiting workforce across Scotland are well recognised. NHS Lothian has adopted a long arm mentoring arrangement and has increased the number of trainee Health Visitors over recent years from 6 in 2014 to 40 trainees/year. This has been in addition to a national and local recruitment campaign. However, there remains the constant pressure of people reaching retirement age (54% of Band 6 HVs aged over 50 years of age (72.3 WTE)) most of whom will have retained their special status so can potentially retire at 55. ISD data via SWISS indicates that 12-15 B6 staff/year will leave, mainly due to retirement. This, together with the growth in the populations through increasing housing and incoming families in parts of the Lothians and recognition of the caseload complexity has increased the requirement for HVs. The vacancy rate continues to be monitored at fortnightly huddles and, as of September 2017 there are approximately 10.83 WTE vacancies (7% vacancy rate) which compares with 21% in December 2015. The cohort of 18 students qualifying in January 2018 will take the workforce into additionality which will enable the additional home visits to be fully undertaken.

In prior years NHS Lothian had also introduced significant staff nurse skill mix in response to service development and redesign and in mitigation of the growing number of HV vacancies, the role of the HV staff nurse is now well embedded within HV teams. Band 5 staff nurses are no longer part of the national model for health visiting delivery and NHS Lothian has a technical delivery plan to reduce the numbers to the end point of having no staff nurses in core health visiting service. The national policy changes around the delivery of immunisations (Vaccination Transformation Programme) will see each health board delivering all vaccinations to all age groups and no input from General Medical Services. Therefore some of the staff nurses from health visiting may opt to move into vaccination team and be retained in community nursing. The first additionality (i.e. new HV posts) will be created in operational budgets and team from January 2018. The national Scottish Government target is for NHS Lothian to increase by 61wte health visitor posts in operational establishments, however, NHS Lothian aims to create 65.05 wte as the caseload weighting tool is run annually to measure population numbers and need. The difference between 61 and 65.05 will be met financially from internal service redesign.

School Nursing

Like health visiting, the school nursing role has significantly altered following the creation of a national School Nursing Pathway. This has led to a shift away from delivering large scale school vaccination programmes to delivering a more individual and caseload based approach to care. All generic school vaccinations are now being delivered by the Community Vaccination Team. The new priority areas are: emotional health and wellbeing; substance misuse; child protections; domestic abuse; looked after children; homelessness; youth justice; young carers; transitions. The B6 school nursing workforce is smaller than health visiting, but with similar demographic pressures within the workforce with 79% aged over 50 years of age with the potential to retire over the next 5 years.

Currently NHS Lothian has a shortage of specialist qualified (NMC part 3 SCPHN) School Nurses (only 3 working clinical within School Nursing Service Pan Lothian) which is the lowest in Scotland. One new SCPHN is qualifying in January 2018 and 2 further school nurse students will commence the 1 year master level 11 course in January 2018. Work is underway to re-design the work force and skill mix teams to meet the new workforce requirements with the current model of term time working needs needing to be replaced by full year caseload working that supports children and young people and their families in the school, community and home setting.

District Nursing

Similar to health visiting and school nursing, there are significant risks within the district nursing workforce associated with the ageing of the workforce, with approximately 47% of Band 6 and 7 DNs being eligible to retire by 2021 with many with NHS 'special status' and able to retire at 55. Lothian (like many other Boards) has an unprecedented number of B6 vacancies. The situation is exacerbated by experienced Band 5 staff leaving District Nursing teams for promoted posts within other services where a post-registration qualification is not required. e.g General Practice, Acute Services, Hospital at Home and Out of Hours Services.

It is very difficult to recruit trained experienced B6 District Nurses at Band 6 which is a recognised UK problem. NHS Lothian launched a UK wide recruitment campaign combining professional journal advertisements, web based targeting, plus NHS Show advertisement. However, this resulted in no B6 vacancies being filled. In addition, a higher proportion of new recruits to community staff nurse posts are newly qualified staff with limited nursing experience and who require higher levels of direct and indirect supervision for longer periods as they develop their skills and competencies to work independently in a community setting.

In order to address this, two approaches are being taken forward.

Firstly, increasing the number of people being supported to undertake their PG Dip in Person Centred Practice at Queen Margaret University (QMU), Edinburgh. In 2016-17, 11 trainee District Nurses were funded and recruited to undertake and in 2017-18 17 places were funded (an increase from 6

places in 2015). In addition, all of the District Nursing students require supervision from a Band 7 Practice Teacher (PT). There are currently 8 PTs across Lothian (of which 6 will be eligible to retire in the next 5 years). Five additional PTs are currently being supported to undertake the course at QMU.

Secondly, an incremental modular programme is currently being developed as an alternative to the 9 month QMU programme which will enable B5 nurses to gain the knowledge and skills required which will provide an alternative route for staff to gain the qualification.

Historically, the District Nurse service within Edinburgh, East and Midlothian have separate Day and Evening services West Lothian works to a different model with all out of hours care (including week-ends and public holidays) being provided by a separate team. In order to make the service fit for purpose and to meet increasing demands H&SCPs are progressing the integration of these two services. This model will help to ensure more efficient use of resources and maximise the potential of the workforce and deliver improved outcomes for patients. The Night District Nursing service across Lothian is managed separately by Lothian Unscheduled Care Service.

In addition to District Nurses, to ensure more complex care can be provided in the community, the service also needs to increase the number of Advanced Nurse Practitioners (ANPs) within the community setting with 14 ANPs currently in training for Primary Care within Lothian to support primary care sustainability. As well as the established models of anticipatory care/hospital at home type schemes – REACT in West Lothian; IMPACT and Compass in Edinburgh; ELSIEs in East Lothian and MERRIT in Midlothian there are examples of nurse led services e.g. East Lothian Care Home Team, a nurse led team that provide advanced decision making, independent prescribing and access support to prevent admission to hospital wherever necessary. This team are reducing the burden on stretched GP practices that would routinely provide primary care to the Care Home environment.

General Practice Nursing

General practice nurses (PN) are largely employed by independent GP practices and are an integral part of the practice workforce. Ensuring adequate supply is a key requirement in supporting GP sustainability. A recent survey in to GP nursing, conducted in January 2016, sought to find out key issues in this area, including retirement intentions.

The survey which was issued to circa 300 GP nurses (71.6% response rate) highlighted a significant risk as 34.8% of PNs intend to retire within in the next 5 years. This is line with the other areas of the primary care nursing workforce. This potential loss of workforce at a time when the demand for PNs in increasing will represent a significant challenge for individual GP practices.

The PN workforce has typically been long serving and attracted experienced staff from acute settings, there has however not been a career structure in place that would allow for a greater mix of skills and experience. The

development of the GP nurse is currently under development and aims to offer a more coherent pathway for the progression of nurses in this area.

A national group has been established to review the definition and job titles as well as the educational and competency levels that are required to be an advanced nurse practitioner and a lead general practice nurse down to healthcare support worker. £2m has been provided by the Scottish Government to support GPN raise their educational and competency levels.

3.7 Allied Health Professions

Across the range of the Allied |health Professions NHS Lothian continues to attract workforce and has a steady supply of applicants across the bands. Unlike many other Boards the supply and retention of most band 5-7 is constant and stable.

Individually some of the professional groups such as Orthoptists, Arts Therapies, Prosthetists and Orthotists, Sonography are in very small numbers and there are challenges in these smaller professions in maintaining a workforce primarily due to low turnover and limited numbers of people who are eligible to apply in the area.

Sonography is a particular concern and is cited in Radiography priorities to ensure an appropriately trained workforce is available to perform this important role.

3.8 Promoting Attendance at Work

At a national level in 2016-17 there was an average sickness absence of 5.2%, equivalent to 7,291 wte and £267m across the NHS in Scotland, a slight increase on the previous year (0.04%) In addition to these costs a significant number of clinical roles require to be back filled where absence occurs and as such supplementary staffing is required.

With the substantial financial pressures that all Boards are operating under Lothian has worked closely with Partnership representatives on reducing the levels of sickness absence. Within NHS Lothian there has been a slight decrease (0.05%); from 5.02% (2015-16) to 4.97% (2016-17), remaining below national average.

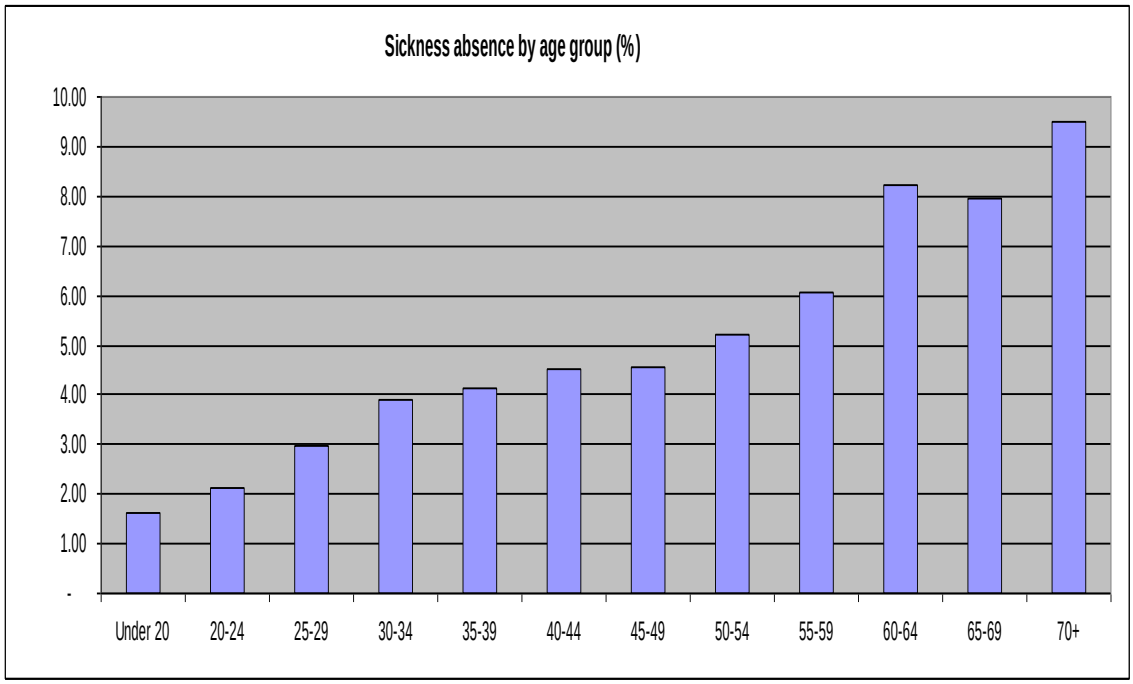
Significant efforts continue to be made in maximising attendance at work through

- Comprehensive, detailed and accurate sickness absence reporting
- Local line management capability
- HR and partnership support for line managers
- Robust consistent process for managing poor attendance
- Extensive occupational health service, including counselling and staff physiotherapy service.

The pressure to meet the local 4% sickness absence standard will however become increasingly challenging as the workforce continues to age, given the direct correlation between age and the levels of sickness absence. A health and well being strategy is being developed to support the ageing of the workforce and increasing retiral age. Given the increase in retrial age to 68 within the next 10 years and the ageing of the workforce a health and well being strategy is being developed to help support staff working longer.

Sickness absence dashboards have been developed that provide access to a suite of sickness absence information which can be accessed at both a high level and a local service level. This enables comparisons between services and job families and enables services to set a local meaningful sickness absence target against which to track progress. Occupational Health referral processes are also being reviewed to support efficiency.

Figure 14 – Sickness Absence by Age Grouping



3.9 Growing our Own Workforce

NHS Lothian is involved in supporting a range of different socially excluded groups, recognising that employability is one way that NHS Lothian can help individuals move out of this situation. This is done in a range of different ways and also involves cross-organisation working as well as links to groups within local authorities who are focussed on the same purpose. NHSL is closely involved in the following areas:

- Supporting School Visits

- Working with Further Education (FE) Colleges and Higher Education (HE) Institutes – for example with the Healthcare Academy.

- Developing supporting networks through new services – The WORKS is an NHS Lothian vocational rehabilitation service for people living in Edinburgh who are currently supported by a Community Mental Health
- Team.

- Based on evidence which identifies that being in employment reduces the chances of re-offending, NHS Lothian continues to develop an employability programme with the Scottish Prison Service to support offenders gain either relevant skills and experience to help achieve employability once released from prison or indeed to support them into employment within NHS Lothian. This would be done via placements.

- Involvement in cross-organisation partnerships – specifically these are with the different local authorities within the NHS Lothian area (including City of Edinburgh' Council's Joined Up for Jobs Strategy Group, East Lothian's Employability Group and Midlothian Council's Employment Action Network (MEAN).

- Access to Industry provides access to education and employment for disadvantaged and excluded people.

- Jobcentre Plus Work Experience – available to 18 to 25 year olds

- Moving Intowork provides employment consultancy and support services within Edinburgh and Lothian to people with an Acquired Brain Injury and Asperger Syndrome.

- Work Training Project - Occupational Therapy Rehabilitation Unit (OTRU) is part of NHS Lothian and provides placement support for people with mental health problems to get back into a working environment.

NHSL is also committed to providing youth employment opportunities (16 to 24) and is involved in the following areas:

- **Project SEARCH** – The Edinburgh initiative brings together a partnership of employers (The City of Edinburgh Council and NHS Lothian) an educational provider (Edinburgh College) and a supported employment specialist (Intowork) to work with young people aged 16-24 with physical and learning disabilities who want to move into employment.

- **NHS Lothian Internships** – Aimed at individuals who have left school over the past 2 years, these 6 month contracts provide work experience (undertaken within a funded post), a number of planned training days (covering communication, team building etc) and access to all internal vacancies.

- **Princes Trust** - NHS Lothian is also working in partnership with the Prince's Trust. We run a 6 week 'Get into Healthcare' in either Facilities or Clinical, programme for young people living in Edinburgh and Lothian areas. These courses are aimed at young people, aged 18-29, who are interested in a career in either Clinical Support or Facilities. 8 young people are currently participating on the Get into Healthcare Facilities programme just now and they are due to graduate at the beginning of November. This is the 6th Cohort we have run with the Princes Trust; Cohort 7 is due to start in February 2018.

  In all 73 young people have participated in the course, across Facilities and Clinical. 37 are still employed with us. Those that have left NHS Lothian have gone on to pursue other careers or to enter further education, which in itself is a success as they have gained the skills and confidence to do so. One Get into Healthcare Clinical student successfully enrolled at Napier this September and is pursuing a Masters in Nursing. Some of the young people who were part of the clinical cohorts are undertaking their National Progression Awards. At least four of the Get into Healthcare Facilities young people have changed jobs and are now in Clinical Support roles in NHS Lothian.

- **The JET Programme** - is a partnership agreement between NHS Lothian and South Edinburgh Partnership to deliver work based learning. The purpose of the programme is to provide S4 school leavers with skills to aid their move into employment and to promote NHS Lothian as an employer of choice.

- **Programme for Alternative Vocational Education (PAVE)** - is for students in S4/5 of secondary school education, who would like to develop the personal, social, vocational and employability skills, which are required when moving from school to the world of work.

- **One Week Work Experience** - placements for secondary year 4, 5 and 6 pupils seeking experience for their chosen career path. NHS Lothian places, on average, 630 individuals each year.

- **Medic Insight** - provides S5 students in Edinburgh and Lothian considering a career in Medicine with a structured and varied week of work experience providing a well-rounded, dynamic and unbiased glimpse into their potential future career.

- **Facilities Academy –**There is also further experience on the Staff Bank as well as relevant qualifications.

NHS Lothian also has its own Healthcare Academy which helps unemployed people be one step closer to employment. The educational support provided by NHS Lothian is aimed to support new staff into the organisation (including those in the 16 – 24 year old youth employability category) as well as existing staff of any age.

NHS Lothian facilities Hard FM/Estates offer Modern Apprenticeship opportunities within Electrical, Mechanical, Engineering, Plumbing and Joinery which provides excellent training opportunities whilst supporting improved recruitment and retention. There is also an internal Adult Apprenticeship Scheme for existing employees to provide opportunities for career enhancement. Since the beginning of the apprenticeship initiative Facilities have run 30 apprenticeships. New SLA's with Edinburgh College and West Lothian College in relation to the modern apprentice opportunities are in development.

Development of modern apprenticeships – NHS Lothian in common with all employers has to pay the Modern Apprenticeship (MA) levy which costs £3.79m per annum. The Scottish Government Health Department in turn fund the college sector through Skills Development Scotland to provide the educational aspects of apprenticeships. The development of MAs provides NHS Lothian with the ability to attract 16 to 24 years olds into the workforce whilst providing more attractive structured employment and training. An Early Careers & Apprenticeship Delivery Plan has been developed which sets out the outcomes associated with:

- Embedding apprenticeships within the organisations workforce strategy
- Establishing service and managerial commitment
- Developing effective learning programmes and processes

Strong progress has been made in achieving the national target of 60 for MAs with 50 now in training, with a further 28 in development. Numbers are expected to increase significantly as services develop local plans with support from the corporate learning and development team.

4 Workforce Demand

The changing size and composition of the population is the overarching driver for change in both the services and the workforce which provides them. As detailed in Section 2, NHS Lothian faces the challenge of both a growing and ageing population. This growth in conjunction with Treatment Time Guarantees increases the requirement for capacity within services and their workforces. This will require a constant focus on developing innovative approaches to service provision to enhance the productivity, efficiency and quality of services.

Over recent years there have been additional resources for investment in services affected by population pressures through the National Resource Allocation Committee (NRAC) funding formula. It had been anticipated that this would continue however following an update to the population and deprivation aspects of the formula NHS Lothian's relative position has changed.

The following section sets out the key drivers for workforce demand and the extent of anticipated workforce change in 2016/17.

4.1 Workforce investments by Job Family

Despite the requirement for substantial financial savings NHS Lothian is investing in a range of clinical services through the Financial, Unscheduled Care and Scheduled Care Plans and development of a new Royal Hospital for Children and Young People,supporting both workforce and service sustainability. These investments are being made within both acute and primary care settings to:

- Support effective and safe care 24/7
- Support general practice in modernising services models, through financial support and training advanced nurse practitioners
- Improving flow into, within and out of Acute Hospitals
- Making the community the right place
- Support workforce sustainability and enhance capacity where required.

The following figure provides detail of planned workforce by job family.

Figure 15 – Workforce change by job family 2017-18

All Staff	Baseline NHS Board	Variance	Year 1 Projection	Year 2 Projection	Year 3 Projection
All Staff Groups	**20,232.5**	**-270.6**	**20,373.4**		
Medical	2,222.1	-74.3	2,236.7		
Dental	64.4	14.3	64.4		
Sub Total	**17,946.0**	**-211.6**	**18,072.2**	**18,185.7**	**18,169.2**
Medical & Dental Support	**335.9**	**-69.1**	**339.2**	**339.2**	**339.2**
Band 1 -4	160.0	-3.4	163.3	163.3	163.3
Band 5 - 9	176.0	-65.7	176.0	176.0	176.0
Not Assimilated / Not Known	-	-	-	-	-
Nursing & Midwifery	**9,554.2**	**32.1**	**9,592.6**	**9,683.3**	**9,666.8**
Band 1 -4	*2,566.2*	*-3.0*	*2,550.8*	*2,553.7*	*2,553.7*
Band 5	*4,146.8*	*15.7*	*4,142.6*	*4,167.3*	*4,170.8*
Band 6 - 7	*2,701.7*	*19.3*	*2,759.6*	*2,822.7*	*2,802.7*
Band 8a - 9	*134.7*	*-2.2*	*134.7*	*134.7*	*134.7*
Not Assimilated / Not Known	*5.0*	*2.3*	*5.0*	*5.0*	*5.0*
Allied Health Profession	**1,568.2**	**-16.2**	**1,577.7**	**1,600.5**	**1,600.5**
Band 1 -4	*253.6*	*5.8*	*259.0*	*269.8*	*269.8*
Band 5 - 9	*1,305.1*	*-12.6*	*1,309.2*	*1,321.2*	*1,321.2*
Not Assimilated / Not Known	*9.5*	*-9.5*	*9.5*	*9.5*	*9.5*
Other Therapeutic Services	**621.0**	**-43.3**	**620.5**	**620.5**	**620.5**
Band 1 -4	*114.3*	*-10.8*	*114.3*	*114.3*	*114.3*
Band 5 - 9	*506.7*	*-32.5*	*506.2*	*506.2*	*506.2*
Not Assimilated / Not Known	-	-	-	-	-
Healthcare Science	**795.1**	**2.1**	**788.9**	**788.9**	**788.9**
Band 1 -4	*209.3*	*-20.2*	*209.3*	*209.3*	*209.3*
Band 5 - 7	*499.8*	*14.8*	*493.6*	*493.6*	*493.6*
Band 8a - 9	*86.1*	*5.4*	*86.1*	*86.1*	*86.1*
Not Assimilated / Not Known	-	*2.0*	-	-	-
Personal & Social Care	**76.3**	**-9.6**	**76.3**	**76.3**	**76.3**
Band 1 -4	*1.1*	*-0.7*	*1.1*	*1.1*	*1.1*
Band 5 - 9	*75.2*	*-9.2*	*75.2*	*75.2*	*75.2*
Not Assimilated / Not Known	-	*0.2*	-	-	-
Ambulance Services	**-**	**-**	**-**	**-**	**-**
Support Services	**1,919.3**	**-4.3**	**2,019.9**	**2,019.9**	**2,019.9**
Band 1 -4	*1,819.2*	*0.5*	*1,919.1*	*1,919.1*	*1,919.1*
Band 5 - 9	*100.1*	*-4.8*	*100.8*	*100.8*	*100.8*
Not Assimilated / Not Known	-	-	-	-	-
Administration Services	**3,075.9**	**-103.2**	**3,057.0**	**3,057.0**	**3,057.0**
Band 1 -4	*2,184.2*	*-50.1*	*2,165.3*	*2,165.3*	*2,165.3*
Band 5 - 7	*677.6*	*-52.3*	*677.6*	*677.6*	*677.6*
Band 8a - 9	*101.1*	*-16.2*	*101.1*	*101.1*	*101.1*
Not Assimilated / Not Known	*113.1*	*15.5*	*113.1*	*113.1*	*113.1*
Management (non AfC)	**82.7**	**20.7**	**82.7**	**82.7**	**82.7**

The following represent the main areas of the increases within the workforce:

- Investments in the medical consultant workforce following a review by the Royal College of Paediatrics and Child Health.
- Growing the health visiting workforce to meet the requirements of Getting it Right for Every Child.(GIRFEC)
- Growing the children's nursing workforce reflecting the increased range of service provision and the increased ward and room footprint.

4.2 Efficiency & Productivity Plan

NHS Lothian's 2017-18 Financial Plan continues to strengthen the link between business unit plans and the delivery of financial balance, through the development of individual forecasts and specific action plans at Business Unit level. The financial planning process has also sought to recognise the Board's changing role in relation to the preparation of budgets for Integrated Joint Boards.

In 2017/18 NHS Lothian has a baseline budget of £1.54bn there is however a gap of £38.95m in funding, against which efficiency savings of £25.54 have been identified, with a gap of £13.41m remaining. Workforce savings of £5.09m have been identified, of which £3.12m are low to medium risk and £1.97m.

As part of this process the Board will be considering the impact on performance associated clinical risk. It is also considering the requirement to develop a longer term financial strategy to support and deliver significant transformation and redesign of services.

4.3 Safe Staffing

The Scottish Government is looking to enshrine safe staffing in law and will draft legislation following a national consultation. This will build on the use of the mandated suite of national workload and workforce planning tools for nursing within various settings/specialties. Within Lothian the tools have been run on the required basis.

NHS Lothian has convened a Safe Staffing Group which is running in parallel with the national group, which has representation form Lothian on it. There are 2 longstanding delivery groups – Nursing and Midwifery Workforce Group and Community Nursing Workforce Group who will take forward the required actions. These delivery groups oversee the annual timetable for runs of the Nursing and Midwifery Workload and Workforce Planning tools. NHS Lothian has a standard operating procedure to ensure that there is appropriate governance around escalation of the findings from the tools.

NHS Lothian is rolling out eRostering and SafeCare to all nursing teams. SafeCare is a tool that uses a twice daily census of patient acuity measured against the actual nursing hours available (from the eRoster system) to determine whether or not the staffing is sufficient to deliver the care needs. This information is then used to deploy the available staff to the optimum

arrangement to safely meet patient needs, to assess need for supplementary staffing from bank / agency, to manage activity in other ways.

Whilst the national workload and workforce tools have a role to play in setting nursing establishments on an annual basis the SafeCare tool is a much more robust and effective measure of safe staffing in real time for the group of patients under our care at any given time.

Setting a realistic funded establishment enables wards, teams and departments to recruit up to an agreed number of staff. It is the optimum deployment of these staff that determines if there is a safe staffing level, having the right staff in the right place at the right time – taking account of activity, skills, vacancies and other absences / off ward time, student contribution /mentoring – against the clinical needs of the patient group, which in itself can fluctuate throughout a shift. Wards can escalate concerns during a shift, e.g. if patients become very unwell and need additional support or if staff numbers are depleted by sickness, which flags up to the manager in real time and action can be taken to support areas during heightened activity / depleted resources.

4.4 Health Visiting Services – Future Focus

As highlighted in section 3.2 there are significant demographic pressures within the nursing workforce and in particular within the community.

There are also significant capacity pressures with the population that is forecast to both grow and age substantially. Within children (0-15 years) an increase of 6% between 2012 and 2015 and 11% between 2012 and 2020 are forecast. These increases will inevitably impact on the caseloads of Health Visitors; the following figure provides an indicative increase in requirement assuming a direct link between population growth and caseload.

Figure 17 – Demographic change

0 to 15 Population growth up to 2020	
Total Population	58,774
1% growth	588
GRO forecast 11% growth	5,343
Average case load	350
Additional wte required	15

The implications of the Children and Young People (Scotland) Bill will also have a requirement for additional health visitors as part of a statutory requirement that all preschool age children have a named person and that the role of the named person is exercised accordingly.

The Scottish Government has recognised the need for considerable expansion within the Health Visiting Workforce and has made funds available

for Boards to expand their workforces. NHSL will receive funding for an additional 61wte band 6 HVs.

NHSL has already taken measures to invest in training additional health visitors and will continue to do so. There are also constraints on the number that can be trained at any one time as all students need supervision from a Community Practice Teacher (CPT). There has also been investment in increasing this group with 11 additional CPTs qualifying in the course of 2016.

The implementation of the Named Person Role introduces considerable administration functions for HVs including organising and recording formal GIRFEC Child Planning meetings, coordination of care and drafting and review of statutory child plans. A new role of GIRFEC Administrator to support the HVs with the additional administrative function associated with the Named Person role is being developed.

Options for part time training and other approaches (distance learning) to achieving the HV, SPQ are being explored with education providers at national level. NHS Lothian is working closely with colleagues nationally to ensure that we are able to train staff without draining nursing resource across NHS Scotland.

There is a detailed work stream to take this work forward including a detailed local implementation plan.

4.5 Reprovision of the Royal Hospital for Sick Children(RHSC) and Department of Clinical Neurosciences(DCN)

The new RHSC and DCN will provide a modern 'state of the art' hospital, specifically designed around the needs of patients in a modern and efficient environment. The building will be collocated at the RIE and will enable Children's services to provide enhanced age appropriate services that are not possible in the current location. The reprovision will also provide the opportunity for enhanced clinical capacity for regional and national services such as paediatric intensive care. The new hospital will also widen the age range to include adolescents and as such the name of the hospital will change to the Royal Hospital for Children and Young People. Detailed work has been undertaken to identify the changes required in workforce numbers and these are in the process of being reviewed with the other boards in the region. There will be increases within both the clinical workforce as a result of additional capacity within both the RHSC and DCN and also within the support services workforce that will service the building.

Initial estimates have been submitted to the Scottish Government as part of the annual workforce projections to help inform national planning of student nursing places to ensure that there are sufficient nurses in training locally. Recruitment plans have been developed and a phased recruitment programme has been developed.

4.6 Regional Trauma Network

Timely access major trauma centres is key to both reducing deaths and improving outcomes for patients that survive major trauma incidents. The Scottish Government outlined its commitment to opening four major trauma centres across Scotland within each of the geographical regions in Saving Lives Giving Lives Back (January 2017).
http://www.traumacare.scot/files/National-Trauma-Network-Implementation-Group-Jan-2017.pdf

In the East region the Royal Infirmary of Edinburgh will be the designated Regional Major Trauma Centre(MTC) within the Regional Network comprising collaboration between Lothian, Fife, Borders and the eastern part of Forth Valley.

The MTC will be staffed by consultant-led trauma teams who will provide immediate care on arrival at the hospital with immediate access to diagnostic and treatment resources, including blood transfusion, CT scans and emergency operating theatres. This will also involve working closely with the Scottish Ambulance Service (SAS) on pre-hospital care to ensure the most urgent patients are transported to the most appropriate care. This may involve bypassing local hospitals so patients can receive specialist care immediately.

A Scottish Trauma Network Steering Group has been established to drive the implementation process, with Finalised robust regional and national implementation and phased financial plans.

The South East of Scotland MTC incorporates many clinical services. The programme incorporates four work streams: Retrieval; Reception; Definitive Care; and Rehabilitation. The scope affects all unscheduled care services within the RIE but primarily focussed at this stage on Scottish Ambulance Service (SAS), Emergency Departments, Orthopaedic Trauma, General Surgery, Anaesthetics, Radiology, Critical Care, Major Trauma Service as well as Acute Rehabilitation and cross transfer. Working groups have been established to review the current position against standards (MT KPI's), identify key actions and estimated costs for the delivery.

This development will a growth in the workforce in certain areas and when these are more fully developed they will be included in the NHS Lothian workforce projections. Whilst the changes in workforce and financial terms will in the main be in Lothian they will require to be agreed regionally.

4.7 East Region Elective Treatment Centres

The first minister announced the investment of £200m in developing six new elective treatment centres to substantially increase elective capacity. This increased capacity will allow people to be treated more quickly for diagnostic procedures and planned surgery, helping to meet the increasing demand from a growing elderly population, taking pressure off unplanned and emergency treatment. This will also reduce the reliance on private sector suppliers. The

indicative timeline is for the centres to begin operation before the end of the current parliament.

There are planned to be two centres in the East region, one based at St John's Hospital and one in the proximity of the Royal Infirmary of Edinburgh.

Work is ongoing with our East Region Board partners to identify the service needs for an Elective Centre for the East Region. Current specialties in scope include:-

- Colorectal
- General Surgery
- Gynaecology
- Orthopaedics
- Urology

Work is ongoing to profile future demand, agree potential service, workforce and operating models to inform submission of an Initial Agreement to Scottish Government by January 18.

Thereafter more detailed analysis around workforce planning will be required to deliver the model which is approved. At this early stage the risk around workforce availability across all relevant disciplines is clearly recognised.

4.8 Non Medical Workforce Solutions

Nursing

The Scottish Government transforming nursing roles developing advanced practice initiative will provide funding for the training of 500 advanced nurse practitioners. Within Lothian an Advanced Practice Steering Group led by the Director of Nursing has been established to lead on the development of a local strategy.

As part of this work there has been a comprehensive scoping of all advanced practice roles within both Acute and Primary Care to establish a baseline and the development of a clear framework and scope of practice to ensure consistency. This has shown that there are currently 111 ANPs in practice with a further 43 currently in training. A service needs analysis has been undertaken showing very strong demand (266 posts) for further expansion. However national funding only provides training costs and services are required to fund backfill of posts vacated by trainees and only 169 of the posts identified at this stage have confirmed funding in place of which 91 are for GP practices.

Allied Health Professions

The current demand for advanced practice is variable across the Allied Health Professions(AHPs). The biggest predicted growth is in the contribution AHPs

have to play in the modernising primary care work stream with a high demand for first point of contact musculo-skeletal physiotherapists.

There are currently three models of service redesign utilising advanced practice physiotherapy and occupational therapy underway in Lothian and there is early evidence that these roles are diverting patients from General practice to more appropriate interventions with MSK physiotherapy, and mental health occupational therapy.

The management of long term conditions and frail elderly has also been tested with a new advanced practice community physiotherapy team working in Care homes to prevent admission, undertake case management of people with Long term conditions and most importantly increasing anticipatory care. A supply pipe line to establish a workforce with the correct skills has been undertaken over past 2 years to ensure an increase in supply when the system requires these types of roles.

It is acknowledged that currently this is restricted to core established posts and although there is not a capability issue the speed and volume of advanced practitioners required is identified as a workforce planning priority for this use of resource, so that mitigations and supply can be clear for the next five years.

These developments have the potential to alleviate some of the medical/GP workforce pressures and provide a solution that develops capacity in the medium and longer terms as staff retention is such posts is good. They will also be an important enabler in supporting the shift in the balance of care to community based services.

The development of ANPs has however a significant lead in time, double running costs, takes from the existing workforce and requires supervision capacity.

Whilst these are senior non-medical roles there is also the potential for technical roles such as within nursing/allied health professions where capacity can be released, through training non-registered staff to:

- Cannulate
- Take blood samples
- Run ECG's
- Catheterise

There is also the opportunity to maximise the potential within the existing workforce, ensuring that where staff have the knowledge and skills to undertake activity currently undertaken by the medical workforce they are encouraged to do so. In areas such as Radiology there are radiographers suitably trained to undertake reporting of plain film x-rays.

4.9 HR and Learning and Development Strategies

The HR & OD strategy will be delivered through 5 priorities for action which mirror the priorities set out in the NHS Scotland Workforce 2020 vision detailed in section 1.2.

Central to ensuring that these priorities are delivered across all areas is an effective learning and development strategy. The NHS Lothian Learning and Development Strategy 2016 to 2020 has been developed following extensive engagement with staff across the organisation to ensure ownership. The following section details the actions that are being progressed against the key education and training challenges:

Capable Workforce – Development of an improvement plan to ensure 80%(due to turnover and absence) of staff have had a meaningful annual appraisal / development review, with a 100% standard for Trained Medical Staff and Senior Managers. Ensuring all staff have completed mandatory training and demonstrated they possess the knowledge and skills necessary to maintain their professional registration and/or the requirements of their role. This will include the development dashboards that can be used by local managers to monitor compliance and support safety at a local level.

Sustainable Workforce – Supporting services to develop workforce plans with education and development plans that will support workforce sustainability. Development of educational pathways for all areas of the workforce, including a range of training opportunities that maximise recruitment potential for young people and vulnerable groups. Working with the full range of educational providers to ensure that training delivery meets the needs of the service and that placements within service meet the needs of trainees. Including exploring new ways to deliver education and development to meet the changing needs of patients, staff and the services they provide.

Health Organisational Culture – Supporting services to incorporate NHS Scotland values into both their services and their workforces, which will show employees feeling more involved, respected and valued (monitored through the i-matter employee engagement tool). Review customer care training to improve communication with patients and colleagues. Increasing use of mediation services where issues arise to support resolution through joint learning and understanding. Continuing with initiatives to support greater diversity within our workforce to be comparable to the population we service.

Integrated Workforce – Active collaboration with other NHS Boards, Health and Local Authorities, the voluntary and independent sectors to build on best practice. Development of more joined up educational pathways will be key in development of a more integrated workforce within health and social care partnerships.

Leadership and Management – Development and delivery of a refreshed suite of leadership and management development reflecting the organisational values at different levels within the organisation. Expanding access to Quality Improvement through alignment with the Clinical Quality Academy.

The Learning and Development Strategy sets out the agreed core actions within each of the areas above including the planned outcomes, timescale and organisational leads. As with the HR Strategy these are aligned with the national workforce 2020 vision priority actions for 2017/18 in action plan in Section 5.

(http://hronline.lothian.scot.nhs.uk/about/ourservices/educationandemployeedevelopment/learningdevelopmentstrategy/Pages/default.aspx)

Section 5: Action Plan

Given the complex range of workforce challenges within each of the professions there is a need to ensure that there is a robust action plan to close existing and emerging gaps within the workforce through workforce and or service development. There is a need to ensure that planning reflects the multidisciplinary team at the heart of service delivery.

A Workforce Planning and Development Programme Board was established in August 2017 to bring a cross professional approach to workforce planning has been established in 2017. The board will

- Take a 'whole system' multi-professional approach and overview of workforce planning and development.
- Develop organisational capacity and capability to deliver effective workforce planning and development.
- Oversee and receive formal regular updates and assurance on progress in relation to uni-professional workforce planning and utilisation of supplemental staffing via the profession workforce delivery groups;
- Facilitate and articulate the longer term strategic vision for the workforce ensuring appropriate congruence with service and financial plans;
- Ensure workforce planning and development activity robustly considers and supports service sustainability both locally and regionally.
- Ensure the annual production of the workforce plan and projections for the organisation in accordance with the Scottish Government requirements and timetable;
- Lead the implementation of the National Workforce plan and inform future iterations of this plan.
- Support the development of integrated workforce plans in IJB's. Collaborate with local Board Workforce Planning specialists/committees across the South East of Scotland Region to support delivery of the Regional Transformation Plan and promote a 'once for the region' approach where appropriate.

Workforce Planning Activity and Gap Analysis

A workforce planning activity and gap analysis has been developed which identifies all the major service developments that are planned and key professional workforce sustainability challenges. This will be used to identify where there are gaps in current planning and provide a focus on key priority areas for support. This section of the plan will be dynamic and change where priorities emerge. The national workforce plan part 2 which relates to primary care and part 3 which relates to General Practice will be published towards the end of 2017-18, at which time the action plan will be updated accordingly. The following section details the key workstreams, status and desired outcomes.

Issue	Action	Action Owner	Outcome	Timescale
Development of the regional health and social care delivery plan.	Support and inform the development of the health & social care delivery plan. Provide a detailed picture of the overall Lothian element of the SE workforce. Provide a detailed workforce profile of the Lothian element of Regional priority services to inform planning: Reflect clinical workstreams • Elective Treatment Centres • Gynae-oncology Surgery • GI& Endoscopy • Orthopaedics • Opthalmology • Radiology • Regional Trauma Network • Urology As more detailed service models	Regional HR Director Lead (Janis Butler) & Regional Director of Workforce Planning (Derek Phillips)	Robust assessment of workforce supply and demand within priority specialties. Draft RDP Completed and submitted to the SG	End of March 2018 submission to the SG

	emerge a more detailed workforce plan will be developed.			
South East Major Trauma Network	The South East regional major trauma centre will be based at the Royal Infirmary of Edinburgh (RIE) as part of the East Region Trauma Network. It will take major trauma patients from across the region. The physical and workforce capacity requires to be developed to ensure they reflect the needs of a MTC.	Director of Strategic Planning (Colin Briggs)	Workforce plan for the development of a MTC workforce at the RIE. This should include the potential impact on Emergency Medicine Units in the Region.	2020-21
East Region Elective Treatment Centre	Development of east region elective treatment centres in line with the SG strategy for increasing diagnostic and treatment capacity. This will require profiling of future demand, agreement of service and workforce models.	NHSL Chief Operating Officer(Jackie Campbell)	Initial Agreement submitted to the SG. Detailed affordable and sustainable workforce plan to meet service model. Completion of centre	January 2018 2018-20 Initial timescale 2021
Integrated Joint Boards (IJB) issue Directions to NHS Lothian to review aspects of service provision for the population covered by IJBs.	The development of revised service models are required to take into the account the current and future workforce sustainability. There is also a need for workforce plans to underpin changes in service models.	Chief Officers	Revised service model, including workforce resource transfer including potential knock on effect on hospital based services.	2017 onwards
Integrated Joint Board(IJB) workforce and OD plans covering	IJBs are required to produce initial HSCP workforce &OD plans by the end of March 2018. NHS Lothian workforce	Chief Officers	Initial workforce plan setting out the profile of the Health & Social workforce and key	End of March 2018

Health & Social Care Partnerships	and OD leads are working alongside HSCP to support their development. HSCPs are at different stages in developing plans.		workforce challenges and opportunities and action plan to progress.	
The New Royal Hospital for Children and Young People and Department of Clinical Neurosciences.	The reprovision of RHSC and DCN has a detailed workforce plan with agreed funding streams. Recruitment is planned incrementally to ensure that staff will be in place. There is a detailed phased recruitment plan.	Head of Commissioning (Jacqui Sansbury) Director of Operations (Fiona Mitchell)	Workforce in place in line with commissioning plan.	2017-18
Implementing The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. Including a regional neo-natal workstream.	Development of workforce and workforce development plan for the implementation of the new service model. This will require a detailed understanding of the existing workforce demographic profile, future demand requirements and training pipelines for new and existing staffing. A workforce sub-group will be established to take this work forward.	Nurse Director (Alex McMahon) Director of Operations (Fiona Mitchell)	Workforce and development plan which sets out the transition to the new service model. This will require a detailed workforce sustainability assessment given the demographic pressures within the workforce.	2017- 2022
Mental Health Workforce Sustainability	There is a need to review all areas of the mental health workforce to ensure that there will be sufficient workforce capacity to deliver service models that deliver high quality care in the face of significant demographic change and growing recruitment challenges within the medical workforce.	Executive Lead for Mental Health (Alex McMahon)	Development a wider multi-professional workforce which is sustainable in the medium and long terms.	2017-2020
Primary Care Support General Practice Workforce	Support GP workforce sustainability through the implementation of the New GMS contract. Workforce redesign to enhance capacity to cope with growing	Lead for Primary Care (David Small)	Implementation of the New GP Contract. Funded workforce plan for the	2018-2022

Sustainability through service and workforce redesign.	demand and the drive to provide more care in a community setting.		development and recruitment of the MDT that will be required to deliver a revised service and workforce model.	
	Where necessary take practices under direct management by NHS Lothian to ensure sustainability.	Lead for Primary Care (David Small)	Sustainable workforce for general practice through recruitment of GPs and other members of the MDT.	On-going
	Practice Nursing – agree a consistent model for practice nursing across the Lothians. Develop a plan for sustaining and increasing this workforce in the face of ageing workforce of whom 35% intend to retire in the next 5 years.	East Lothian Chief Nurse (Alison McDonald) Lead for Primary Care (David Small)	Sustainable practice nursing workforce which meets the needs of traditional services and a substantially increased advanced practice role to support GP workforce sustainability and new GMS role of GPs.	2018-2022
Implementation of Shape of Training	The implementation of shape of training will see significant changes made to medical training. This will inevitably have an impact on the numbers and allocation of trainees. General Surgery will be a pathfinder specialty, implementing Improving Surgical Training from August 2018. This will see greater in-hours working and an increased focus on education.	Medical Director (Tracey Gillies)	There is a clear understanding of the implementation process and the potential costs/benefits for each specialty. Where there is a detrimental impact on service plans are required in advance of changes.	2017-2020
Clinical Fellows/ Development Fellows	There are currently 26 clinical development fellows employed by Lothian, funded out of vacant trainee posts. Medical workforce expenditure is exceeding budget currently by c£5m	Medical Director (Tracey Gillies).	There is a clear organisational position and funding on the future numbers of fellows and non-medical alternatives.	2017- 2018
Regional Medical	NHS Lothian will become the host	Director of HR&OD	An agreed position with NES	2018

Training Programmes	employer for all trainees with the exception of general practice who will be employed by NES. This will provide trainees with continuity of employment. There will be a need for clear employment, financial monitoring arrangements required.	(Janis Butler) Medical Director (Tracey Gillies)	on the numbers of funded training posts and there allocation by Board. Agreed governance structures for the employment, trainee allocation, financial management and training quality.	
Nursing – Safe Staffing	Roll out eRostering and SafeCare to all nursing teams.	Nurse Director (Alex McMahon) Deputy Director – Corporate Nursing (Fiona Ireland)	Roll out to 100% of nursing and midwifery staff by June 2019 Test of change - Use of Safecare in huddles in one site by end March 2019. A twice daily census of the patient acuity measured against the actual nursing hours available to determine whether or not the staffing is sufficient to deliver the care needs. Optimal deployment to safely meet patient needs.	2017-2019
Ensuring sufficient health visiting workforce to meet the needs of a growing population and the implementation of the 'named person' legislation.	Expansion of the Health Visiting Workforce to ensure NHS Lothian can meet the requirements of the children's act and on-going population growth.	Nurse Director (Alex McMahon)	Sufficient supply of health visitors to meet the needs of an ageing workforce, existing vacancies and an increased requirement for named person. To achieve this:	2016-2019

			- 61 additional HVs will have been trained by 2018 - sustained training of 16 places per year from 2019 / 20 onwards.	
Sustaining community nursing workforce.	To build capacity in nursing workforce in areas of high vacancy in community.	Nurse Director (Alex McMahon) CHCP Chief Nurses	To develop accredited education via SQA at SCQF 7/ 8 for a band 4 assistant practitioner role in community to aid in community teams workload.	Planned education start date of Sept 2018, service are currently scoping and will confirm numbers by Feb 2018.
Sustaining the district nursing workforce in the face of acute demographic pressures.	Expansion of the training opportunities for District Nursing (DN) and the skill mix within the workforce to ensure NHS Lothian can meet the requirements of the on-going population growth.	Nurse Director (Alex McMahon) CHCP Chief Nurses	Additional 17 training places in 2017/18. Development of alternative incremental modular programme. Develop additional 5 practice teachers (PTs) to support increased numbers are retirals of existing PTs. Explore band 4 role.	2017-2020
To commence a regional/National approach to ODP	To develop a training programme validated with a university and HCPC, this will run nationally via regional	Nurse Director (Alex McMahon)	Nationally agreed and validated programme that will supply sufficient capacity to	Planned start date of Sept 2018 with 14

training.	delivery model.	Chief Nurse – Education (Janet Corcoran)	sustain and grow the ODP workforce.	ODPs in SE of Scotland. Awaiting numbers to be confirmed nationally.
Return to practice	Establish a return to practice course within the SE region to increase the nursing workforce.	Nurse Director (Alex McMahon) Chief Nurse – Education (Janet Corcoran)	To develop a training programme validated by Edinburgh Napier University and Nursing and Midwifery Council. We plan to offer places to 50 practitioners twice a year.	Planned start date 20th of August 2018
Advancing roles	Establish a coordinated approach to further expansion of advanced nurse practitioner roles and other nursing roles. This will also cover succession planning for existing ANP roles.	Nurse Director (Alex McMahon)	Complete a services needs analysis of advanced practice. Develop a prioritisation matrix for investment with business case in nursing advanced roles by March 2018. Develop and a phased development plan to deliver requirements. Training 14 ANPs for primary care during 2017/18	2017-2019
Healthcare Science Delivery Plan.	Development of a competency framework within Medical Physics - Medical Equipment Management Service.	Head of Medical Equipment Management Service (Malcolm Phillips)	Identification of types of task to be performed at various grades. Better distribution of staff across the various sites.	December 2018

	Development of a generic role for physiology (Cardiac/ Respiratory/ Sleep /Vascular)	HCS Professional Lead (Sarah J Smith)	Enable further work to be done within the workforce structure	March 2020
	Continued development of apprenticeships within HCS	HCS Professional Lead (Sarah J Smith)	Expansion of apprenticeships within the various areas within HCS	March 2019
	Development of advanced roles within Life Sciences : Consultant BMS BMS Trimming	Service Manager Laboratories (Mike Gray)	Free up time for consultant pathologists	March 2019
AHP Workforce Planning	Establish NHS Lothian AHP workforce programme board covering all AHP professions, working in the first phase to review existing workforce in each pan Lothian service, age profile, skill mix, turnover etc. This will also include succession planning for existing advanced practice workforce and future development.	AHP Director (Lynne Douglas)	Each AHP profession has a: • service specification, • direction of travel • gap identification and actions to address them.	December 2018
Pharmacy Workforce Planning	Development of a robust workforce plan to meet the current and future demand for an appropriately skilled pharmacy workforce to realise the outcomes of Achieving Excellence. This will also need to reflect the likely growth required within Primary Care.	Angela Timoney (Director of Pharmacy)	A robust workforce plan to meet the current and future demand for an appropriately skilled pharmacy workforce across Acute and Primary Care to reflect changing service models.	March 2019
Development of Career Pathways	Career pathways provide an opportunity to demonstrate how staff can progress through a profession, showing the relevant training and experience requirements. They have potential to support recruitment and	Professional Leads	Completed accessible career pathways. External communications plan linking with Schools and Colleges to inform 2018	By end March 2018 By end April 2018

	retention into and within professions.		leavers.	
Development of Facilities workforce	In the face of a challenging labour market there is a need to develop routes into the workforce including the potential for career development.	Head of Facilities Management – Soft FM (Danny Gillan)	Expanded routes into facilities workforce for younger entrants from disadvantaged backgrounds. - increased MAs within cleaning and Hospitality Services from 9 in 2017/18. - support 7 supervisors and managers to complete the HNC in facilities management. - 12 MAs within hard FM to complete by 2021 - clear progression pathway to HNC and HND.	2017 - ongoing.
Review Physician Assistant/Associate	Review the potential of the Physician Assistant/Associate role which is increasingly within a number of boards.		Review of the deployment of PAs within other Boards and there potential applicability within NHS Lothian.	
Modern Apprenticeships	Following the introduction of the apprenticeship levy on all businesses there is a need to develop a comprehensive approach to modern apprenticeships across the workforce and enable boards to use training and funding to support apprenticeships.	Director of HR & OD (Janis Butler) Amanda Langsley/ Andrea Macdonald	Robust and comprehensive approach to MAs within all relevant job families to ensure that NHS Lothian is maximising the potential from new recruitment channel and obtain a return on the investment made through the MA levy. We realise increased opportunity to support widening access to MA posts.	2017-2019

			Delivery of 3 cohorts (x20 each) of MA recruitment in 2018 - Develop pool of young people for HCS Support worker roles - expansion of MAs within facilities	
Development of Workforce Planning Capacity & Capability	Development of a test of change for the development of workforce planning and development skills and knowledge to support services in developing local plans and actions. Development of workforce planning website to provide access to workforce planning resources, toolkits and information.	Director of HR & OD (Janis Butler)	Workforce planning materials, resources, training, advice and support.	2017-2019
Review staff turnover	Review areas of highest turnover to identify hotspots areas and benchmark against other boards/sectors. Improve process for exit interviews to gather better intelligence around reasons for employees leaving. Link in with the employee experience work and i-matter results.	Director of HR & OD (Janis Butler)	Assessment of areas of high turnover, improved exit process and hot spots areas identified. Linkage with employee experience workstream to support retention.	End of March 2018
Brexit	As the UK negotiates Brexit with the EU it is not yet clear what the impact may be on recruitment and retention.	Director of HR & OD (Janis Butler)	An assessment of EU workforce by job family.	2018

Section 6: Implementation and Review

The monitoring process for each of the areas covered by this plan will vary with each of the actions the workforce planning and development programme board will oversee progress.

Strategic Clinical Framework - The detailed project plan provides a prioritised implementation timeframe for NHS Lothian's medium and long-term ambitions in the context of the NHS Scotland 2020 Vision. The Plan reflects the considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. The Strategic Planning Group will oversee implementation and keep the NHS Lothian Board informed on progress.

Human Resources and Learning and Development Strategies – The implementation of the HR and learning and development strategies are being led by the HR Senior Team in conjunction with services. Implementation is being monitored by the CMT, partnership forums, staff governance committee and the Learning & Development Strategy Steering Group. The Board is also updated on progress annually.

Workforce Plan - The Workforce Planning and Development Programme Board (WPDPB) will review progress against the action plan and areas identified as priorities. Professional workforce planning groups will feed in progress to this group to ensure linkage across professions. This group will also link into regional and national workforce planning groups to ensure more integrated planning and also more closely with service and financial planning to support the development of robust and achievable plans.

Efficiency & Productivity - The monitoring of progress against efficiency and productivity plans will take within the individual operating divisions, the NHS Lothian Efficiency and Productivity group and overall by the Corporate Management Team. Regular updates are also provided to the NHS Lothian Partnership Forum. The workforce planning team will monitor change on a monthly or quarterly basis.

Medical Workforce Supply – Ensuring robust medical workforce supply planning will be overseen by the Regional Medical Workforce Group and SEAT planning group given the regional nature of the medical workforce and where necessary by the WPDPB. There are also strong links with the SG Health Department who decide national policy in relation to medical training and supply planning.

Generic Workforce Supply – the range of workforce supply areas such as demographic change, staff turnover and skill mix will be addressed at operating division level, corporate level and board level professional lead groups and progress reviewed by the WPDPB.
All significant changes to the workforce are discussed with the NHS Lothian partnership forum and local partnership fora.

Appendix A – Nursing and Midwifery Career Framework

NHS Lothian Nursing & Midwifery Education/Career development pathway –Bands 2 to 7

(Based on the NHS Scotland Career Framework – ref 1)

Key points;

- The framework below gives examples of resources that staff can access as part of developing their roles and need to be agreed as part of staff's PDPR discussions
- Staff can join the nursing and midwifery workforce via a number of access points. We have examples of staff that have joined NHSL as a Band 2 and with the framework are now in a Band 7 SCNs roles.
- Underpinning the pathway is Clinical / Practice Supervision, NMC Code of conduct, PDPR, NMC Revalidation & Mandatory training
- All new roles must be agreed via the NHS Lothian Workforce Organisational Change Committee
- A service needs analysis must be undertaken and agreed by Executive Nurse Director for any new Advanced Practitioner roles

References

1. NHS Scotland Career Framework
   http://www.nes.scot.nhs.uk/media/4939/nmahp-careers-poster.pdf

Resources

1. NHS Lothian HR online
2. Corporate Nursing Intranet pages
3. Clinical Education and Training Team – contact Janet Corcoran or Education Link

Access into NHS Lothian Workforce	HCSW Band 2	Senior HCSW Band 3	Assistant Practitioner Band 4	Practitioner Band 5	Senior Practitioner - Band 6	Advanced Practitioner Band 7 – Team Leader/SCN
Clinical Academy with Prince Trust	HCSW Induction standards & code	HCSW Induction standards & codes	HCSW Induction standards & codes	Newly Qualified Programme over 1 year with flying start	Clinical skills relevant to role	Completion of NHS Lothian Advanced Practice programme (MSc) Clinical ANP
National Progression Award undertaken in College	National Progression Award for Inpatient areas	Clinical Skills relevant to role	Professional Development Awards (PDA) for service area	Clinical Decision Making – Acute	Clinical Decision Making – Acute	Cancer, Palliative Care & Communication Skills courses
Foundation Apprenticeships with QMU	Scottish Vocational Qualification (SVQ) Level 2	SVQ Level 3	Clinical Skills & competencies relevant to the role	Community Clinical Decision Making & Independent Prescribing	Community Clinical Decision Making & Independent Prescribing	Excellence in Care Leadership Programme
Modern Apprenticeships Clinical	Modern Apprenticeships Clinical	Professional Development Awards (PDA) for service area	Pre HNC programme	Competencies & Clinical Skills for role	DN course	LBC – Leading Across Difference
	Pre HNC programme	K101 – Open University, An Introduction to H&SC	HNC Leading to access to 2nd year of Registered Nurse programme	Accredited Modules for role	CPD study days relevant to service	Quality Improvement Skills Programme
	HNC Leading to access to 2nd year of Registered Nurse programme	Modern Apprenticeships Clinical	K101 – Open University, An Introduction to H&SC	Mentorship programme	Cancer, Palliative Care & Communication Skills courses	Planning for Quality (Quality Academy Leadership programme)
	Clinical Skills - Relevant to role	Pre HNC programme	Cancer, Palliative Care & Communication Skills courses	CPD study days relevant to service	Excellence in Care Leadership Programme	Recruiting with Fairness and Equality
	Cancer, Palliative Care & Communication Skills courses	HNC Leading to access to 2nd year of Registered Nurse programme	LBC – Leading Across Difference	Cancer, Palliative Care & Communication Skills courses	LBC – Leading Across Difference	Courage to Manage
	LBC – Leading Across Difference	Cancer, Palliative Care & Communication Skills courses	Supervisory Management Skills	LBC – Leading Across Difference	Seminars Quality Improvement	Delivering Better Care Leadership Programme
	Delivering Better Care study day	LBC – Leading Across Difference	Connecting with Communication	Supervisory Management Skills	Introduction to Management	Coaching /Mentoring
	Connecting with Communication	Supervisory Management Skills	Courage to Manage	Introduction to Management	Recruiting with Fairness and Equality	Paired Learning
	Courage to Manage	Connecting with Communication	Delivering Better Care Leadership Programme	Recruiting with Fairness and Equality	Connecting with Communication	Playing to your Strengths
	Delivering Better Care Leadership Programme	Courage to Manage		Connecting with Communication	Courage to Manage	FranklinCovey 7 Habits of Highly Effective People
		Delivering Better Care Leadership Programme		Courage to Manage	Delivering Better Care Leadership Programme	
				Delivering Better Care Leadership Programme		

WEST LOTHIAN COUNCIL

SOCIAL POLICY

WORKFORCE PLAN

JUNE 2019

SECTION 1: SERVICE OVERVIEW

SECTION 2: CURRENT WORKFORCE

- Workforce Profile
- Age Profile
- Gender Profile
- Turnover
- Recruitment
- Attendance Management

SECTION 3 FUTURE CHALLENGES

SECTION 4: DEFINING FUTURE WORKFORCE REQUIREMENTS

SECTION 5: IMPLEMENTING WORKFORCE CHANGE

APPENDICES

- **Appendix 1 - Service Workforce Profile**
  - Employment Status
  - Salary Grades
  - Equality Issues
  - Age Profile
  - Leavers
  - Length of Service
  - Recruitment

- **Appendix 2 - Service Function Workforce Profile**
  - Permanent and Temporary Staff by Service Function
  - Full and Part Time Staff by Service Function
  - Grade Occupancy by Service Function
  - Average Years' Service by Service Function

- **Appendix 3 - Age Profile**
  - Age Profile over 5 year period

- **Appendix 4 - Gender Profile**
  - Gender distribution by Service Function

- **Appendix 5 - Turnover**
  - Rates of turnover from 2012/13 to 2016/17

- **Appendix 6 - Attendance Management**
  - Sickness absence rates

1. SERVICE OVERVIEW

Social Policy is part of the Health and Social Care Partnership directorate and the management structure is outlined in figure 1 below:

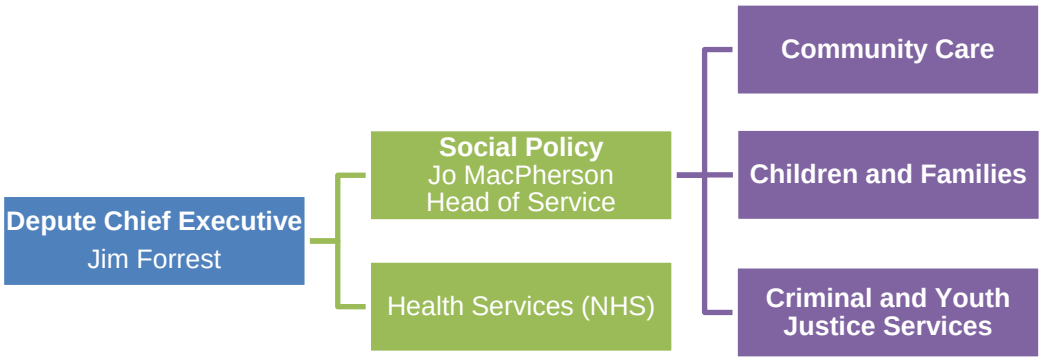


Figure 1 - Service *Structure*

West Lothian Health & Social Care Partnership is designed to deliver improvements to our services and to deliver services which are seamless and inclusive. As we reshape and redesign our services to meet our commitments, our workforce will be required to do different things, to work in new and different ways and to further strengthen our partnership working arrangements.

The scheme of integration includes our adult and older people's social care services that are governed by our Integrated Joint Board (IJB). Workforce planning for Social Policy therefore, has particular challenges in relation to the duality of the planning process. Therefore, this workforce plan will be further augmented by the West Lothian Health & Social Care Workforce Plan 2017-20.

Community Care

Purpose

Community Care comprises a wide range of services provided for adults and older people with care and support needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities and Support for People with Mental Health and Addiction Problems.

The main aim of the service is to promote, enable and sustain independence and social inclusion for service users and carers. It is anticipated that an increasing number of people will seek control of their own care and support provision by accessing Direct Payments or other Self Directed Support options.

The nature of the demographic and economic challenges has highlighted the need for effective outcome focused partnership working, particularly between health and social care. Within the responsibility of the Integration Joint Board (IJB) a series of commissioning plans for each of the main client groups was developed and agreed in 2016/17. These plans are informed by a detailed analysis of needs and deploy resources with maximum effectiveness on priority outcomes and have similar main properties:

- A focus on prevention and upstream investment to avoid, delay or reduce the need for formal health and social care intervention.
- A focus on shifting the balance of care more towards community and home based care.

- A greater emphasis on personalisation, or individualised services, and a move to increased service user / carer responsibility and control over their care and support provision.

The commissioning plans for each client group will be refreshed during 2019/20

Activities
The main activities of the service during the period of the Management Plan will be:

- Assessment and Care Management Services for adults and older people
- Purchasing of care home placements including respite
- Purchasing of community based care and support services
- Provision of re-ablement and crisis care services
- Provision and management of council owned care establishments, including;
    - Care Homes for older people
    - Residential unit for adults with a learning disability
    - Day care for adults
    - Housing with care
- Joint management of the Community Equipment Store
- Provision of Home Safety Services and development of Telecare
- Access to employment
- Short breaks from caring

Children and Families

Purpose
The Children and Families service comprises a wide range of teams providing interventions for children and their families experiencing a need for support.

The service includes the following teams: Sure Start, Family Centre, Parenting Team, Mental Health and Wellbeing team, school Attendance Improvement Service (AIMS), Child Disability Service, Whole Family Support Service, Child Care and Protection Teams, Duty and Child Protection Team, Inclusion and Aftercare Service, Family Placement Team, Residential Child Care Houses, Children's Rights, Reviewing Officer Team, Domestic and Sexual Assault Team (DASAT), Social Care Emergency Team (SCET), Public Protection lead officers and emergency planning. The service provides support from pre-birth to age 26 for those who have experienced care.

The main aim of the service is to ensure that children, young people and their families can maximise their potential through the identification of additional supports. This includes disabled children, young people and their families. We are committed to providing services that are child-centred, developed in partnership with other organisations and with families themselves that tackle inequalities and are focused on improving outcomes for children. These aims are in line with Getting It Right For Every Child (GIRFEC) principles. We are committed to providing help that is appropriate, proportionate and timely to ensure children and young people have the best start to their lives building on family strengths and promoting resilience. Our service is focused on keeping children safe and teams also provide support through statutory intervention, looked after children services and child protection interventions when these are needed. The service is focussed on minimising the impact of child poverty wherever possible.

In addition to a focus on providing early help and action to prevent difficulties escalating, the service is committed to shifting the balance of care. This means providing support to families and the wider family network to enable them to safety continue to care for children and young people in challenging circumstances. This also means where children or young people require

to be accommodated away from home that more use is made of community based resources with less reliance on residential care and far from home placements.

We aim to deliver quality, appropriate and accessible services to meet current demand and also to anticipate and identify future needs and expectations.

Activities
The main activities of the service during the period of the Management Plan will be:

- Childcare and Protection
    - Child Care and Protection Practice Teams, including Throughcare
    - Whole Family Support
- Early Intervention - Looked After Children
    - Services for Looked After Children
    - Early Intervention Services
- Protection and Emergency Services
    - Child Disability Service
    - Social Care Emergency Team (SCET)
    - Domestic and Sexual Assault Team (DASAT)
    - Inclusion and Aftercare Service
    - Children's Rights
    - Public Protection Lead Officers
    - Reviewing Officers Team

All services are subject to review and redesign in order to reflect Transforming Your Council priorities.

Criminal and Youth Justice Services

Purpose
The Criminal and Youth Justice Service is almost entirely focussed on providing services statutorily required through legislation for the assessment, supervision and management of offenders and young people at risk of becoming involved in the criminal justice system.
The service has four main aims:

- To assist those involved in offending behaviour to make better choices and lead more positive and productive lives
- To work in partnership to reduce risk of harm to communities
- To reduce the level of re-offending
- To implement the Whole Systems Approach for working with young people who offend.

The service supports offenders to live in the community and works to ensure that the strategic aims of reducing reoffending are achieved. It will play a lead role within the new powers of the

Community Planning Partnership in relation to Community Justice, following the cessation of Community Justice Authorities.

Activities

The main activities of the service during the period of the Management Plan will be:

- Community Payback, including supervision requirements and Citizenship programme
- Unpaid work activity providing significant benefit to communities

- Early intervention and support
- Work with young people who offend
- The Almond Project aimed at women who offend
- Managing high risk offenders
- Offender assessment, Court Support, and offering alternatives to prosecution and to custodial remands
- Drug Treatment and Testing Orders
- Prison-based Social Work at HMP Addiewell
- Enhancing Throughcare arrangements for short-term prisoners
- Offender intervention programmes, including a Domestic Abuse Perpetrators' programme
- Multi Agency Public Protection Arrangements

2. CURRENT WORKFORCE

The information contained in this section is based on an analysis of data held in the council's HR and payroll system, CHRIS21. This is presented as Appendices and provides details of the workforce profile as set out in the council's Workforce Planning Guide.

The total employment costs for Social Policy Services for 2018/19 were £42,322,465.

- **Workforce Profile**

  As of April 2019, the headcount was 1,192, with a full-time equivalent of 995. Other profile data includes the fact that:

  - 92% of employees have a permanent contract
  - The most highly populated pay grade is Band C with 23.6% of employees paid at this grade.
  - The average length of service is 11.39 years.

- **Age Profile**

  The age profile data includes the fact that:

  - 13% of employees are 60 or over;
  - 9% of employees are age 30 and under;
  - The average age is 48

  Whilst older employees benefit the service through their increased experience and skill, the demographics of an aging workforce will require appropriate and targeted succession planning.

- **Gender Profile**

  The gender profile data includes the fact that:

  - 87% of the Social Policy's workforce is female. This is largely accounted for by the high proportion of females in social care posts.

  A chart detailing the gender profiles by service is included in the appendices.

  The gender profile indicates that males are less attracted to care professions resulting in a restricted workforce pool.

- **Turnover**

  Turnover rate is 9% which is increased from previous years but in-line with the council rate for voluntary leavers.

  A chart detailing turnover is included in the appendices.

- **Recruitment**

During the year 2018/19 165 posts were advertised; 117 were advertised externally and 17 were internal only. All external vacancies are advertised on the national recruitment portal www.myjobscotland.gov.uk

Recruitment places significant pressure on specific services as some vacancies are significantly more difficult to recruit for, for example:

- Mental Health Officers (MHO)
- Reviewing Officers (RO)
- Out-of-hours Social Workers

Whilst there are relatively few of these posts, they are highly specialised and crucial to enable Social Policy in discharging its statutory duties and meeting legislative requirements. West Lothian Council is at a disadvantage when recruiting MHO and RO as several neighbouring authorities offer these posts at an enhanced salary level. Out-of-hours posts are challenging to recruit to across the sector.

- **Attendance Management**

Levels of sickness absence are broadly typical of the social care sector and whilst Social Policy's sickness absence rate is above the Corporate target of 4%, this reporting year saw a decrease of just over 1%. Most absences continue to be as a result of stress or musculoskeletal injuries. This is related to the increasingly challenging needs of the client group: the dependency profile of clients is increasing; growing numbers of clients require physical assistance to be moved, some of whom are morbidly obese. All absences in Social Policy are managed in accordance with the Corporate Supporting Attendance at Work policy and discussed in one to one meetings, team and management meetings regularly.

A chart detailing sickness absence rates is included in the appendices.

3. FUTURE CHALLENGES

The financial constraints facing the council during the period 2018/23 and the growing numbers of people requiring care services make it essential that Social Policy deliver transformational change and develop our service.

The main challenges facing the service and actions to address them are set out below:

1. The delivery of mandatory training that is likely to be required to unpin the implementation of the Scottish Social Service Council (SSSC) Professional Frameworks

Owner: Business Support Manager – Customer & Community
End Date: 2020/23
Status: Active

The Scottish Social Service Council (SSSC) is currently working on a Professional Framework for Practice in Social Work and a Professional Framework for Practice in Social Care. It is likely that these frameworks will include a requirement for mandatory training that will need to be delivered internally by the service.

As part of our service redesign and transformation, the former Learning & Quality Team have been incorporated into our Business Support Team as “Customer & Community”. The newly formed team will be required to develop a Training Plan to ensure that the service is compliant with any new framework and training requirement that is introduced.

2. The replacement of the Social Care Information Management System (SWIFT)

Owner: Business Support Manager – Performance
End Date: 18 months from procurement of replacement system
Status: Active

Social Policy will be replacing its main social care recording system, SWIFT/AIS during the timeframe of this Workforce Plan. A replacement system is yet to be purchased, however it is a key aspect of our Digital Transformation program and will present significant challenges to our workforce. Preparatory work is taking place to ensure that the service is well placed to deal with those challenges. This preparatory work is further complicated by a parallel project to upgrade the current version of SWIFT/AIS V.32 in order to maintain compliance with the Public Services Network.

We have budgeted for a specific project team due to the complexity of data cleansing, data migration, configuration and testing of the new system. Forming a project team of experienced staff to work in partnership with our IT colleagues to implement a new system will place strain on our existing Performance and Quality team. Our Business Support function are in the process of planning to recruit and then train staff in order to maintain service levels at an appropriate level during the preparation and implementation phase.

Such a major development in our infrastructure will require significant levels of staff training in the use of new system. Our Business Support team will be engaged in developing a suitable program of training and development for staff.

3. Care at Home workforce challenges

Owner: Business Support Manager – Finance & Contracts
End Date: 2020/23
Status: Active

The shortage of suitably trained and qualified "Care at Home" staff represents a major challenge to workforce planning for our services. This is a problem at both a local and national level, with the impact of the UK leaving the European Union further reducing the pool of potential staff available. In order to address this, we have introduced a new "Care at Home" contract with our providers to ensure that we have greater control on the level of service provided to our clients.

Our Finance & Contracts team have developed a robust program of contract monitoring and will engage with our care providers, supporting them to address the challenges of recruiting a suitably trained and qualified workforce.

4. Service Transformation – The move from building based services to the delivery of outreach support services.

Owner: Head of Social Policy
End Date: 2020/23
Status: Active

Social Policy are working to shift the balance of care for families and young people to their communities, allowing for the more effective use of resources in order to create better outcomes for young people. We are modernising our processes, focussing on the highest risk cases, early intervention and prevention, with family support being undertaken on an outreach basis.

This move away from "building-based" support is also being applied to family support, with young children and families being offered support through a community outreach model. We are adopting similar principles across the services, with the closure of our in-house day-care for older people being provided by commissioned services.

This new approach presents a challenge to our workforce, as they are required to adapt to these new methods of service delivery and more flexible ways of working. Social Policy are working to ensure that our professional development for staff and digital transformation all work to support these improvements. We are also looking at how we can develop our services for Children & Young People to improve the interface with our partner agencies.

5. Service Transformation – The implementation of Self Directed Support (SDS) and increased use of strengths-based approaches to care

Owner: Head of Social Policy
End Date: 2020/23
Status: Active

Our services are increasingly required to move our clients towards self-management. This can to be achieved through the increased use of "strengths-based" approaches, which are personalised to the client and both enable and sustain independence for them.

We are looking at how we can utilise technology to develop self-evaluation portals for clients, enhancing their access to services. We are also taking a more pro-active

approach to increasing the use of aids and equipment that support service users to live independently at home (or in a homely setting).

6. Service Transformation – The Digital Transformation of public services represents a significant challenge for our Social Policy workforce.

Owner: Head of Social Policy
End Date: 2020/23
Status: Active

Keeping our workforce equipped with the up-to-date knowledge and skills required to embed improvements in technology into social work practice is a key challenge for the service.

Our plans for service redesign, integration and modernisation focus on the development of a more agile and flexible workforce, which we know will require a significant investment in training, development and suitable technology. Our transformational change program is looking at mobile technology and solutions for staff to access our resources more efficiently. This will deliver maximum benefit for both service users and the organisation. The maturation of West Lothian's Health & Social Care Partnership has allowed us to access additional resources, expertise and capacity to up-skill our staff.

Digital transformation will also assist with improved data quality, data management and our ability to share information with our partners. We are looking to developing access portals for our partners in order to share information more efficiently.

7. The increasing requirement to undertake data analysis

Owner: Business Support Manager – Performance
End Date: 2020/23
Status: Active

Social Policy is increasingly required to provide detailed performance information to a variety of both internal and external stakeholders. This includes but is not limited to, extensive returns to the Scottish Government, the Local Government Benchmarking Framework and WLAM. In addition, there are increased requirements to develop the use of Pentana and incorporate detailed analysis functionality into our Social Care recording systems.

The requirement for increased accuracy and detailed interrogation of these statistics represents a challenge for the Social Policy workforce. The Business Support team will need to provide staff with suitable training and development in order for staff meet these requirements.

8. Future savings, demand profile, service delivery

Owner: Head of Social Policy
End Date: 2020/23
Status: Active

Social Policy has developed a robust plan to meet the savings demanded by the organisation. These plans will be monitored and a dynamic approach taken to addressing any changes necessary to meet our targets.

Many of the challenges facing Social Policy are related, or inter-dependent; our digital transformation projects are crucial to our approach to changing demand and the need to deliver services flexibly.

Our Business Support - Customer & Community team will be required to closely engage with services to ensure that our operational colleagues are undertaking appropriate training and development to meet changes in demand.

4. DEFINING FUTURE WORKFORCE REQUIREMENTS

Delivering the outcomes in the Corporate Plan 2018/23 requires the transformation of council services and changes in workforce numbers and skills. This will require effective planning and more flexible approaches to help our employees to be ready for the future.

Planned Staffing Reductions

The future years' planning that has been undertaken through our Transforming your Council proposals indicates that there will be even greater staffing reductions required over the period 2019/23, as set out in the table below.

Service Function	2019/20	2020/21	2021/22	2022/23	Total FTE
Community Care	0.0	12.7	28.6	33.9	75.2
Children and Families	4.2	8.0	23.2	22.8	58.2
Total FTE	**4.2**	**20.7**	**51.8**	**56.7**	**133.4**

However, it is anticipated that the sector will benefit from some additional budget for indexation and demographic which will partially offset the proposed savings. Further work on modelling the future service landscape requires to be undertaken to better understand where staff may be deployed within in-house and commissioned services.

5. IMPLEMENTATION OF WORKFORCE CHANGE

Ref	Measure	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Impact on Service Performance and Quality
Social Policy - Integration Joint Board								
SJ1a	Review of adult day care services including efficiencies in community transport, external day care provision and the Community Inclusion Team	0	500	255	0	**755**	5.9	The council will continue to focus on service users with substantial and critical needs. Service users with lower level needs may access support from existing community support networks and facilities.
SJ5a	Older People day care to be delivered by existing external provision	0	300	0	0	**300**	6.8	No impact on service. External provision is more cost effective than internally provided day care and will have capacity to meet the needs of those older people who require day care support. Self-directed support is likely to mean that fewer older people choose to access day care provision.
SJ5b	Remodel housing with care provision	0	0	392	301	**693**	25.3	No impact on service. Changes to delivery will focus on more efficient support while ensuring that service users continue to receive care for which they are assessed as requiring.
SJ6a	Review of Social Policy management	0	0	0	140	**140**	2	No impact on service delivery. Posts will be matched to support services.

Ref	Measure	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Total £'000	Estimated Staffing Reduction (FTE)	Impact on Service Performance and Quality
SJ6b	Review of Social Policy administration support to deliver 25% reduction	0	0	171	175	**346**	15.1	No impact on service delivery. Posts will be matched to support services.
SJ6c	Review of contract and commissioning and service development to deliver 25% reduction	0	0	0	175	**175**	**6.4**	No impact on service delivery. Posts will be matched to support services.
SJ6e	Integration of Occupational Therapy between the council and Health	0	0	111	108	**219**	5.4	No impact on service delivery. Efficiency achieved through managing areas or overlap and duplication with NHS Lothian.
SJ6f	Additional staffing efficiencies	0	0	78	81	**159**	6.3	No impact on service performance and quality.
SJ6g	Additional staffing saving related to 2018/19 pay award	0	0	52	0	**52**	2	No impact on service delivery. Posts will be matched to support services.
Social Policy - Non Integration Joint Board								
S1e	Review family support provision – closure of centre based facilities moving to supporting children in communities	156	284	393	300	**1,113**	30.1	This will have a positive impact on the service as support will be delivered for children and families in their own homes and communities, lessening the need for centre based care and support.

Ref	Measure	2019/20	2020/21	2021/22	2022/23	Total	Estimated Staffing Reduction (FTE)	Impact on Service Performance and Quality
		£'000	£'000	£'000	£'000	£'000		
S1f	Focusing the activity of early intervention and prevention support teams	0	0	141	135	**276**	6.9	This will have a limited impact on the service. The impact will be mitigated through focusing on the areas of greatest need.
S1g	Service review of Social Care Emergency Team	0	60	0	0	**60**	0.8	This will have no impact on the service as the review will focus on finding more efficient ways of working.
S4a	Review of Social Policy management	0	0	0	70	**70**	1.0	No impact on service delivery. Posts will be matched to support services.
S4b	Review of Social Policy administration support to deliver 25% reduction	0	0	107	111	**218**	9.5	No impact on service delivery. Posts will be matched to support services.
S4c	Review of contract and commissioning and service development to deliver 25% reduction	0	0	0	88	**88**	3.2	No impact on service delivery. Posts will be matched to support services.
S4e	Additional staffing efficiencies	0	0	39	40	**79**	3.2	No impact on service performance and quality.

Ref	Measure	2019/20	2020/21	2021/22	2022/23	Total	Estimated Staffing Reduction (FTE)	Impact on Service Performance and Quality
		£'000	£'000	£'000	£'000	£'000		
S4f	Additional staffing saving related to 2018/19 pay award	0	0	97	0	**97**	0	No impact on service performance and quality.

WORKFORCE PROFILE Appendix 1

Service profile at April 2019

Employment Status Social Policy		
	No	**%**
No of Employees	1,192	
No of employees with perm contracts	1,099	92%
No of employees with temp contracts	93	8%
No of full time employees	581	49%
No of part time / job share	611	51%

Salary Grades	**No**	%
Apprentice / Graduate		0%
Band A	70	6%
Band B		0%
Band C	282	24%
Band D	59	5%
Band E	201	17%
Band F	221	19%
Band G	63	5%
Band H	213	18%
Band I	67	6%
Band J	2	0%
Band K	10	1%
Band L		0%
Band M		0%
Band N	3	0%
Chief Officer	1	0%

Females within service		
Females within service	1032	87%

Age Profile	**No**	%
Staff Aged 65+	28	2%
Staff Aged 55 - 64	367	31%
Staff Aged 45 - 54	387	32%
Staff Aged 35 - 44	235	20%
Staff Aged 25 - 34	148	12%
Staff Aged 16 - 24	27	2%

Leavers		
Turnover Rate for the service 12 months		10%
Turnover Rate for the council 12 months		9%

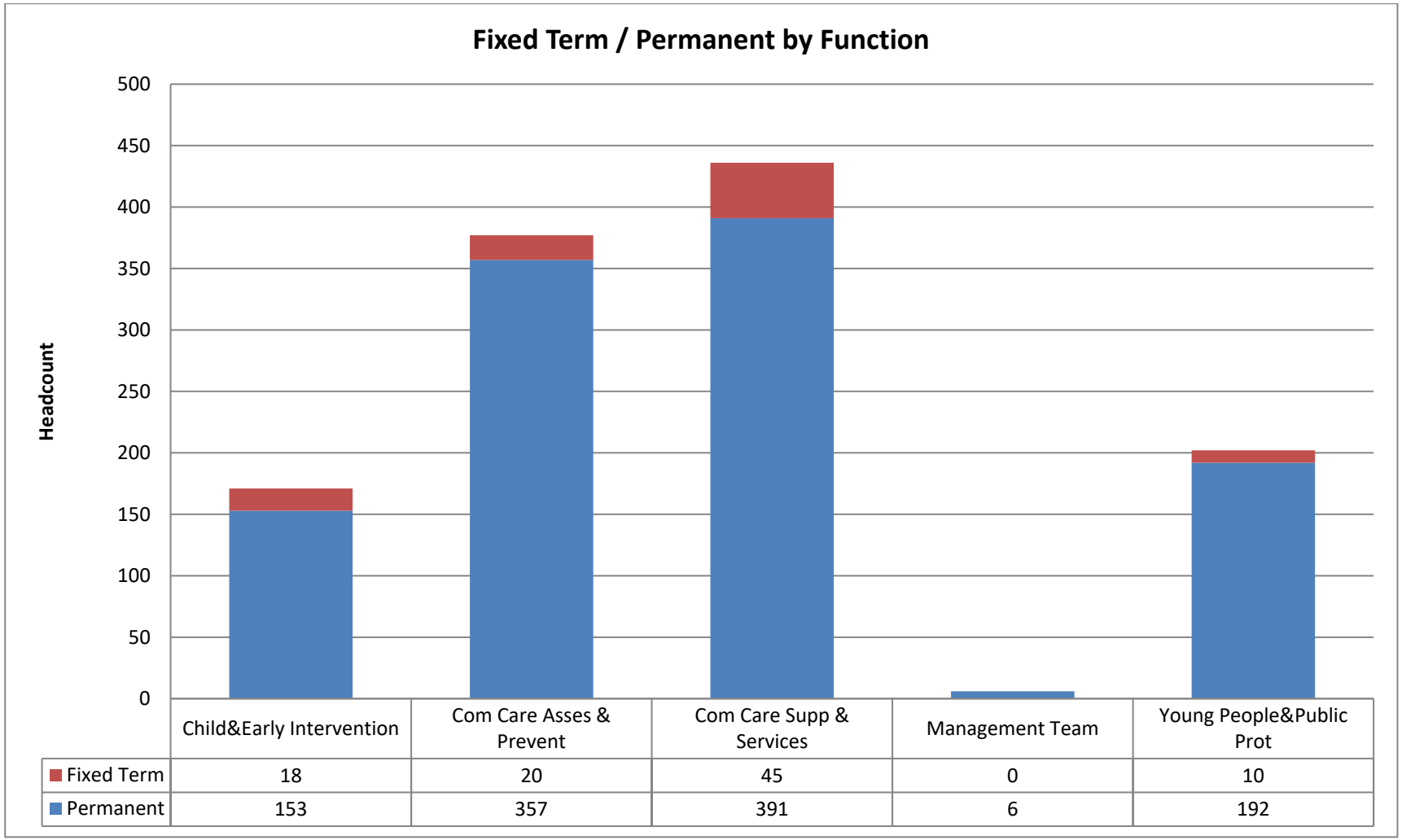
No of employees leaving due to	**No**	
Deceased	3	2%
Dismissal - Capability	8	6%
Dismissal - Misconduct	1	1%
Early Retirement	2	2%
End of Contract	5	4%
Ill Health Retirement	5	4%
Leaving Area	7	5%
Other Employment out WLC	36	27%
Other Reason - Non Specific	8	6%
Pregnancy	15	11%
Personal Reasons	13	10%
Retirement	27	20%
TUPE Transfer	2	2%
Voluntary Serverance/Redundancy	3	2%

Length of Service		
Employees who will reach their normal retirement age in the next 5 years	160	13%
% staff with 10 or more years service	653	55%
% of staff with 1 to 9 years service	438	37%
% of staff with less than 1 years service	101	8%

Recruitment		
No of posts advertised	134	
No of posts advertised externally	117	
No of posts advertised internally only	17	
Total advertising spend	£2333	
Average length of time taken to fill a post (days)	25	

WORKFORCE PROFILE

Permanent and Temporary by Service Functions as at April 2019

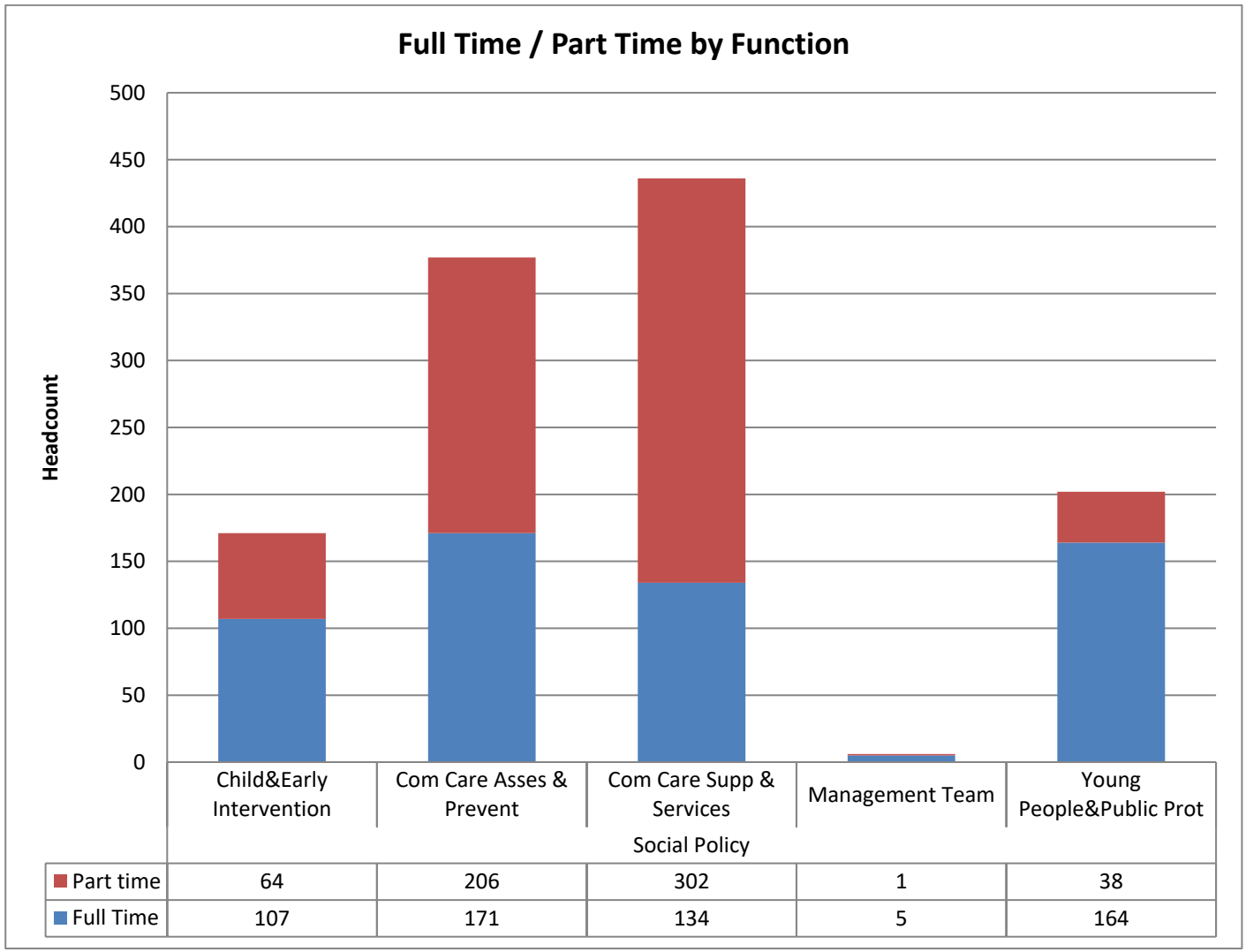


	Child&Early Intervention	Com Care Asses & Prevent	Com Care Supp & Services	Management Team	Young People&Public Prot
Fixed Term	18	20	45	0	10
Permanent	153	357	391	6	192

1

WORKFORCE PROFILE

Full and Part Time by Service Functions as at April 2019



1

WORKFORCE PROFILE

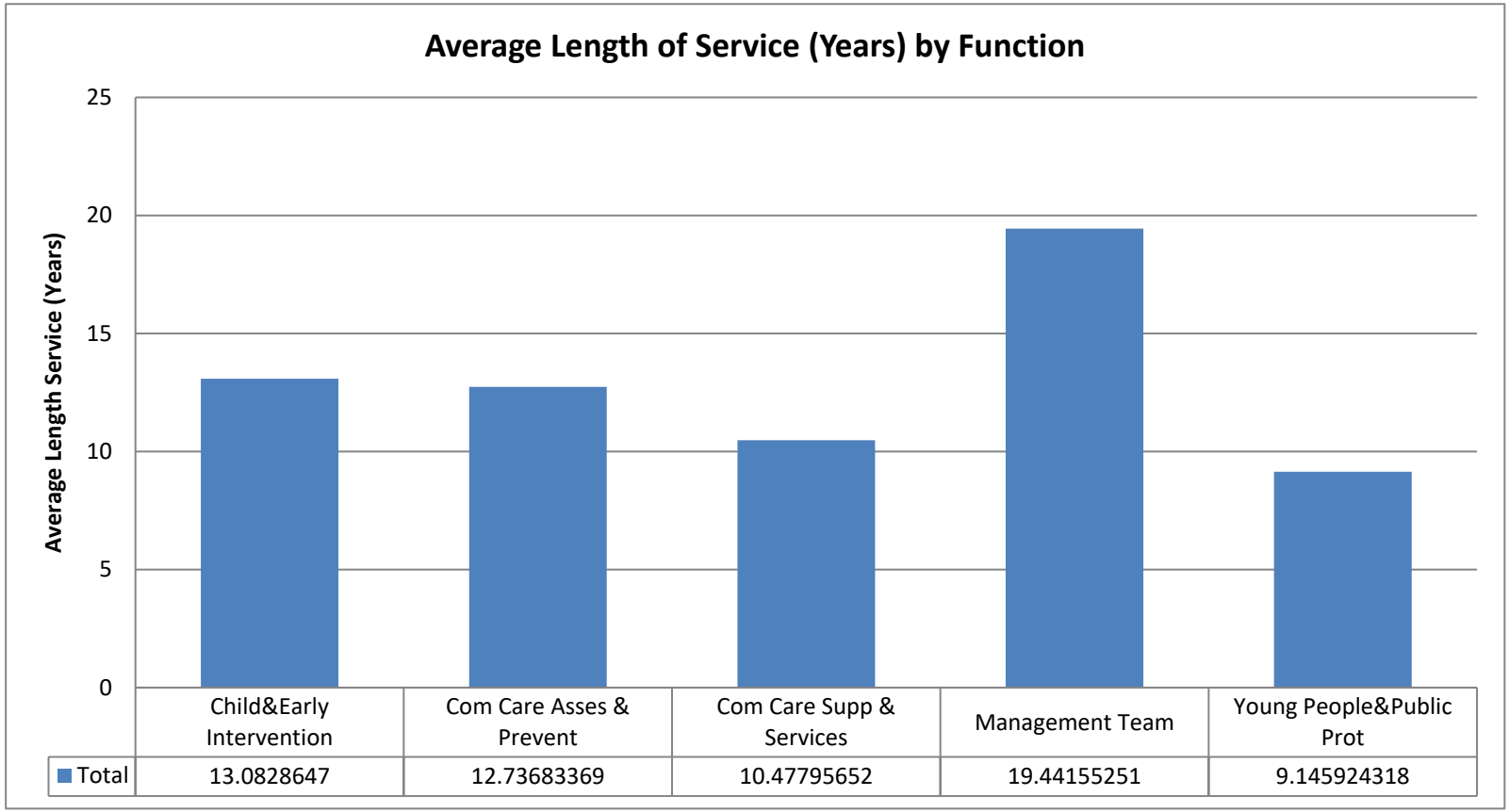
Grade Occupancy by Service Functions as at April 2019

Function Area	Apprentice/ Graduate	Band A	Band B	Band C	Band D	Band E	Band F	Band G	Band H	Band I	Band J	Band K	Band L	Band M	Band N	Chief Officer
Child & Early Intervention		4		7	8	5	64	42	29	8	2	2				
Com Care Asses & Prevent		7		133	6	63	91	10	47	17		3				
Com Care Support & Services		59		140	31	125	22	6	39	12		2				
Management Team									1			1			3	1
Young People & Public Protection				2	14	8	44	5	97	30		2				

Appendix 2

WORKFORCE PROFILE

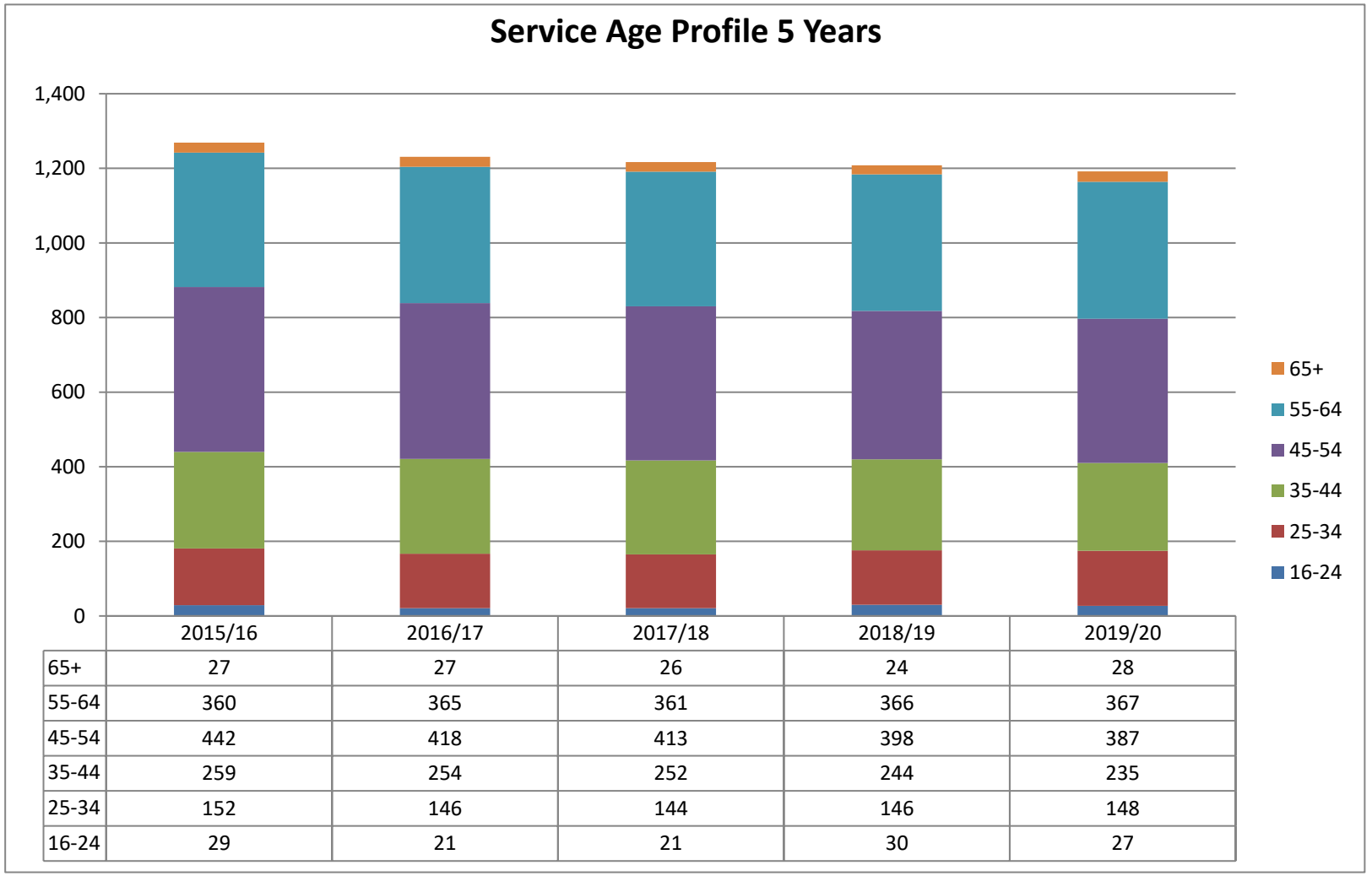
Average Years' Service by Service function as at April 2019



Appendix 3

AGE PROFILE

Age profile over 5 year period

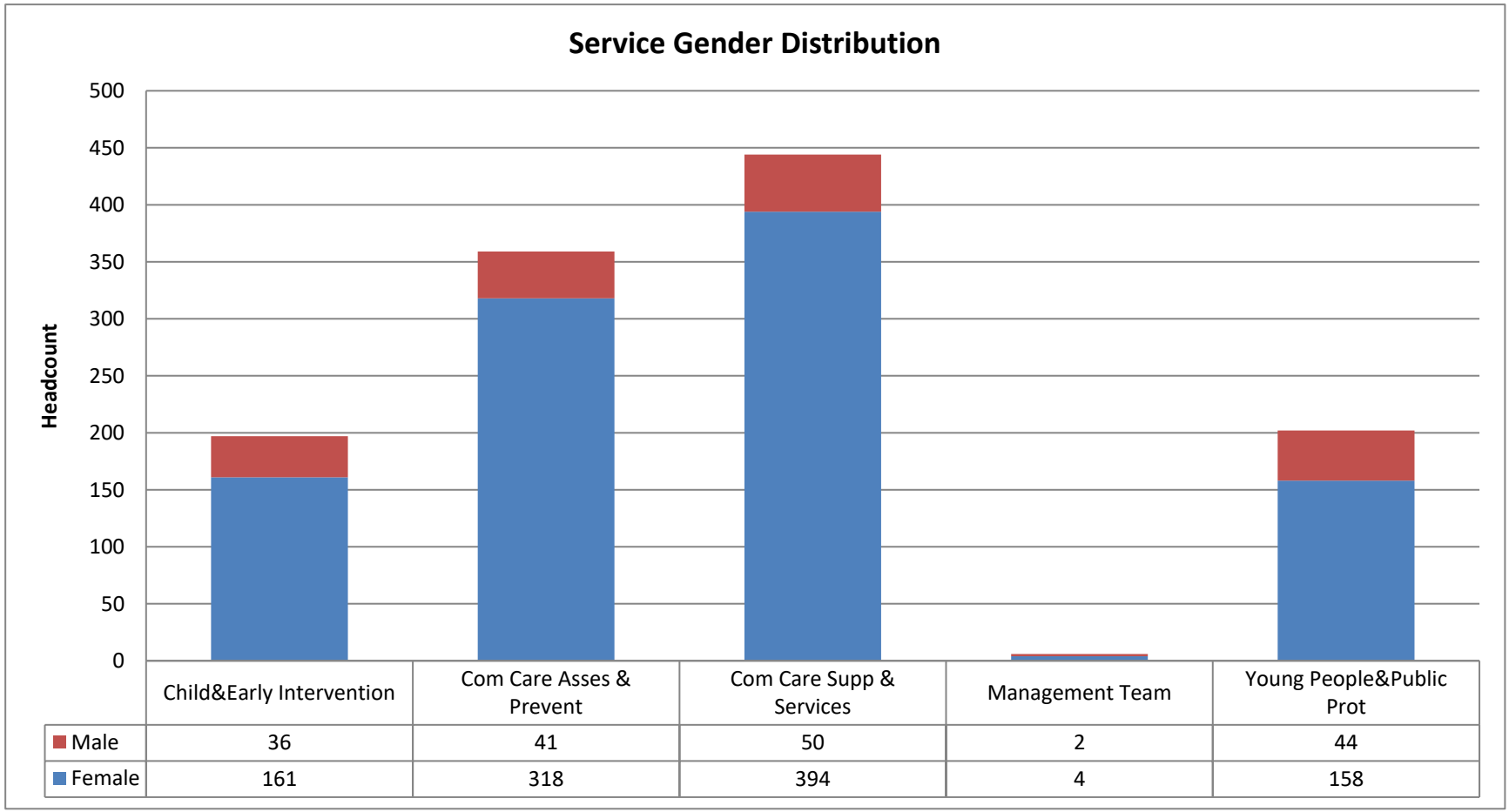


	2015/16	2016/17	2017/18	2018/19	2019/20
65+	27	27	26	24	28
55-64	360	365	361	366	367
45-54	442	418	413	398	387
35-44	259	254	252	244	235
25-34	152	146	144	146	148
16-24	29	21	21	30	27

Data Label - Official / Sensitive

GENDER PROFILE

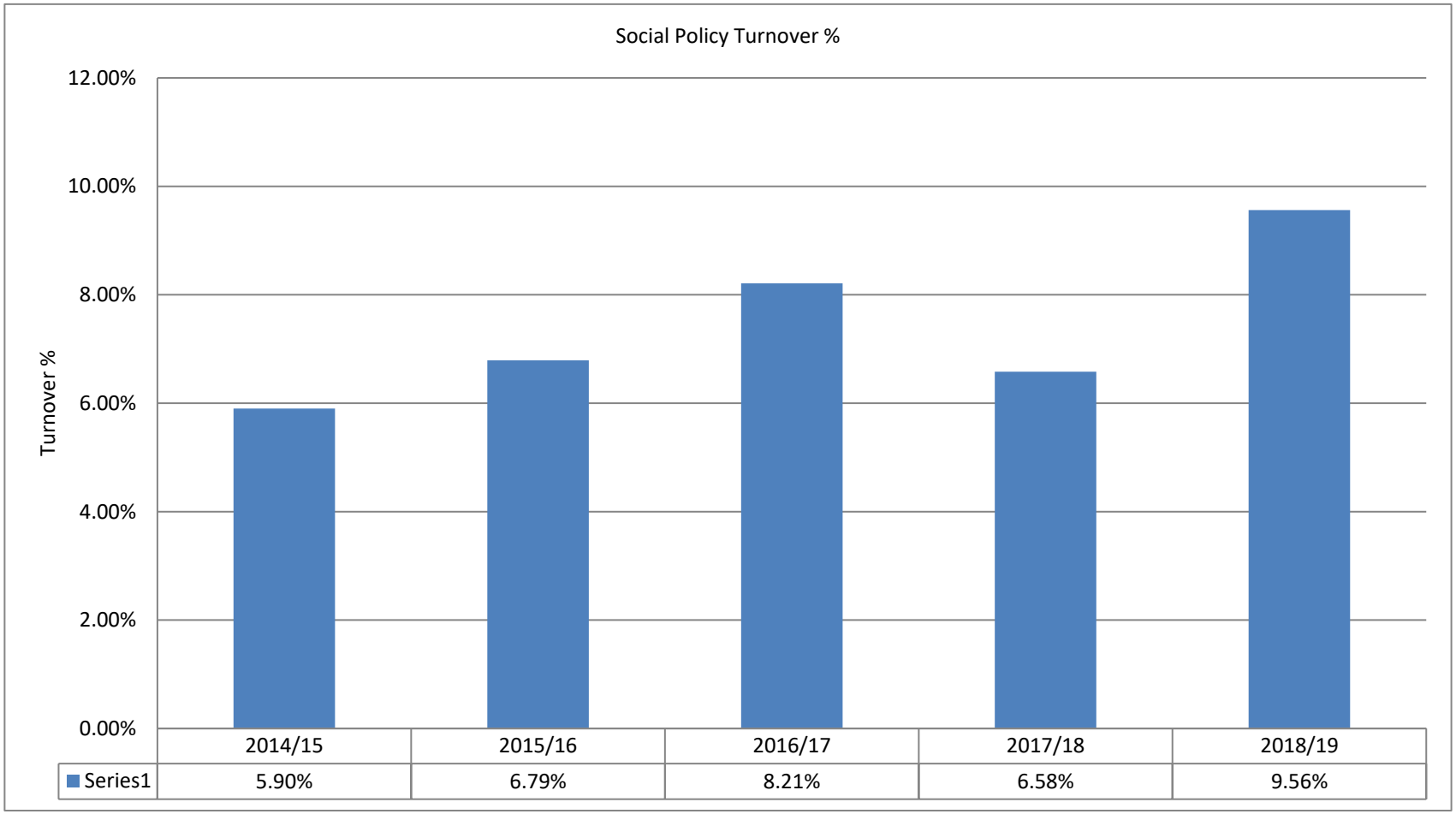
Gender distribution by Service Function as at April 2019



	Child&Early Intervention	Com Care Asses & Prevent	Com Care Supp & Services	Management Team	Young People&Public Prot
Male	36	41	50	2	44
Female	161	318	394	4	158

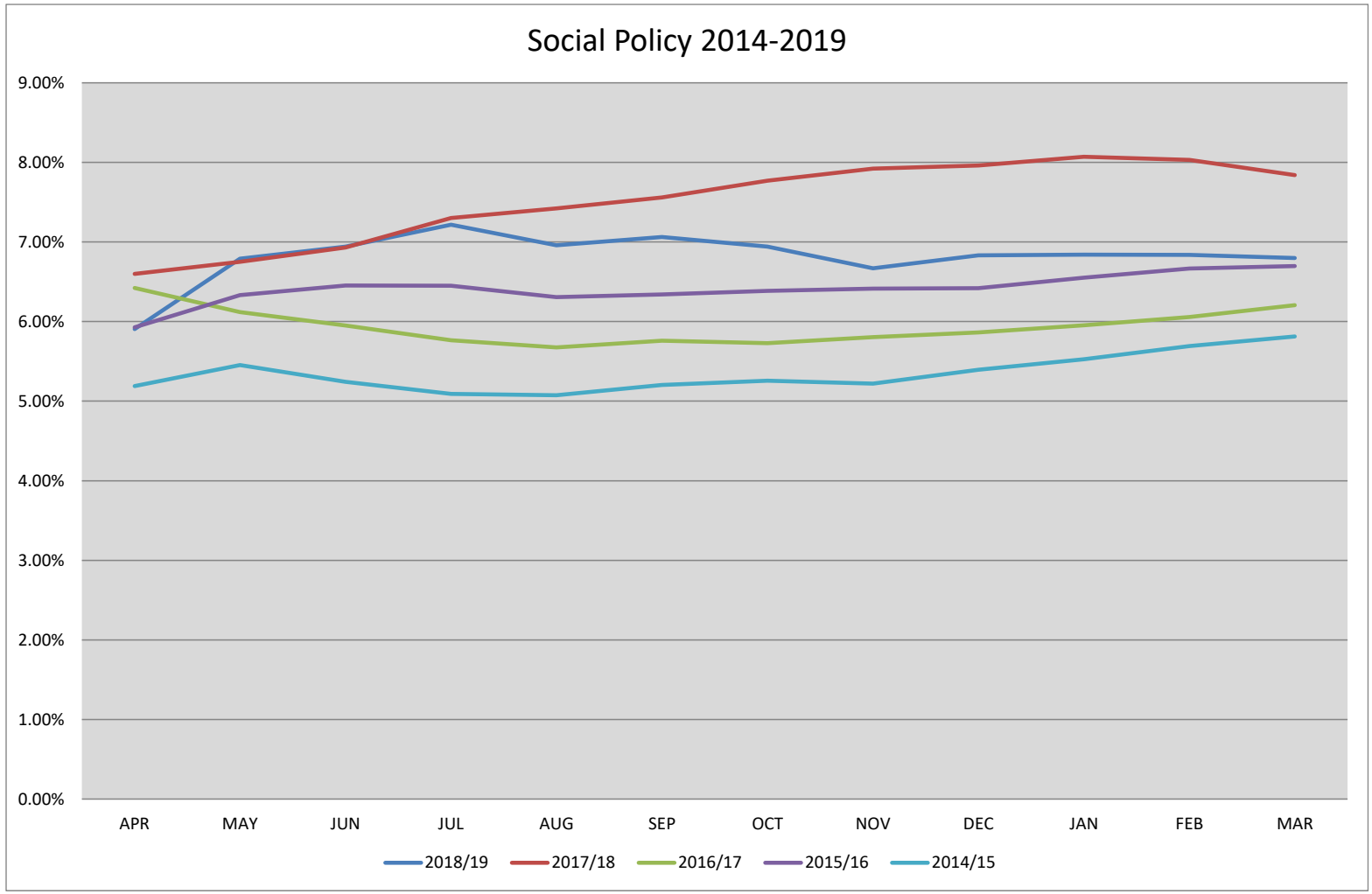
TURNOVER

Rates of Turnover from 2013/14 to 2017/18



ATTENDANCE MANAGEMENT

Sickness Absence Rates



West Lothian Workforce Planning Group

Work Stream Position Statement – November 2019

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
Right people				
• Be an employer of choice	IJB Workforce planning group developed with key stakeholders	Yvonne Lawton	Regular meetings to take place with identification and discussion of key workforce developments from a West Lothian perspective	Meeting schedule in place
	WLC People Strategy - 2018/19 to 2022/23	West Lothian Council	Actions identified in the plan implemented and monitored by West Lothian council	Implementation to 2023
	NHS Lothian 2017/2019 (under review)	NHS Lothian	NHS Lothian workforce plan currently under review	TBC
• Employer of choice for young people	Presentation on difficult to recruit to areas delivered to Developing the Young Workforce (DYW) Steering Board	Yvonne Lawton	Member of the DYW Steering Board is now a member of the Workforce Planning Development Group	Complete
	Careers event for 500 primary and secondary school pupils being arranged for February 2020	Yvonne Lawton	Event will be planned and delivered in partnership between NHS Lothian, West Lothian	February 2020

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
			Council, Education Services and the DYW Steering Board	
• Employer of choice for young people	Project Search – supported employment programme for young people with a disability. Delivered in partnership between NHS Lothian, West Lothian Council and West Lothian College	Pamela Main	Annual programme of recruitment to the programme with supports in place to secure employment on completion.	Summer 2020
	West Lothian Council Modern Apprenticeships (MAs) are for people who have left school and are aged between 16-19 years of and live in the West Lothian area.	West Lothian Council	Apply through My Job Scotland website	On going programme
	The JET (Jobs Education Training) Programme - a work-based learning programme combining school education with vocational training and real work experience. Employers, including NHS Lothian, provide work experience placements for S4 and S5 pupils	West Lothian Council/NHS Lothian	Via West Lothian Council	On going programme
	Skills Training Programme –consists of up to 26 weeks work experience 4 days a week in a work placement	West Lothian Council	Via West Lothian Council	Ongoing programme

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
	usually within council services, plus a day of self development and employability training			
• Attract returners to the partnership	Work still to be identified			
• Be inclusive and diverse employers	Career pathways and progression routes to be developed	Layna Houston	Understand current career progression pathways and identify areas for development	April 2020
	Access to Employment	Clare Stewart	Ensure appropriate health and social care links to council's employability services	On going programme
	Steps n2Work	Jorden Smith	Ensure appropriate links in place to link health and social work careers	Ongoing programme
	Inclusion and Aftercare.	Jorden Smith	Ensure appropriate links in place to link health and social work careers	Ongoing programme
	NHS Lothian Equalities and Human Rights Workplan 2018 – 2021	NHS Lothian	West Lothian NHS lead identified and will participate in developments	Ongoing to 2021

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
	Alcohol and Drug Partnership Recovery Service – Recovery Champion Trainee Programme	Deborah McAlpine	TBC	
• Ensure workforce is fit for purpose, sustainable and affordable	Transformational change programmes to underpin IJB's Strategic Commissioning Plans	Yvonne Lawton	Work to be undertaken on completion of strategic commissioning plans to align workforce requirements	2019 to 2023
	Delivery of mandatory training required to underpin the implementation of SSSC professional frameworks	Business Support Manager – Customer and Community	Programme of implementation being developed	TBC
	Social Care Commissioned Services – recruitment and retention challenges	Business Support Manager – Finance and Contracts	Work to be undertaken with commissioned services to support workforce planning and development. Scottish Care representative on WL Workforce Planning Development Group	Ongoing
	Review of building based services to move towards outreach support services and models of staffing required to support	Head of Social Policy	Model being developed as part of council's transformation programme	TBC

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
	Digital transformation of public services	Head of Social Policy	Workforce models need to be identified to support digital transformation.	TBC
	Review of skill mix for Community Addiction Services to ensure skills are better matched to patient pathways	John McLean	Review to be completed	TBC
	Progress with the ADP workforce development plan and recommendations from Needs Assessment	Nick Clater	Revised plan for 2019 to 2023 under development	2019 to 2023
• Work with partners to support appropriate staffing to deliver and sustain services	Mental Health Re-design - development of two wellbeing hubs and Community Mental Health Team . Integrated working with third sector to supply community link workers	Programme Board Layna Houston	Third Sector link workers in place at both wellbeing hubs	Ongoing
	Investment in rehabilitation pathway to support discharge to assess model	Pamela Main	Focussed work on recruitment to the sector to support hospital discharge.	Ongoing
	Social Care Commissioned Services workforce challenges including recruitment.	Pamela Main	Ongoing work with commissioned services to support delivery of social care contracts including Market Facilitation Plan.	2018 to 2023

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
• Value our volunteers	Engagement with Third Sector Strategy Group on strategic commissioning and working in partnership with sector	Yvonne Lawton	Presentation to Third Sector Strategy Group to highlight opportunities for feedback to commissioning plans. Opportunities for developing volunteering infrastructure discussed.	Complete
Right Skills				
• Develop a workforce aligned to the organisation value	Job descriptions and induction programmes in each organisation.	HR		Ongoing
• Ensure workforce is fully equipped to fulfil their role	Develop progression pathways	Layna Houston	Look at pathways that have already been developed.	Ongoing
	Training Programmes	HR	Working on management training programmes underway	Ongoing
	Developments in hub with data sharing and integrated working systems in place	Programme Board Layna Houston	Third sector link workers in place and data sharing agreed.	Complete

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
• Ensure workforce is focused on prevention and early intervention	Mental Health Re-design development of two wellbeing hubs	Programme Board Layna Houston	Third Sector link workers in place at both wellbeing hubs	Monitoring set outcomes
	Commissioning of thirds sector link workers.	Leona Jackson	Third Sector link workers in place at both wellbeing hubs	Complete
	Develop skill base to enable staff to respond appropriately to young people's substance use, especially those working with the most vulnerable young people.	Nick Clater	TBC	Ongoing
• Encourage and provide opportunities to develop skill	Skill Mix	Service Managers		Ongoing
	DYW work placements	HR	Alignment of work placements underway.	Ongoing
• Promote and deliver integrated working	Delayed Discharge hub	Jeanette Whiting	Build on experience of developing the Integrated Discharge Hub at St John's Hospital to develop future integrated pathways	Monitoring outcomes

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
	Mental Health Wellbeing hubs	Layna Houston	Service will be moving to fully self referral in next couple of months.	Monitoring outcomes
	Community Mental Health Team (CMHT)	Nick Clater	Locations for the East/West CMHT's have been established and refurbishment of these locations is underway	Ongoing
	GP Practices	Carol Bebbington	Multidisciplinary teams already working within some GP's practices including paramedics and CPN's, Community Link Workers	Ongoing
	Community Addictions Service (West Lothian)	John Mclean	TBC	Ongoing
	Integrated Learning Disability Team	Robin Allen	A wide range of health professionals who provide specialist assessment, advice, treatment and support services for adults with a learning disability. Model continues to develop.	Ongoing

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
	Home First	Carol Bebbington/Pamela Main	Build on development of Discharge to Assess Model of Home First and use learning to develop community models.	Ongoing
Right Place				
• Continue to support the shift in the balance of care to community setting	GP Practices	Carol Bebbington	Multidisciplinary teams already working within some GP's practices including paramedics and CPN's, Community Link Workers	Ongoing
	Wellbeing Hubs	Layna Houston	Two wellbeing hubs are already open, to increase development pop up locations are being investigated.	Ongoing
	Housing First Model for Addictions	Katy McBride	Ensure appropriate links with housing colleagues to ensure health and social care priorities are reflected in development	Nick Clater
	16 person housing resource for adults living with Learning Disabilities (Pumphertson)	Robin Allen	Work underway to build new housing resource to shift balance of care. New models of support including positive behavior support require to be developed	2022

DRAFT

Work Streams & Developments	Actions Underway	Person Responsible	Progress/Further Development	Timescales
Right Time				
• Have a skilled workforce at the right time	Recruitment Process & speed of delivery	HR	Work with recruitment services in WLC and NHSL to ensure that systems support responsive recruitment	Ongoing
	eESS (electronic Employee Support System)	NHS Lothian	New HR system launching in March 2020	March 2020
• Plan for ageing workforce	Mentoring Roles	West Lothian Council/NHS Lothian	TBC	Ongoing

Additional Proposed Actions:

1. Careers event for 500 primary and secondary school pupils being arranged for February 2020 to showcase careers in health and social care. This event will be planned and delivered in partnership between NHS Lothian, West Lothian Council, Education Services and the DYW Steering Board.

2. Work to be undertaken on completion of strategic commissioning plans to align with workforce requirements.

3. Consider ways to develop more collaborative working around recruitment – learn from approach in North Lanarkshire

DRAFT

West Lothian Integration Joint Board

Date: 26 November 2019

Agenda Item: 18

JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 *The purpose of this report is to update the Board that a Joint Inspection will be undertaken by the Care Inspectorate and Healthcare Improvement Scotland commencing 20 January 2020*

B RECOMMENDATION

B1 *Note that notice has been received of Joint Inspection (Adults) into the Effectiveness of Strategic Planning within West Lothian Partnership*

Note that evidence in line with the Quality Framework and a partnership position statement will be prepared for submission to the inspection team on 10 December 2019

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	*None*
C3	**Policy/Legal**	*Inspection will be undertaken under section 115 of the Public Services Reform(Scotland) Act 2010, together with regulations made under the 2010 Act.*

C4	**Risk**	The risk related to Strategic Planning and Performance are captured in the risk register and will be monitored.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	*None*
C7	**National Health and Wellbeing Outcomes**	*All apply*
C8	**Strategic Plan Outcomes**	*All apply*
C9	**Single Outcome Agreement**	
C10	**Impact on other Lothian IJBs**	*None*

D TERMS OF REPORT

Notification has been received of a planned Joint Inspection (Adults) The Effectiveness of Strategic Planning in West Lothian Partnership.

D1 The Care Inspectorate and Healthcare Improvement Scotland will jointly inspect the strategic planning, commissioning, performance and leadership of health and social work services in the West Lothian Health and Social Care Partnership with on-site scrutiny commencing Monday 20 January 2020.

This will include consideration of how well the Partnership has:

D2
- Improved performance in both health and social care
- Developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- Established the vision, values and culture across the partnership, and the leadership of strategy and direction

D3 The Evaluating Effectiveness of Strategic Planning: Quality framework (Appendix 1) will be used in this inspection.

D4 The scrutiny process will support rigorous, fair and objective evaluation during the inspection of the above areas. This inspection report will have graded evaluations on all of the areas inspected, including leadership. We will be given the opportunity to provide comment on factual accuracy prior to publication. The report will be published on the Care Inspectorate and Healthcare Improvement Scotland websites following the inspection.

D5 Relevant evidence in line with the Quality framework and a Partnership position statement will be prepared and submitted to the inspection team by 10 December 2019 to allow them to complete preparatory work in advance of the inspection.

D6 To help coordinate the inspection a senior manager has been nominated to act as a single point of contact.

D7 The inspectors will be on site in the weeks beginning 20 January and 10 February 2020

E CONSULTATION

E1 A communication plan will be developed to inform staff and partners of the inspection and expectations of them throughout

F REFERENCES/BACKGROUND

F1 *None*

G APPENDICES

G1 *Appendix 1: Evaluating the Effectiveness of Strategic Planning: Quality Framework*

H CONTACT

Carol Bebbington
Interim Head of Health
Carol.bebbington@nhslothian.scot.nhs.uk
H1 *0506 281017*

26 November 2019

Healthcare Improvement Scotland

care inspectorate

Evaluating the Effectiveness of Strategic Planning: Quality Framework

Introduction

This document sets out the quality framework for the joint inspections of the effectiveness of strategic planning within the health and social care partnerships. These updated quality indicators continue to focus on performance, strategic planning and commissioning and leadership. The framework may also be used by partnerships to evaluate their own work in these areas.

The framework sets out the quality themes, indicators and illustrations that we will use to evaluate progress made by the integration authorities. The illustrations are underpinned by the national Health and Wellbeing Outcomes, Healthcare Improvement Scotland Quality of Care Framework, the Integration Planning and Delivery Principles and the Health and Social Care Standards. Links to these documents are included for reference in **Appendix 1**.

With the Health and Social Care Standards implemented in April 2018 the joint inspections will be seeking evidence that the principles and outcomes set out in these standards are now reflected in partnerships' strategic planning and commissioning. Key statements from the Health and Social Care Standards with particular relevance to strategic planning are set out in **Appendix 2**.

The strategic inspections seek to answer three main questions. It considers how well integration authorities have:

- improved the partnership's performance in both health and social care.
- developed and implemented operational and strategic planning arrangements, quality assurance and commissioning arrangements.
- established the vision, values and culture across the partnership, and the leadership of strategy and direction.

In this document, health care, social work services and partnership mean:

- Health care as defined in S 10A (2) of the National Health Service Scotland Act 1978(c29) as amended by the Public Services Reform (Scotland) Act 2010.
- Social work services as defined in S48 of the Public Services Reform (Scotland) Act 2010, including services which the local authority arranges in the exercise of its social work services functions and which are provided by another person.
- Partnership is defined as the Health and social care partnership arrangements for the governance planning and delivery of health and social care services as outlined in Public Bodies (Joint Working) (Scotland) Act 2014

1. Key performance outcomes	2. Getting help at the right time	5. Delivery of key processes	**6. Policy development and plans to support improvement in service**	**9. Leadership and direction that promotes partnership**
1.1 Improvements in partnership performance in both healthcare and social care 1.2 Improvements in the health and well-being and outcomes for people, carers and families	2.1 Experience of individuals and carers of improved health, wellbeing, care and support 2.2 Prevention, early identification and intervention at the right time 2.3 Access to information about support options including self directed support	5.1 Access to support 5.2 Assessing need, planning for individuals and delivering care and support 5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks 5.4 Involvement of individuals and carers in directing their own support	**6.1** Operational and strategic planning arrangements 6.2 Partnership development of a range of early intervention and support services **6.3** Quality assurance, self evaluation and improvement 6.4 Involving individuals who use services, carers and other stakeholders **6.5** Commissioning arrangements	**9.1** Vision ,values and culture across the partnership **9.2** Leadership of strategy and direction 9.3 Leadership of people across the partnership 9.4 Leadership of change and improvement
	3. Impact on staff		7. Management and support of staff	10. Capacity for improvement
	3.1 Staff motivation and support		7.1 Recruitment and retention 7.2 Deployment, joint working and team work 7.3 Training, development and support	10.1 Judgement based on an evaluation of performance against the quality indicators
	4. Impact on the community		8. Partnership working	
	4.1 Public confidence in community services and community engagement		8.1 Management of resources 8.2 Information systems 8.3 Partnership arrangements	
What is our capacity for improvement?				

1. Key performance outcomes

This is about the tangible results the partnership is achieving in respect of key outcomes for adults

1.1 Improvements in partnership performance in both healthcare and social care

Quality Indicator 1.1	
Key Features	***Possible evidence to consider***
• Performance results that the partnership is achieving in respect of key outcome areas for adults. • The partnership uses performance information including feedback from people who use services and performance information to inform improvement. • The Partnership publishes an annual performance report. • The Integration Joint Board's overview of performance.	*Performance information - local and national level* *Reports to the IJB and its committees or working groups* *Reports on feedback from people experiencing services/supports* *Evidence of benchmarking* *Feedback from unpaid carers and families* *Annual performance report/Financial statement*

QI 1.1 Very Good Illustration
The partnership has effective systems in place to monitor performance against national and local data on outcomes for people using services The partnership can evidence (using national and local performance data) that services have improved performance trends in respect of key outcome areas for individuals and that this is sustainable. All performance data is analysed and routinely reported to the Integration Joint Board for deliberation to inform future actions and directions where required.
A meaningful range of local performance data has been developed and agreed with stakeholders that reflects locally identified needs and priorities. The partnership regularly reports on this data to localities and stakeholders. The partnership has SMART action plans in place to address areas of poor performance. The partnership can clearly evidence that it benchmarks its performance on key outcome areas for individuals against other partnerships in Scotland. There is clear evidence that this is used as a means to drive continuous improvement.
The partnership publishes an annual performance report in line with legislative requirements. This covers how significant decisions made by the partnership over the course of the reporting year have contributed to progress towards the health and wellbeing outcomes. The partnership assesses its performance against its strategic commissioning plan and financial statement: including how the expenditure allocated in the financial statement has achieved or contributed to achieving the health and wellbeing outcomes and its performance in relation to the core suite of indicators for integration.
The performance report includes a description of the arrangements made in relation to consulting and involving communities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the total budget that was spent in relation to each locality. The partnership can evidence it has improved service quality alongside improved performance trends.

6. Policy development and plans to support improvement in services

This section is about organisational and strategic management across the partnership, including strategic planning, quality assurance and commissioning.

6.1 Operational and strategic planning arrangements

Quality Indicator 6.1	
Key Features	***Possible evidence to consider***
• The partnership has a shared vision, which is informed by a whole-systems approach and is set out in a comprehensive, overarching strategic commissioning plan. • This plan is co-produced based on a robust strategic assessment of needs. • Partnership plans comply with SMART planning guidelines, are regularly monitored, evaluated and reviewed by the partnership. • The integration authority has clear priorities and plans at strategic, service, locality and team level and these consistently align with more widely agreed plans and needs. • The partnership has locality plans based on robust data about the needs of their community and service performance. • Integrated approaches ensure that the partnership's services and resources are managed effectively across health and social care.	*Strategic commissioning plan* *Strategic planning group minutes and reports* *Minutes/reports to the IJB* *Strategic needs assessment and reports that indicate its influence on strategy and operational plans* *Implementation plans both strategic and local* *Minutes/reports and meetings which show consideration of local data* *Performance management data* *Financial plan and reports* *Consultation engagement strategy* *Housing contribution statement* *Workforce strategy* *Locality plans* *Structural arrangements that support planning process* *Intelligence and evidence from GP clusters*

QI 6.1 Very Good Illustration
The partnership's vision was jointly created through meaningful discussion with partners. It is articulated in a clear and concise manner in all plans highlighting how the vision integrates into the partnership's strategic and operational plans. Plans reflect an outcome focussed approach to service delivery and are linked to best value principles. The Integration Joint Board and other leaders have ownership of the vision and actively promote and take full account of it through all of their strategic and operational planning and service delivery. The arrangements for hosted services can demonstrate benefit and are reviewed as part of strategic planning. Regular evaluations are presented to all relevant Integration Joint Boards. The partnership's plans are dynamic, comprehensive and demonstrate a whole systems approach which reflect the partnership's vision. The plans are costed and are based on a careful consideration of both currently available finance and resources and of the likely future resources and requirements. Partnership plans cover service provision across the spectrum of care: from early detection, intervention and prevention to management of complex care and treatment and end of life care. Plans include innovative use of resources to change the balance of care. The partnership has a cohesive approach in that the health and social care partnership and the relevant NHS board and Local Authority/Authorities can evidence a shared understanding, ownership and inter-connection of priorities across the Integration Joint Board and parent bodies, or across the lead agency. The partnership has embedded the Health and Social Care Standards in its strategic and operational planning including consideration of human rights, tackling health and social inequalities and participation. *(See Appendix 2)*
The partnership has a comprehensive and up to date strategic needs assessment (SNA) which covers current and future needs, service activity and gaps in provision. The partnership reviews the strategic commissioning plan and strategic needs assessment (SNA) at least on a three year cycle and conducts an ongoing evaluation of local needs. The strategic plans and service delivery are robustly reviewed and adapted in conjunction with the updating of the SNA. The partnership has an up to date and effective engagement and communication plan which includes an explicit approach to the meaningful engagement of hard to reach groups. The plan is kept under review in terms of its effectiveness and updated accordingly. Effective mechanisms are in place to disseminate the partnership's vision to key stakeholders who are fully engaged in co-producing and reviewing the partnership's plan. The partnership's plans are co-produced through constructive and enabling discussions with a wide range of stakeholders. This includes supporting people with lived experience of services to make a meaningful contribution. Stakeholders feel their contribution is valued, agree that plans are realistic and coherent with national priorities. The partnership is able to evidence this.

The strategic planning group has a wide range of stakeholders and is influential and pivotal in the development of plans, strategies, service development and redesign. This group evidences mature joint working relationships and has clear and constructive links to other key groups such as locality planning groups and the Integration Joint Board.
The partnership's plans articulate clear priorities and indicate how these will be met within agreed timescales. They are outcome focussed, have SMART[1] objectives, measurable success criteria and clear lines of accountability to ensure actions are progressed.
The partnership can evidence a clear link between partnership strategies and plans and operational priorities at all levels. The partnership's locality planning approach supports community capacity building and creates opportunities for the development of proportionate, person-centred, and timely service responses.
The partnership has a well embedded locality infrastructure through which it engages effectively with stakeholders and maximises the potential of structured involvement of communities, groups and local staff in planning and decision making. The partnership effectively supports locality planning and ensures the development of locality plans is based on robust data. There is active planning in the localities reflected in comprehensive locality plans and supported by locality budgets and resources in line with the plans' priorities.
The partnership's financial strategy ensures objectives are achieved with sustainable finances; a robust annual budget process ensures financial balance in each year of the plan; a monitoring process enables this to be delivered and the performance report publishes this and informs future iterations of the plan. The partnership has evaluated the resource and workforce required to effectively deliver its objectives in the strategic commissioning plan and has developed a workforce strategy to implement this. The partnership has assessed the suitability of current and planned models of care. The need to achieve the best possible personal outcomes for people is central to this process. Staff and managers are supported by a readily accessible suite of jointly agreed comprehensive procedures and guidance that outline their respective roles and responsibilities. The partnership's staff have access to necessary support, education and training to effectively deliver the priorities and actions of the strategic commissioning plan. This includes proactive workforce development to meet future demands.

[1] SMART is specific, measurable, achievable, realistic and time bound.

6.3 Quality assurance, self-evaluation and improvement

Quality Indicator 6.3	
Key Features	***Possible evidence to consider***
• The partnership has effective self-evaluation and quality assurance systems in place. • There are clear governance arrangements in place for managing performance and risk - these contribute to service development and improvement. • The partnership's systematic involvement of a wide range of stakeholders in providing feedback on the quality of services - this is used to influence improvement. • Clinical and care governance arrangements are embedded and effective.	*Performance management reports, audits and self-evaluation* *Reports to the IJB/the SPG/managers on performance and risk* *Evidence of risk identification and mitigation* *Improvement actions taken as direct result of self-evaluation, quality assurance, and complaints.* *Evidence of systems for involving a range of stakeholders in quality assurance.* *Clinical and care governance papers* *Review and evaluation of IJB directions* *CSWO report*

QI 6.3 Very Good Illustration
The partnership has an integrated self-evaluation and quality assurance framework in use. As part of this the partnership collects accurate and timely information on the quality of service performance. This includes quantitative and qualitative information which is aligned to both national and local outcomes. In addition to the integration indicators there is also evidence of measurement of performance for local indicators identified as priority. The partnership uses the information from the self-evaluation and quality assurance framework to identify and agree priority areas for improvement. The partnership can demonstrate the measurable difference services are making to the wellbeing of individuals, including how the needs of the most vulnerable people are being met. Information is gathered from a range of sources across services, which is used to test systems and benchmark against best practice to identify further areas for improvement. The partnership's quality monitoring and governance arrangements include compliance with professional codes, legislation, standards and guidance and these arrangements are subject to periodic review. The partnership has embedded the Health and Social Care Standards in its approach to quality assurance, self-evaluation and improvement including consideration of involvement and engagement of people with lived experience. *(Appendix 2)*
The partnership has well developed and embedded systems to support the structured, systematic monitoring, assessment and management of risk. The partnership's performance and identification of risk are routinely considered by senior managers in the Integration Authority, the NHS board and the Local Authority. Areas of poor performance are highlighted and robust action plans developed and implemented to address these. The partnership has well established and effective systems in place for dealing with and responding to complaints, feedback and adverse events/incidents, ensuring that this focuses on learning, assurance and improvement. There is evidence of improvement actions taken as a result of this learning.
There is an explicit commitment to the meaningful involvement of stakeholders including people with lived experience of health and social care in the review and development of services. There is a range of well-established and innovative approaches to seeking stakeholders' views. The partnership regularly evaluates its engagement with stakeholders and ensures the ongoing efficacy of this. Stakeholders' views are used to shape and influence service planning and redesign and the partnership is able to evidence this. There is a recognised and efficient network for collating and disseminating information about health and social care integration to stakeholders and communities.
The partnership has developed integrated clinical and care governance arrangements. These are understood by staff and managers and embedded in practice. The partnership can evidence that these are effective. The partnership can demonstrate that there are effective clear lines of communication and professional accountability from front line staff to senior managers and professional leads responsible and accountable for clinical and care governance. This is a shared responsibility of the integration authority, the relevant NHS Board and the Local Authority.

6.5 Commissioning arrangements

Quality Indicator 6.5	
Key Features	***Possible evidence to consider***
• The partnership's strategic commissioning intentions are clearly laid out in the strategic commissioning plan. • The strategic commissioning plan is underpinned by a financial plan and statement which considers current and future service design and areas for investment and disinvestment. • Commissioning by partners is able to deliver increasingly personalised services in line with the Health and Social Care Standards. • The partnership has agreed arrangements in place for ensuring contract management and continuous planning and improvement cycle. • The partnership has effective approaches to procurement and contract management which deliver the commissioning intentions and directions from the IJB.	*Strategic commissioning plan* *Market facilitation strategy and plan* *Other relevant strategies and plans including those from the partnership's local authority and health board.* *Evidence of self-evaluation* *Financial plans* *Implementation procurement plans and strategies* *Evidence of quality assurance* *Commissioned services and procurement* *Evidence of contract management* *Application of the Health and Social Care Standards*

QI 6.5 Very Good Illustration
The partnership is able to demonstrate that commissioning plans are congruent with national standards and strategies including the national Health and Social Care Standards, and local plans and priorities. The partnership can evidence commissioning a relevant range of services for the local community which takes into account the strategic needs assessment across the whole system and spectrum of care and treatment - including early detection, intervention and prevention, complex care and treatment and end of life care. Housing and accommodation needs are a key feature of the strategic commissioning plan. The partnership regularly reviews and updates its commissioning decisions taking account of the most up to date information and analysis of local need and changing national priorities.
The strategic commissioning plan includes detailed information on all of the resources that will be required to successfully implement the intentions outlined in the plan and how services will be planned and effectively delivered using the integrated budgets. The partnership's plans should have a clear set of priorities linked to a robust financial plan and available resources. This will include transparent completion of evaluations of current services to identify less effective models of treatment, care and support which require disinvestment or re-design. Future disinvestment and investment are linked to outcomes that the plan seeks to deliver on.
The partnership has embedded the Health and Social Care Standards in its commissioning arrangements including requirements around range, quality, staff competence and working together. *(Appendix 2)* The partnership's range of commissioned services and supports demonstrate flexibility and personalisation in line with the national Health and Social Care Standards and the values of Self-directed Support. The strategic commissioning plan has an accompanying market facilitation plan, which has been developed in meaningful consultation with third and independent sector partners and procurement. The partnership's approach to market facilitation has ensured the development of the mixed economy of care in a way that supports equity of access, choice and quality. The partnership has a good understanding of, and responds effectively to, the financial and business impact of procurement decisions on providers and on the market as a whole. The partnership has agreements with partner agencies where appropriate to ensure clear contracts and service level agreements with providers across services. Implementation of robust risk assessment and management is explicit. Due diligence is undertaken before awarding any contracts. Checks on financial health are undertaken at regular intervals during the life of a contract. There are systems in place to review and evaluate all activity in this area.

The partnership ensures there are contract management and quality assurance processes in place to assure positive outcomes and best value are being achieved. The partnership ensure service delivery is in line with the Health and Social Care Standards.

The partnership has agreed implementation/procurement plans and strategies. Where appropriate it has issued directions to the local authority or health board that ensure the Strategic Commissioning Plan is implemented effectively. Where commissioning intentions require services or activities to be procured from external organisations, implementation/procurement plans or strategies and accompanying directions are consistent with the Market Facilitation Plan.

The partnership ensures there are effective commissioning and procurement arrangements in place that support the development and delivery of person centred, personalised services. Providers focus on outcomes for individuals and personalised approaches in all service settings in line with the national Health and Social Care Standards.

9. Leadership

This is about the quality of leadership and the contribution of leaders to drive the vision, values and culture and to communicate this with the workforce and the wider population. Effective leadership of strategy, cultural change and improvement considers and drives better integrated working which delivers better outcomes for individuals.

9.1 Vision, values and aims across the partnership

Quality Indicator 9.1	
Key Features	***Possible evidence to consider***
• The partnership has a clearly articulated vision, values and aims for health and social care services, a shared understanding of priorities, including locality priorities. • The vision is promoted by all leaders, and wider stakeholder groups reflect it in their vision, values and aims and plans. • Leaders have embedded a professional, supportive and respectful culture across the partnership. The partnerships, vision, values aims are understood and owned by all staff. • Leaders effectively adapt to new environments, evaluate risks and negotiate complex partnerships with measurable and improved performance.	*Documents which articulate the health and social care partnership's vision for services within their area* *Evidence that leadership, staff and wider stakeholder understand and promote the vision values and aims within their roles* *Staff surveys* *Patient/people surveys on their experience of services* *Minutes/reports to the IJB on changing needs within health and social care* *Minutes/reports considering service redesign/investment/disinvestment*

QI 9.1 Very Good Illustration
The partners have a jointly created vision, values and aims and have shared priorities. These align with the national health and wellbeing outcomes, Health and Social Care Standards, and integration planning and delivery principles whilst reflecting local priorities. The vision, values and aims reflect a collective ownership and joint commitment to delivering high-quality services and achieving the best possible outcomes for people by all partners. The partnership's vision, values and aims reflect the principles (dignity and respect, compassion, inclusion, responsiveness and wellbeing) of the health and social standards (*Appendix 2).* Leaders, including those in the partnership and the IJB and across the partner agencies work collaboratively to promote and share the vision, values and aims. The partnership fully and meaningfully involves staff, individuals and carers in order to develop the vision, values and aims. There is confidence on the part of IJB members, council elected members and NHS Board members that senior managers effectively promote the vision, values and aims.
The plans of partner providers clearly align with the vision, values, aims and priorities. Leaders are visible and effective and lead by example. They have embedded a trusting, positive, sharing and open organisational culture that creates an environment where integrated partnership working, openness and communication is valued, staff are supported and innovation promoted. Partners' vision, values and aims set out clear expectations for promoting equality and inclusion. This is reflected in all relevant plans, policies and procedures. Partners ensure their values and aims for equality and inclusion are embedded by staff in their work. The partnership can demonstrate commitment to effective operational and strategic joint working and the development of integrated services. The partnership has a clear commitment to education and learning which supports continuous improvement. There are systems to ensure effective and efficient information sharing which supports outcome-focused delivery of care by all partnership staff.
The vision translates into meaningful SMART plans and is actively promoted in all partnership forums. Leaders can demonstrate a good understanding of the direction of travel for health and social care, including the longer term view. Leaders have evaluated and understand future risks and are able to put systems in place which will address or mitigate these. Risks are widely understood within the leadership and there are clear links between the operational and strategic risk registers.

Leaders have in place a clear set of standards, success criteria and measureable targets against which they can evaluate the progress of service delivery and personalised services.

Leaders across the partnership demonstrate shared accountability for decision making and this is reflected in their plans.

9.2 Leadership of strategy and direction

Quality Indicator 9.2	
Key Features	***Possible evidence to consider***
• Leaders within the partnership have a clear understanding of how the strategy drives and implements the partnership's vision and communicate this effectively. • Leaders of health and social work services have a high awareness of future trends and can demonstrate this in service design and strategic commissioning. • Leaders ensure effective clinical and professional leadership which supports the delivery of high quality integrated services and improved outcomes in the partnership. • There is collaborative leadership across the partnership.	*Strategic commissioning plan and implementation plans* *Performance management information* *Minutes/ reports considering the strategic needs assessment* *Minutes/reports of clinical and professional meetings by professional leads* *Staff surveys*

QI 9.2 Very Good Illustration
There is an established and coherent strategy and SMART implementation plan which communicates a clear direction for integrated services shared by all partners. There is an agreed shared and clear process for managing changes required when implementing plans. All decision making structures which pre-dated integration have been reviewed to reflect integration. Leaders have a transformational agenda which creates new environments and ways of working to meet the needs of the local population. Decision making is transparent. Directions from the IJB are clear and members have ownership of these. Members oversee the successful implementation and review of these directions. Plans and strategies developed by partner agencies reflect the priorities, vision and values of the partnership. Decisions taken by the partnership and partner agencies are agreed and effective, negotiated in a congruent manner and there is an agreed conflict resolution process. There is evidence of evaluation of the prioritisation and effectiveness of approaches which are successful in delivering and sustaining measurable positive outcomes across health and social care. The partnership can evidence shared leadership across all staff groups in the development and implementation of strategies. It can identify successful examples resulting from partnership working.
Leaders proactively consider the future direction of services and what steps need to be taken to ensure future delivery is of high quality, sustainable and successfully meets projected demand. Based on robust evaluation leaders drive innovative service redesign to improve quality, efficient service delivery and better outcomes. Opportunities for disinvestment, targeted improvement and service redesign are identified through robust evaluation of how well services are delivering outcomes. Leaders support a culture of improvement through audit and evaluation and consistently encourage all stakeholders to consider methods of driving continuous improvement and actively support and communicate this agenda. The partnership has systems for clinical and professional leadership which support staff in their daily work, provide clear reporting lines, and help them to deliver high quality, safe, supportive personalised services in a rapidly changing environment. Leaders have developed and established robust integrated clinical and care governance policies and regularly monitor their effective implementation.
Leaders ensure that all partnership staff clearly understand their roles and responsibilities and promote this through training and modelling positive behaviours. Leaders foster collaborative working. Management teams work closely to support meaningful integrated working and innovative good practice. They effectively manage change and support staff through change. All leaders demonstrate and model positive behaviours and exercise professional leadership.

Appendix 1 - Links to key documents

Health and Social Care - Integration Principles

https://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles

National Health and Wellbeing Outcomes

https://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes

Health and Social Care Standards

www.newcarestandards.scot

Quality of Care - Quality Framework

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

Appendix 2 - Health and Social Care Standards

Principles

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

Key statements pertinent to strategic planning, commissioning and leadership:

QI 6.1 Operational and strategic planning arrangements
1.9: I am recognised as being an expert in my own experiences needs and wishes. *1.10: I am supported to participate fully as a citizen in my local community in the way that I want.* *1.28: I am supported to make informed lifestyle choices affecting my health and wellbeing and I am helped to use relevant screening of healthcare.* *3.15: I am helped to feel safe and secure in my local community.* *4.1: My human rights are central to the organisations that support and care for me.* *4.2: The organisations that support and care for me help tackle health and social inequalities.* *4.6: I can be meaningfully involved in how the organisations that support and care for me work and develop.* *4.17: If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.*
QI 6.3 Quality assurance, self-evaluation and improvement
4.6 I am meaningfully involved in how the organisations that support and care for me work and develop. *4.7: I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.* *4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.* *4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.*
QI 6.5 Commissioning arrangements
1.17: I can choose from as wide a range of services as possible which have been planned commissioned and procured to meet my needs. *3.1: I have confidence in people who care for me because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.*

3.19: My care and support is consistent and stable because people work well together.
4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.
4.17: If I am supported and cared for by more than one organisation, this is well coordinated so that I experience consistency and continuity.
4.24: I am confident that people who support and care for me have been appropriately and safely recruited.
5.8: I experience a service as near as possible to people who are important to me and my home area if this is what I want and this is safe.
5.18: My environment is secure and safe.

QI 9.1 Vision, values and culture across the partnership

1.1: I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.
3.3: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
4.1: My human rights are central to the organisations that support and care for me.
4.2: The organisations that support and care for me help tackle health and social inequalities.
4.3: I experience care and support where all people are respected and valued.

QI 9.2 Leadership of strategy and direction

4.23: I use a service and organisation that are well led and managed.
4.25: I am confident that people are encouraged to be innovative in the way they support and care for me.

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 19

COMPLAINTS AND INFORMATION REQUESTS – QUARTER 2 of 2019/20

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To report to the Board statistics on complaints and information requests made to the Board in quarter 2 of 2019/20.

B RECOMMENDATION

It is recommended that the Board:

1. Note that no complaints have been received in Quarter 2 or since the establishment of the IJB;
2. Note that one request for information was received in Quarter 2; and
3. Note that complaints and requests for information will continue to be reported on a quarterly basis.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	Activities will be carried out within existing budgets.
C3	**Policy/Legal**	Scottish Public Services Ombudsman Act 2002 and Amendment Order 2006 Integration Scheme Regulations 2014 Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance

		Public Records (Scotland) Act 2011 The Data Protection Act 1998 Freedom of Information (Scotland) Act 2002.
C4	**Risk**	Minimal if compliance with legislation is regularly reviewed.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	N/A
C7	**National Health and Wellbeing Outcomes**	Resources are used effectively and efficiently in the provision of health and social care services.
C8	**Strategic Plan Outcomes**	The complaints procedure gives service users an avenue to complain about: • IJB procedures • IJB decisions • the administrative or decision-making processes followed by the IJB in coming to a decision
C9	**Local Outcomes Improvement Plan**	None
C10	**Impact on other Lothian IJBs**	The IJBs will continue to share best practice on all matters covered in this report.

D TERMS OF REPORT

D1 Background

At its meeting of 5 December 2017, the Board agreed the Complaints Handling Procedure be amended in line with recommendations from the Complaints Standards Authority. This included a requirement to report on complaints received by the Board on a quarterly basis.

The Board is also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC) and therefore a quarterly update on requests for information will be reported alongside complaints.

D2 Compliance with legislation

The Freedom of Information (Scotland) Act 2002 is an Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority.

The Environmental Information (Scotland) Regulations 2004 (the EIRs) come from a European Directive on access to environmental information. The EIRs give everyone the right to ask for environmental information held by a Scottish public authority (and some other bodies).

An internal procedure for processing requests for information relating to the Board is in place. Requests for information will be recorded on council systems, as will complaints, and there is signposting on the IJB pages of the Health and Social Care Partnership website explaining how to make a complaint or request information.

Quarterly submissions on statistics on requests for information are made to the Office of the Scottish Information Commissioner (OSIC) on behalf of the IJB.

Complaints received in Quarter 2 of 2019/20

D3

There have been no complaints received by the IJB to date.

Requests for information received in Quarter 2 of 2019/20

D4

There was one request for information received by the IJB in Quarter 2.

The requestor asked to be provided with “for both 2017/18 and 2018/19,

1. The total salary costs of all the local Integrated Joint Board's direct employees.

2. The total expenses paid to the local Integrated Joint Board's:

1. Direct employees
2. Voting members
3. Carer representatives
4. Other non-voting members”

Conclusion

D5

The IJB has taken the necessary steps to ensure compliance with the relevant legislation in relation to complaints and requests for information.

Complaints and requests for information will be reported on a quarterly basis; Quarter 3 of 2019/20 will be reported to the Board at a future meeting.

E CONSULTATION

Work is ongoing between NHS Lothian and the four corresponding Health and Social Care Partnerships to ensure that a consistent approach is taken to complaints handling and requests for information across all relevant public bodies in the Lothians.

F REFERENCES/BACKGROUND

Meeting of West Lothian IJB 5 December 2017

West Lothian IJB Complaints Handling Procedure

G APPENDICES

None

H CONTACT

Lorna Kemp
lorna.kemp@westlothian.gov.uk
01506 283519

26 November 2019

West Lothian Integration Joint Board

Date: 26 November 2019

Agenda Item: 20

IJB QUARTER 2 FINANCE UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the 2019/20 budget forecast position for the IJB delegated health and social care functions based on the outcome of the Quarter 2 monitoring.

B RECOMMENDATION

It is recommended the IJB:

1. Notes the forecast outturn for 2019/20 in respect of IJB Delegated functions taking account of saving assumptions

2. Notes the current position in terms of year end management of partner overspends and underspends, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position in 2019/20

3. Notes that further updates on management of the 2019/20 budget position will be reported to future Board meetings during the remainder of this financial year

C TERMS OF REPORT

C.1 Background

This report sets out the overall financial performance of the 2019/20 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.

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

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

C.2 Responsibility for In Year Budget Monitoring

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

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

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

C.3 2019/20 Summary Budget Outturn Forecast for IJB Delegated Functions

The table below reflects the 2019/20 forecast position based on the quarter 2 forecast.

	2019/20 Budget £'000	**2019/20 Forecast £'000**	**2019/20 Variance £'000**
Core West Lothian Health Services	109,844	109,896	52
Share of Pan Lothian Hosted Services	22,585	22,203	(382)
Adult Social Care	75,144	75,144	0
Payment to IJB - Total	**207,573**	**207,243**	**(330)**
Share of Acute Set Aside	31,768	33,069	1,301
Total Contribution	**239,341**	**240,312**	**971**

The table shows that at this stage of the financial year an overspend of £971,000 is forecast against IJB delegated functions. As detailed above, an overspend of £382,000 is forecast on the payment to the IJB and an overspend of £1.301 million is forecast against the share of acute set aside resources attributed to West Lothian IJB.

Appendix 1 provides further detail on the forecast position shown.

The currently forecast overspend of £971,000 relates to Health functions This represents an increase of £45,000 from the position reported at the end of the last quarter.

In terms of council delivered IJB functions, there is an anticipated breakeven position at this stage. This will continue to be closely monitored and any variance from this forecast position will be notified to the Board.

A summary of key risks and service pressures have been identified and these are noted in the narrative against the relevant components of the delegated budget below.

C.4 Summary of Key Issues in Respect of Ongoing Risks and Emerging Pressures

Core West Lothian Health Services

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

Community Hospitals – The position in Community Hospitals remains unchanged, an overspend of £222,000 is forecast for 2019/20 mainly relating to nursing provision. This is driven by high levels of bank staff usage to cover patient acuity, vacancies and sickness levels. The Frailty programme includes actions which are anticipated to help mitigate these pressures.

Other areas to note include Mental Health where a pressure of £381,000 is forecast due to increased medical locum and nursing bank costs particularly within Older Adult services and budget pressures within Addictions. This is an increase of £31,000 on the previously reported position.

Prescribing continues to be a risk that is being closely monitored. At this stage and underspend of £779,000 is forecast for 2019/20, which is helping to offset pressures elsewhere in the budget.

Hosted Services

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

Within hosted services, the main pressure relates to Learning Disabilities which is forecast to overspend by £141,000 This is due to pressures across the service, particular within specialist and inpatient services. This is a slightly improved position on the previous period and it is anticipated that the redesign of Learning Disability services will further assist in alleviating pressures in this area.

Adult Social Care

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

Internal Care Homes - There is a forecast overspend of £290,000, which is due to use of agency staffing, costs covering for both core vacancies and sickness absence. Work has commenced focussing on further core recruitment to help alleviate this issue.

Support and Other Services – There is a forecast overspend of £139,000 which is associated with additional staff cover costs. This is an improvement of £27,000 on the previously reported position.

Acute Set Aside Services

These functions and resources represent a share of acute hospital services which although delegated to the IJB, are operationally managed outwith the West Lothian Health and Social Care Partnership. The forecast overspend for the West Lothian share of acute services is £1.301 million and the key pressures are noted below.

Emergency Department and Minor Injuries – A revised overspend of £824,000 is forecast, which is largely due to ongoing nursing pressures experienced at St. Johns Hospital. Sickness / absence levels as well as bank and agency staff usage are contributing to this pressure. The position reflects an increase of £85,000 from the previous position reported to the Board.

A more detailed analysis of staffing pressures at St John's Hospital is provided in a separate report to this Board meeting.

General Medicine - An overspend of £152,000 is forecast This is mainly due to higher than planned nursing spend regarding recruitment problems, high sickness absence and increased acuity of a small number of patients.

Junior Medical staff – An overspend of £133,000 is forecast. The ongoing use of locum and agency staff to provide full rota cover is largely responsible for the pressure in this area. This is an increase of £23,000 on the previously reported position.

Appendix 2 sets out the key 2019/20 budget risk areas that have been identified as a result of the budget monitoring undertaken to date and the current budget position in each. A number of strategic financial risks are also included which will continue to be updated upon as the financial year progresses.

C.5 Approved Savings Relating to IJB Delegated Functions

As part of the 2019/20 budget contribution to the IJB from the council and NHS Lothian there is £5.621 million of budget savings identified. At this stage, the monitoring undertaken estimates that this will be substantially achieved (98% of savings forecast to be achieved). The overall forecast position for the IJB takes account of the position on savings noted.

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

2019/20 Budget Savings	**2019/20 Budgeted Savings £'000**	**2019/20 Forecast Achievable £'000**	**2019/20 Variance £'000**
Core West Lothian Health Services	1,518	1,473	45
Share of Pan Lothian Hosted Services	308	259	49
Adult Social Care	2,859	2,859	0
Share of Acute Set Aside	936	919	17
Total Savings	**5,621**	**5,510**	**111**

Appendix 3 provides further detail on the areas in which these savings are being delivered.

This represents good progress on the delivery of 2019/20 savings. NHS Lothian and the council have established processes in place for monitoring and reporting on the delivery of savings and regular updates will be provided to the Board on progress with delivery of savings. To ensure a joined up overall health and social care approach to financial planning and the delivery of savings, the Chief Officer, Chief Finance Officer and other key officers will continue to review progress on delivery of overall West Lothian saving proposals.

C.6 Summarised Budget Position for 2019/20

The monitoring position for IJB delegated functions delivered by the council and NHS Lothian is an overspend of £971,000. This is made up a £330,000 underpend on payment functions and a £1.301 million overspend relating to acute set aside functions.

The West Lothian Integration Scheme agreed with partner bodies and the Scottish Government sets out the action to be taken in the event of overspends and underspends against resources delegated to the IJB by partners. Taking account of this actions are being progressed against the IJB and partner bodies with the objective of achieving a balanced IJB budget position for 2019/20 and these are set out below.

Health Functions

The recent report to NHS Lothian Finance and Resources Committee on 21 November 2019 set out the key principles underpinning the year end arrangements for IJBs, based on the content of agreed Integration Schemes. The position for each IJB was set out and F & R was asked to discuss the options available to support IJBs at the year end.

An overall underspend is currently forecast for NHS Lothian based on the Quarter 2 forecast and moderate assurance has been provided on achieving a breakeven position for NHS Lothian overall. Based on similar past year positions, an additional payment has been made to West Lothian IJB to meet Health related overspends and a further update will be taken to F & R in January 2020 taking account of discussions with IJBs.

Social Care Functions

At this stage a breakeven position is forecast against social care resources. This will continue to be reviewed and monitored with any movement in the forecast position being subject to consideration by Council Executive taking account of the agreed Integration Scheme.

Various management actions continue to be progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level to manage spend within available resources and an update on the 2019/20 position will be provide to the next Board meeting in January 2020.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

West Lothian Integration Scheme

F APPENDICES

Appendix 1 – IJB 2019/20 Budget Update
Appendix 2 – IJB Finance Risk Update
Appendix 3 – Delivery of 2019/20 Budget Savings

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of outcomes.

Strategic Plan Outcomes	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource/Finance	The 2019/20 budget resources relevant to functions that will be delegated to the IJB from 1 April 2019 have been quantified at £239.3 million.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

H CONTACT

Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board
Tel. No. 01506 281320

E-mail: patrick.welsh@westlothian.gov.uk

26 November 2019

Appendix 1

WEST LOTHIAN INTEGRATION JOINT BOARD - 2019/20 BUDGET UPDATE

	2019/20 Budget	2019/20 Forecast	2019/20 Variance
Core West Lothian Health Services	**£'000**	**£'000**	**£'000**
Community Equipment	930	504	-426
Community Hospitals	2,364	2,586	222
District Nursing	4,129	3,936	-193
General Medical Services	28,266	28,126	-140
Mental Health	16,460	16,841	381
Other Core	12,784	14,844	2,060
Prescribing	35,719	34,940	-779
Resource Transfer	9,192	8,119	-1,073
Core West Lothian Health Services - Total	**109,844**	**109,896**	**52**
Share of Pan Lothian Hosted Services			
Hosted GMS	3,419	3,416	-3
Hospices	922	922	0
Learning Disabilities	2,893	3,034	141
Lothian Unscheduled Care Service	2,538	2,538	0
Mental Health	250	250	0
Oral Health Services	3,598	3,522	-76
Other Hosted Services	312	190	-122
Rehabilitation Medicine	883	797	-86
Psychology Service	1,701	1,770	69
Sexual Health	1,323	1,363	40
Substance Misuse	883	878	-5
Therapy Services	2,484	2,395	-89
UNPAC	1,379	1,128	-251
Share of Pan Lothian Hosted Services - Total	**22,585**	**22,203**	**-382**
Adult Social Care			
Learning Disabilities	18,608	18,436	-172
Physical Disabilities	7,824	7,824	0
Mental Health	4,004	3,861	-143
Older Peoples Assessment and Care Mangement	31,368	31,254	-114
Care Homes and Housing with care	8,472	8,762	290
Occupational Therapy	1,907	1,907	0
Support and Other Services	2,961	3,100	139
Adult Social Care - Total	**75,144**	**75,144**	**0**
PAYMENT TO IJB - TOTAL	**207,573**	**207,243**	**-330**
Acute Set Aside			
Accute Management	972	1,031	59
Cardiology	1,746	1,785	39
Diabetes	731	745	14
ED & Minor Injuries	5,001	5,825	824
Gastroenterology	1,191	1,231	40
General Medicine	7,156	7,308	152
Geriatric Medicine	5,273	5,211	-62
Infectious Disease	674	650	-24
Junior Medical	5,348	5,481	133
Therapies	663	683	20
Outpatients	108	89	-19
Rehabilitation medicine	845	878	33
Respiratory Medicine	2,060	2,152	92
Acute Set Aside - Total	**31,768**	**33,069**	**1,301**
TOTAL DELEGATED IJB FUNCTIONS	**239,341**	**240,312**	**971**

Appendix 2

IJB Finance Risk Schedule

2019/20 Financial Risks

Risk Area	Value of Pressure	Impact / Description
Community Hospitals	£222,000	There is no change to the forecast position for Community Hospitals. The pressure is driven by high levels of bank staff usage to cover patient acuity, requirement for one to one care, vacancies and high sickness levels. Further review will be undertaken during the year to ensure the position is closely monitored.
Mental Health	£381,000	The forecast overspend for Mental Health is slightly worse than that reported last quarter. The overspend is driven by pressures relating to Medical staffing. This is caused by consultant psychiatry vacancies resulting in the need for locum consultant provision to support patient care. The Mental Health programme has a number of projects with actions to support this pressure.
Learning Disabilities	£141,000	There is no material change to the forecast position for Learning Disabilities. There are pressures across Learning Disability Services but in particular Specialist and Inpatient services. It is anticipated that this pressure will remain until the detail of the redesign is progressed and agreed with all relevant bodies.
ED and Minor Injuries	£824,000	The forecast overspend in this area has increased by £85,000 on the previously reported position. The overspend reflects high use of agency and bank nurses employed on a month to month basis to meet unfilled vacancies and provide cover for sickness absence. A detailed analysis of staffing pressures has indicated that the allocation of existing staffing budgets should be considered further, in conjunction with safe staffing work and future financial planning.
General Medicine	£152,000	The position remains unchanged for General Medicine. The overspend relates to nursing pressures in the main General Medicine wards within St John's Hospital driven by activity alongside nursing gaps being filled on a supplementary basis and cover for sickness particularly in untrained nursing.
Junior Medical	£133,000	The forecast overspend for Junior Medical has increased on the position reported last quarter. This is due to ongoing pressures due to gaps in rota's and rota's requiring additional staffing to be compliant
Internal Care Homes for Older People	£290,000	There is no material change to the previously reported position. There is an ongoing pressure due to the requirement to cover core vacancies, staff sickness and other absences. Work is ongoing to identify a sustainable solution to this problem including review of staffing levels.
Support and Other Services	£139,000	The forecast overspend for Support Services has improved slightly on the previous reported position. There is a continuing pressure in the current year within support services related to spend associated with covering for staff absences.

Appendix 2

Strategic Risks

Risk Area	Impact / Description
Pay Awards / Costs	Health and council pay awards have been agreed for 2019/20 so there is a degree of certainty around costs for 2019/20 although it will be important that sufficient funding is provided to meet these costs in future years. There remains significant uncertainty over the funding settlement for 2020/21.
Workforce Planning	Effective workforce planning will be important to ensuring health and social care services are delivered effectively and efficiently. Updates on workforce planning for health and social care functions will be considered further in future updates to the IJB.
Future Years Savings	Both the council and Health have very challenging reduction targets for 2019/20 and future years. Failure to fully deliver on any element of the planned changes will put additional pressure on other areas. The process of identifying further potential efficiencies to address any potential funding gap in future settlements is being progressed across the Health and Social care partnership.
Demographic Growth	Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly over 75s. These demographic forecasts will result in increased financial pressure and it will be important that forecast assumptions are kept under review.
Care at Home Framework Contract	The council's new care at home framework contract was implemented on 1 October 2019. This contract is key to meeting demands and the delivery of effective and affordable care at home services. This will be closely monitored to ensure that it is meeting service needs. Early indications are that while it has been it has been successful in attracting new providers they have been slow in building up new business. This will be closely monitored against the ability to provide the number of hours required to fully meet the needs of service users.
Revised Eligibility Criteria	The introduction of a new Eligibility policy from 1 October 2018 means access to paid council services is only for service users with substantial and critical needs. A full review of existing service users is continuing to progress and the new criteria is being applied to all new service users to ensure that the level of service is equitable to all, and impacts on the overall health and social care system are managed.
Introduction of Contributions Policy	The new Contributions policy requires service users to contribute towards their non-personal care subject to financial assessment. It is forecast that this policy will generate an additional £1.2 million of income that will help to provide resource to protect and enhance care services. While this process is now fully established it continues to be reviewed on an ongoing basis.
Living Wage	The 2019 Living wage has recently been announced at £9.30 per hour. This represents a 3.33% increase on the previous rate. If the above inflationary element is not fully matched with government funding this will lead to a further budget pressure.
Prescribing	A sustained level of ongoing growth and price increases have been included in the financial outlook, however there is potential for increases to be greater than expected. Local initiatives such as Scriptswitch as well as the Effective Prescribing funding will continue to be important in controlling future spend.

Mental Health	The continuing demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding and liaison with Scottish Government will be required going forward in respect of mental Health services.
Delayed Discharge	Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. However, this is dependent on capacity being available in community care
Brexit	Potential financial risks around Brexit are being considered across health and social care. At this stage financial implications are not possible to quantify but as Brexit becomes clearer over the coming months any financial implications resulting will need to be considered as part of budget monitoring and medium term financial planning.
Scottish Budget Uncertainty	The recently announced General Election will increase funding uncertainty. The date of the election on 12 December was the planned date for the Scottish budget. This means that both the council and health services will be given notice of their funding later than normal which will make financial planning and budgeting work more uncertain over the coming months for all partners.

Appendix 3

WLIJB Savings 2019/20

Quarter 2 Update on Delivery of Savings

	2019/20 Budgeted Savings £'000	2019/20 Forecast Achievable £'000	2019/20 Variance £'000
Social Care Savings			
New Models of Adult care	50	50	0
Assessment / Technology	1,744	1,744	0
Income and Contributions	551	551	0
Review of Commissioned Services	514	514	0
	2,859	**2,859**	**0**
Health Savings			
Community Equipment	11	6	5
Community Hospitals	50	50	0
GP Prescribing	958	958	0
Management Redesign	105	105	0
PC Services and Management	81	72	9
Mental Health Service Redesign	314	283	30
Hosted Services Redesign	308	259	49
Acute Services Redesign	936	919	18
	2,762	**2,651**	**111**
Total	**5,621**	**5,510**	**111**

Data Label: Public

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 21

ST JOHN'S HOSPITAL STAFFING PRESSURES

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to update the Board on staffing recruitment and budget pressures associated with St John's hospital. The report also provides some benchmarking information against other Lothian acute sites and provides updates on a number of associated issues.

B RECOMMENDATION

It is recommended that the Board:

1. Considers the staffing issues highlighted in the report and the resulting financial implications

2. Considers and agrees the proposed next steps set out in Section D.7 as a basis for progressing actions to help manage and mitigate staffing budget pressures at St John's Hospital

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction is not required.
C2	**Resource/ Finance**	No direct implications arising from this report.
C3	**Policy/Legal**	None
C4	**Risk**	No direct implications arising from this report.
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	**Environment and Sustainability**	None

C7	**National Health and Wellbeing Outcomes**	Acute services and budget resources associated with St John's Hospital are key to supporting the delivery of service outcomes
C8	**Strategic Plan Outcomes**	Acute services and budget resources associated with St John's Hospital will be important in achieving delivery of the Strategic Plan.
C9	**Single Outcome Agreement**	Acute services and budget resources associated with St John's Hospital will help to support the delivery of the Single Outcome Agreement.
C10	**Impact on other Lothian IJBs**	No specific implications arising from this report.

D TERMS OF REPORT

D.1 Background

The 2019/20 Quarter 1 budget monitoring reported to the Board on 10 September 2019 reflected significant budget pressures within acute services which were resulting in the IJB forecasting a year end overspend of £924,000. The Board were advised that pressures within acute largely related to St John's Hospital staffing.

It was noted that staffing recruitment and budget pressures have been an ongoing issue at St John's Hospital for the IJB since its establishment and the Board requested that a specific paper on staffing and recruitment issues at St John's Hospital, as well as benchmarking of the position in other acute sites, be provided for this meeting. The report also considers budget and staffing issues associated with progress on the NRAC budget and cost allocation model for IJBs as well as Safe Staffing, both of which will be important considerations going forward in terms of St John's Hospital staffing requirements and resources.

In addition, concerns have previously been noted by the Board in relation to the St John's Hospital Emergency Department redesign business case and associated revenue consequences resulting from additional staffing. While welcoming the additional capacity resulting, the Board sought and received further assurance from NHS Lothian around funding provision to meet the additional staffing costs. This report also provides an update on the position around this additional investment.

D.2 St John's Hospital Staffing Position

There are a number of issues around staffing at St John's Hospital including difficulties in recruitment, sickness / absence levels and resulting use of agency and bank staff. An analysis of this information is clearly important in understanding the overspend position which is being reported to the IJB. It is important to note that not all St John's Hospital staffing budgets and costs are delegated to IJBs. Broadly speaking, unscheduled care health functions for adults are delegated to IJB. Scheduled care and health care for children are not delegated to IJBs.

A further key point is that not all St John's hospital staffing budget and costs for IJB delegated areas is delegated to West Lothian IJB as the allocation methodology also reflects that other Lothian IJBs receive a share of the delegated services. This is being considered further as part of work being developed on a revised NRAC budget and cost allocation methodology for IJBs which will be discussed later in this report.

For the purposes of reviewing the staffing information available, and taking account of difficulties in separating out delegated and non delegated staffing information, and the notional allocation of staffing across IJBs the information available for this report will include overall St John's hospital staffing data but also wherever possible seek to bring out data that is more representative of the position relating to IJB delegated functions. This will then be compared to the position at other Lothian acute hospital sites.

The main area of staffing pressure in St John's Hospital that is impacting on West Lothian IJB relates to nursing pressures although there are also pressures within medical staffing costs. These medical staffing pressures are showing an improving position so while further progress is required, this report will focus on the key pressure area of nursing staffing. There are various contributing factors to nursing pressures including sickness / absence, difficulties in recruitment leading to vacancies that require to be filled through bank and agency staffing and further information on this is set out below for nursing staff. In addition, a key factor to consider is whether there is sufficient budget to meet the costs of the required nursing staffing establishment at St John's Hospital. Work progressing on safe staffing requirements will be key to informing this further and this is also covered later in the report.

Sickness / Absence

There is a target 4% sickness rate for acute nursing. Against this, the average sickness / absence in nursing staff across St John's during 2018/19 was 6.7%. This was equivalent to 71,073 hours lost through sickness / absence. Of this total, 3.05% related to short term absence and 3.12% related to long term absence. The latest information available for 2019/20 is showing an average sickness / absence rate of 7.44% for nursing staff. Of this total, 3.38% related to short term absence and 4.06% related to long term absence.

Vacancy Levels

The average monthly nursing vacancies across St John's Hospital during 2017/18 was 68 whole time equivalents (wte) which was equivalent to 6% of the nursing establishment. In 2018/19, the average monthly nursing vacancies was 58 wte which was equivalent to 8% of the nursing establishment. Latest information for 2019/20 shows an average monthly vacancy rate of 57 wte.

The above information reflects the overall St John's Hospital position including delegated and non delegated functions. Based on the way the information on staffing is collated it is difficult to establish a fully accurate position for West Lothian IJB delegated functions. However, using the assumption that General Medicine nursing staff at St John's would essentially relate to IJB functions the following gives further information that is more relevant to the IJB position.

Table 1: St John's Hospital – General Medicine Average Monthly Nursing Vacancies

	2017/18	2018/19	2019/20 (Latest)
General Medicine Vacancies	23	27	26
General Medicine Establishment	328	329	336
Vacancies %	6.7%	8.2%	7.7%

The information contained within the table above shows that the nursing vacancy rate within General Medicine is slightly higher than the St John's Hospital overall nursing vacancy position.

Use of Bank and Agency Staffing

As a result of sickness / absence and vacancies, there is a necessary requirement for the use of bank and agency staff.

This next section looks at the levels and costs of providing cover for sickness / absence and vacancies. In terms of use of bank nursing staffing the table below provides a summary analysis of the overall St John's Hospital position.

Table 2: Nursing Bank Staff Usage – St John's Hospital		
	2018/19	2019/20 (At Mth 6)
Total Bank Nursing Expenditure (£)	2,561,085	1,440,963
Equivalent Bank Nursing wte used	736.95	401.73
Cost per wte per month (£)	3,475	3,587

It is important to note that vacancy cover is by some way the biggest reason for the use of bank staff, equating to 41% of bank staff hours. Cover for sickness leave is the second highest at 18%. Other reasons include unfunded activities, winter requirements, annual leave and maternity leave. Of these, unfunded activities is the next highest contributing factor and relates to when additional beds outwith funded levels are opened to meet temporary increases in demand.

The use and costs of agency nursing staff is shown in the table below.

Table 3: Nursing Agency Staff Usage – St John's Hospital		
	2018/19	2019/20 (At Mth 6)
Total Agency Nursing Expenditure (£)	1,095,511	319,816
Equivalent Agency Nursing wte used	118.74	32.27
Cost per wte per month (£)	9,226	9,911

Like the use of bank staff, the main reason for the use of agency is to cover for vacancies (40% of agency hours) with cover for sickness / absence relating to 29% of agency hours. Difficulties in recruitment and resulting vacancies is clearly a key issue at St John's Hospital and this has commonly been acknowledged over recent years, with the resulting costs associated with bank and agency being attributed as reasons for the significant staffing overspend at St John's Hospital, a material proportion of which feeds through to West Lothian IJB.

It should be noted that the use of agency staff in particular has reduced significantly in the current year compared to 2018/19 . This reflects the introduction of additional workforce management and review of staffing that is helping to control the use of agency staff. It will be important that further work continues to be progressed to reduce costs in this area, and also in relation to sickness / absence.

St John's Hospital Budgetary Considerations

As previously noted, significant pressures have been highlighted in West Lothian IJB acute services which have largely been due to pressures in St John's Hospital staffing for which a share is allocated for delegated functions essentially relating to unscheduled care.

The latest position based on the Quarter 2 monitoring is showing a forecast year end overspend of £1.3 million against West Lothian IJB's share of acute budget resources. The majority of this is due to nursing pressures at St John's although, while reducing, there are also medical staffing pressures contributing to the position.

The next section of the report will consider St John's Hospital nursing overspends at an overall level and then look to give an estimate of pressures more associated with what would be IJB delegated functions, noting that a proportion of this is delegated to other Lothian IJBs.

The overall position for St John's Hospital nursing budget and expenditure over the period 2017/18 to 209/20 latest position is shown in the table below.

Table 4: Overall St John's Hospital Nursing Staffing and Expenditure			
	2017/18 £'000	2018/19 £'000	2019/20 (to Mth 5) £'000
Overall Nursing Budget	23,076	23,786	10,630
Overall Nursing Costs	23,871	25,639	11,276
Variance - overspend	795	1,853	646
Variance as % of Budget	3.4%	7.8%	6%

Table 4 shows that nursing pressures increased significantly between 2017/18 and 2018/19. Based on the first five months of 2019/20, the overspend as a percentage of budget has slightly reduced although there is a risk that staffing pressures will increase further over the winter months. A more reflective indication of the position in respect of IJB delegated functions at St John's Hospital would be to consider the position on General Medicine nursing. The table below shows the position for General Medicine nursing staff only at St John's Hospital.

Table 5: St John's Hospital General Medicine Nursing Staffing and Expenditure			
	2017/18 £'000	2018/19 £'000	2019/20 (to Mth 5) £'000
Overall Nursing Budget	12,061	12,431	5,615
Overall Nursing Costs	13,002	14,069	6,284
Variance - overspend	941	1,639	669
Variance as % of Budget	7.8%	13.2%	11.9%

Table 5 indicates that the nursing pressures within IJB delegated functions are greater in relative terms than overall St John's Hospital nursing pressures which include non IJB delegated functions. This contrasts with the vacancy rate in General Medicine nursing staff being broadly similar to the overall nursing vacancy rate.

It is clear that budget available is insufficient to meet current nursing costs across St John's hospital and while vacancies and resulting use of bank and agency staff will contribute to this, the extent of the overspend would suggest that a further more detailed review of the current budgeted nursing staffing establishment and the basis of how staffing budgets are allocated to St John's Hospital would be helpful as part of ongoing financial planning undertaken by NHS Lothian in partnership with IJBs.

The current staffing budget and spend position at St John's Hospital creates very significant budget pressures for West Lothian IJB which has and will continue to make it extremely difficult to achieve a balanced IJB budget position. It will also make it extremely difficult to shift the balance of care (and resources) to fund community provided services when the starting point is that there is insufficient budget in West Lothian IJB acute delegated services to deliver the cost of required staffing. Contrary to the objectives of integration, if budget was to be found by the IJB to resolve St John's staffing pressures this would currently require disinvestment from community health and care services.

D.3 Comparison with Other Lothian Acute Sites

It is recognised that there are significant challenges faced by NHS Lothian in achieving a balanced budget position, particularly within acute services. There are a number of pressures throughout the health system and there continues to be significant uncertainty regarding future funding settlements for NHS Boards and the public sector overall.

As a means of benchmarking and providing an overall position on nursing staffing at the other main acute sites in Lothian some comparative analysis against the St John's Hospital position is shown below in respect of the Western General and Royal Infirmary hospital sites.

Vacancy Levels

Table 6: Vacancy levels – Comparison of Lothian Acute Sites			
	2018/19 Nursing Staff Establishment (WTE)	2018/19 Nursing Vacancies (WTE)	2018/19 Vacancies as % of Establishment
St John's Hospital	637	58	9%
Western General Hospital	1,162	123	11%
Royal Infirmary	1,814	172	9%
	2019/20 Nursing Staff Establishment to Mth 6 (WTE)	2019/20 Nursing Vacancies to Mth 6 (WTE)	2019/20 Vacancies as % of Establishment
St John's Hospital	657	58	9%
Western General Hospital	1,170	131	11%
Royal Infirmary	1,851	212	11%

Table 6 demonstrates that nursing vacancies, as a percentage of the nursing staffing establishment, are not any higher at St John's Hospital than they are at Western General or Royal Infirmary sites. This would suggest that the use of agency and bank staff at Western General and Royal Infirmary are, relative to their staffing numbers, likely to be of a broadly equivalent level although further analysis of this would be necessary to establish the full position.

Nursing Budget and Cost Comparison

This section of the report considers and compares the budget and actual expenditure position for nursing staffing at the three acute hospital sites in 2017/18, 2018/19 and the to date position for 2019/20. This will firstly consider the overall nursing position at each of the hospitals and then consider the nursing position in the area of General Medicine for each hospital as this is likely to give a better indication of the position for IJB delegated functions.

As previously noted, due to the nature of the delegation of functions to the IJB, the position shown is intended to aid understanding of how IJBs are affected by the vacancy levels. It is not intended to be a definitive position on IJB nursing budgets.

Table 7: Overall Nursing Budget and Cost Comparison				
	2017/18 Budget £'000	2017/18 Actual £'000	2017/18 Variance £'000	2017/18 Variance as % of Budget
St John's Hospital	23,076	23,871	795	3.4
Western General Hospital	43,897	45,043	1,146	2.6
Royal Infirmary	68,323	68,452	128	0.2
	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	2018/19 Variance as % of Budget
St John's Hospital	23,786	25,639	1,854	7.8
Western General Hospital	45,835	47,700	1,864	4.1
Royal Infirmary	72,183	72,468	286	0.4
	2019/20 Budget (to Mth 5) £'000	2019/20 Actual (to Mth 5) £'000	2019/20 Variance (to Mth 5) £'000	2019/20 Variance as % of Budget
St John's Hospital	10,630	11,276	646	6.1
Western General Hospital	24,480	25,738	1,258	5.1
Royal Infirmary	39,150	39,224	74	0.2

Table 7 shows that relative to the size of nursing staffing budgets, St John's Hospital has a higher level of staffing overspend than the other two Lothian sites. Based on the analysis undertaken of nursing vacancy numbers at each of the sites (per Table 6), it can reasonably be concluded that difficulties in recruitment at St John's and vacancy numbers are no worse than the position at the other two Lothian acute sites.

Table 8: General Medicine Nursing Budget and Cost Comparison				
	2017/18 Budget £'000	2017/18 Actual £'000	2017/18 Variance £'000	2017/18 Variance as % of Budget
St John's Hospital	12,061	13,002	941	7.8
Western General Hospital	8,069	8,047	(22)	(0.3)
Royal Infirmary	14,557	14,598	41	0.3
	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	2018/19 Variance as % of Budget
St John's Hospital	12,431	14,069	1,638	13.2
Western General Hospital	8,195	8,520	325	4.0
Royal Infirmary	15,488	15,631	143	0.9
	2019/20 Budget (to Mth 5) £'000	2019/20 Actual (to Mth 5) £'000	2019/20 Variance (to Mth 5) £'000	2019/20 Variance as % of Budget
St John's Hospital	5,615	6,284	669	11.9
Western General Hospital	4,253	4,519	266	6.3
Royal Infirmary	8,808	8,879	71	0.8

Table 8 further considers the position based on data available for General Medicine nursing staff which should give a more informative position of the likely impact at an IJB level.

The above comparative analysis highlights a number of key points:

- Nursing cost pressures at St John's Hospital in relation to General Medicine areas are significantly higher than overall nursing pressures i.e. nursing overspends at St John's are significantly skewed to areas that are delegated to the IJB
- Despite having higher levels of nursing vacancies, the Western General nursing pressures in overall terms are lower than St John's Hospital. This is particularly the case when comparing the IJB delegated area of General Medicine
- Despite having vacancy levels in line with St John's Hospital, which would suggest the need for significant bank and agency staff, the Royal Infirmary has been able to essentially achieve a breakeven position on its nursing budget over the past few years. In General Medicine, there have been only minor pressures due to nursing staffing.
- This overall analysis suggests that further consideration regarding how budgets have been aligned to nursing staffing numbers and spend at the three acute hospital sites would be helpful to understand the reasons for variation across the sites.

D.4 NRAC Budget Methodology

The legislation on integration sets out that it is the responsibility of Local Authorities and Health Boards to identify and agree the budget contributions delegated to Integration Authorities. With the creation of the four Lothian IJBs, a budget allocation model using a mapping table of all cost centres was agreed by NHS Lothian and this has been the basis of financial allocations to IJBs and reporting of IJB health functions, subject to some refinements to the mapping table each year.

A revised proposal on allocating budgets and costs to IJBs has previously been identified and reported to NHS Lothian and IJBs and continues to be developed with the intention it will provide more a more detailed and appropriate share of budget and spend to IJBs to aid strategic planning. Under this model overall budget resources would be allocated to each IJB based on NRAC share of budget while expenditure allocations would be further refined to take account of patient level data on activity levels and usage of services by IJB populations.

The outcome of the work on this model to date has shown that West Lothian IJB would significantly benefit in terms of the resulting financial position and this would particularly be the case in relation to acute functions. This supports the high level analysis undertaken in this report

There continues to be ongoing review of the mapping table in advance of the 2020/21 financial plan being approved. One key consideration for the West Lothian IJB is that any potential changes to the allocation of acute functions, including St John's Hospital take account of principles around budget allocations as well as expenditure allocations. This would help mitigate the issues identified in this report and would ensure there is equity and consistency in how budget resources are allocated to IJBs.

D.5 Safe Staffing Considerations

Work is progressing on the Health and Care (Staffing) Bill. The aim of the Bill is to provide a statutory basis for the provision of appropriate staffing in health and care services.

As part of this NHS Lothian have developed a workforce planning tool to review and identify the appropriate staffing levels to ensure safe staffing requirements are met. This will be helpful in confirming the required nursing requirements at St John's Hospital and the other acute sites and the staffing budget requirements. It will be informative to see how this compares to existing staffing establishments and budget resources, as well as shares of budget based on the revised NRAC budget and cost allocation model.

For example, the level of acuity of patients due to an ageing population, the rate of increase being higher in West Lothian than other parts of Lothian, may not be adequately reflected in current budgeted staffing establishments. The work on safe staffing will update current staffing requirement assumptions.

It should be noted however that no additional Scottish Government funding has been identified to implement this Bill and further consideration will be required once the workforce planning tool has been completed on how safe staffing requirements will be funded. It is envisaged that the overall Lothian outcome will be considered by NHS Lothian and IJBs and financial implications will be considered as part of budget discussions and medium term financial planning.

D.6 Update on Emergency Department Extension

The Emergency Department (ED) at St John's Hospital provides 24/7 unscheduled care service. During 2018 the department managed on average 150 to 200 presentations per day with this number showing a continuing increase. Due to a number of factors including increasing attendances, complexity of those presenting and challenges in meeting the four hour standard, a capital project to redesign the ED department was agreed to be brought forward for agreement by the IJB.

Following Board concerns being raised around staffing challenges and revenue funding to meet the additional staffing costs associated with the ED redesign, formal commitments and assurances were provided by NHS Lothian that allowed the Board to agree the Business Case on 26 June 2019.

This included NHS Lothian providing assurances on sufficient revenue funding being made available to meet the recurring cost of the ED redesign works. Based on this an updated Direction was approved by the Board for issue to NHS Lothian noting that £864,000 of budget was to be provided to West Lothian IJB to meet the estimated 2019/20 costs of the redesign.

The Direction also noted that per the assurances provided, the full year recurring costs estimated of £1.78 million would be required as part of the budget contribution to the IJB for 2020/21. The actual additional costs of the ED redesign will continue to be reviewed based on the principle that full funding will be provided to meet the actual recurring revenue costs associated with the redesign works.

This will be considered as part of ongoing discussions with NHS Lothian around the 2020/21 financial plan and medium term financial planning framework.

D.7 Conclusion and Next Steps

The analysis undertaken in this report has provided additional information on staffing challenges and budget pressures faced at St John's Hospital. It also indicates that although recruitment difficulties at St John's, and resulting requirement for agency and bank staff, are not any worse than the two other Lothian acute sites, the budget pressures are disproportionately higher at St John's Hospital. It also indicates that these pressures at St John's Hospital are skewed against IJB delegated areas.

Taking account of this current position, it is important to note that work being progressed on the proposed NRAC budget and cost allocation model support the high level analysis undertaken in this report that West Lothian IJB is underfunded in respect of acute services.

It will be important that any changes to acute allocations proposed to IJBs for future years are consistent with budget need, informed by safe staffing work, and NRAC budget principles. However, the introduction of any proposed changes associated with the NRAC model would require to be considered at an overall Lothian level due to potential financial turbulence that could result across IJBs.

As noted earlier in the report, work progressing on safe staffing levels will provide a robust basis for appropriate staffing levels across health and social care which will in turn help inform the cost and budgetary requirements at St John's Hospital and other acute sites. While there may be no additional funding attached to meeting safe staffing requirements, the outcome of this exercise may reasonably require overall staff budgeting levels to be reviewed across all relevant functions.

In addition, it will be important that the staffing position and costs associated with the ED redesign at St John's Hospital are closely monitored and full budget provision is included in future budget allocations provided by NHS Lothian in line with previous assurances provided.

Proposed Next Steps

- Further work to be progressed to identify options to reduce staffing pressures at St John's hospital including through reducing sickness / absence and use of bank and agency staffing
- Issues identified around existing funding pressures at St John's Hospital are discussed with NHS Lothian as part of financial planning process for 2020/21 and future years and further analysis is undertaken to develop the initial work reflected in this report
- Funding for the full year impact of St John's Hospital ED redesign to be agreed in partnership with NHS Lothian as part of ongoing financial planning work for 2020/21 budget and included in 2020/21 IJB funding contribution
- Clarification to be sought from NHS Lothian on introduction of revised NRAC budget and cost allocation model and any proposed changes to 2020/21 mapping table used for determining IJB budget allocations
- Clarification to be sought from NHS Lothian on timescales for completion of safe staffing workforce model and how the financial implications of this will be taken account of in future financial planning

E CONSULTATION

Relevant officers in NHS Lothian.

F REFERENCES/BACKGROUND

IJB Quarter 1 Finance Update – Report by Chief Finance Officer to Board on 10 September 2019

St John's Hospital Emergency Department Redesign Standard Business Case – Report by St John's Hospital Director to Board on 26 June 2019

G APPENDICES

None

H CONTACT

Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board
Tel. No. 01506 281320
E-mail: patrick.welsh@westlothian.gov.uk

27 November 2019

West Lothian Integration Joint Board

Date: 26 November 2019
Agenda Item: 22

PERFORMANCE REPORT

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

A1 The purpose of the report is to present to the Integration Joint Board the most up to date performance against the health and social care integration indicators and the measures within the Balanced Scorecard.

B RECOMMENDATION

B1 The Integration Joint Board is asked to: -

1. Note the contents of the report
2. Note the most up to date performance against the core health and wellbeing integration indicators and within the balanced scorecard
3. Consider the current performance against the core suite of indicators benchmarked against our Local Government Benchmarking Family for adult care
4. Performance reports will be updated in accordance with availability of data and brought 6 monthly to the IJB for discussion.

C SUMMARY OF IMPLICATIONS

C1	**Directions to NHS Lothian and/or West Lothian Council**	A direction(s) is not required.
C2	**Resource/ Finance**	The performance report aligns with the financial plan
C3	**Policy/Legal**	Performance Reports will be prepared in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.

C4	**Risk**	Risk related to delayed discharge performance and detrimental impact on patient experience and outcomes is recorded on the Risk Register and monitored
C5	**Equality/Health**	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	**Environment and Sustainability**	None
C7	**National Health and Wellbeing Outcomes**	All National Health & Wellbeing Outcomes
C8	**Strategic Plan Outcomes**	All strategic plan outcomes
C9	**Single Outcome Agreement**	People most at risk are protected and supported to achieve improved life chances Older people are able to live independently in the community with an improved quality of life We live longer, healthier lives and have reduced health inequalities
C10	**Impact on other Lothian IJBs**	None

D TERMS OF REPORT

National Health and Wellbeing Outcome Indicators

D1

The Scottish Government identified a core suite of 23 integration indicators to demonstrate progress in achievement of the nine national health and wellbeing outcomes. This report includes the most up to date published data set for these indicators which allows comparison with the Scottish average. for 2018/19 (Appendix 1) .

D2 The first nine indicators are based on the Biennial Scottish Health and Care Experience Survey. This survey is due to be completed in 2019/20 and therefore those indicators present only the 2017/18 results. The survey is currently out for completion and the Board will be updated with results as soon as they are received.

D3 The key points of note are:

- The premature mortality rate per 100,000 population is higher in West Lothian in comparison with the Scottish average and with the local government benchmarking family (LGBF). This is a changed position for West Lothian. One of the key priorities identified in the IJB's Strategic Plan 2019 to 2023 is to reduce health inequalities and actions will be identified in joint strategic commissioning plans which are in development.

- The emergency bed day rate per 100,000 of the population is better than the Scottish position (101,083 compared with 116,485). It is also significantly better when compared with the benchmarking family (128,988)

- The rate of emergency readmissions to hospital within 28 days of discharge per 1,000 discharges is higher in West Lothian than Scotland (109 in West Lothian compared with 103 in Scotland). The rate is also higher than that in LGBF areas (106). Work is being undertaken in an effort to understand the factors contributing to the higher rate.

- West Lothian performs better than Scotland in relation to falls per 1,000 population for people aged 65+ (20 in West Lothian compared with 22 as the Scottish average)

- West Lothian is caring for a greater proportion of adults with intensive care needs at home (69% compared with 62% across Scotland and 63% in benchmarked areas)

- The most significant area where West Lothian's performance differs from the Scottish average is in relation to the number of days people spend in hospital when they are ready to be discharged per 1,000 population (1,214 compared with 793). There has been significant improvement work in this area which is described in more detail later in the report

Balanced Scorecard

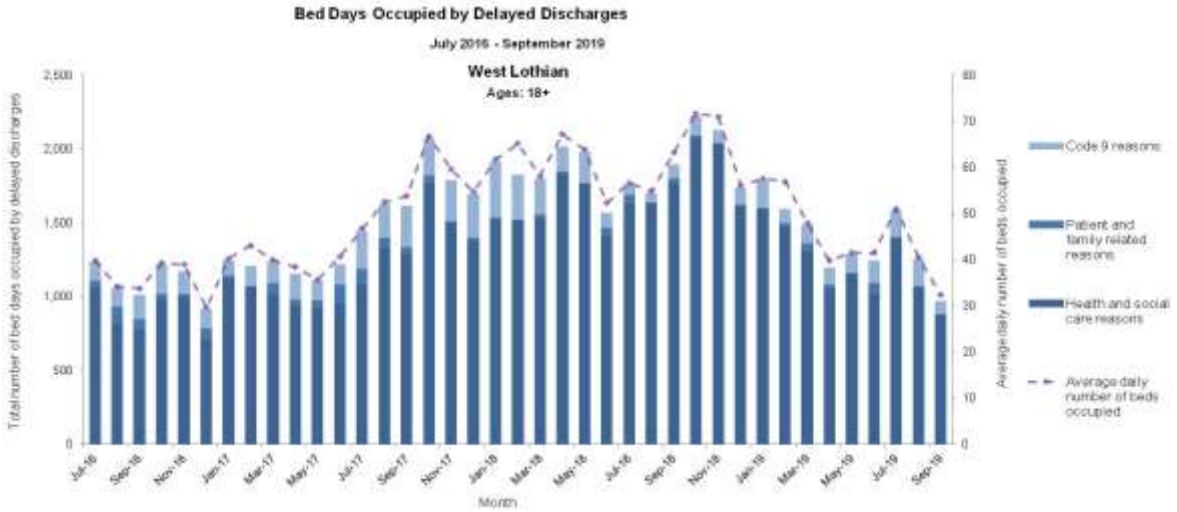
D4 As previously agreed, the Balanced Scorecard incorporates the core suite of integration indicators as well as relevant Local Delivery Plan and other measures to monitor performance. The Balanced Scorecard (Appendix 2) has been updated with the latest available data.

D5 The Scorecard has been 'RAG-rated' using a traffic light system for illustrating progress against expected performance.

D6 There is effective use of resources with the key financial indicators all reporting on target

D7 The most challenging area of performance continues to be in relation to delayed discharge. Problems with care at home and care home supply, remain. .

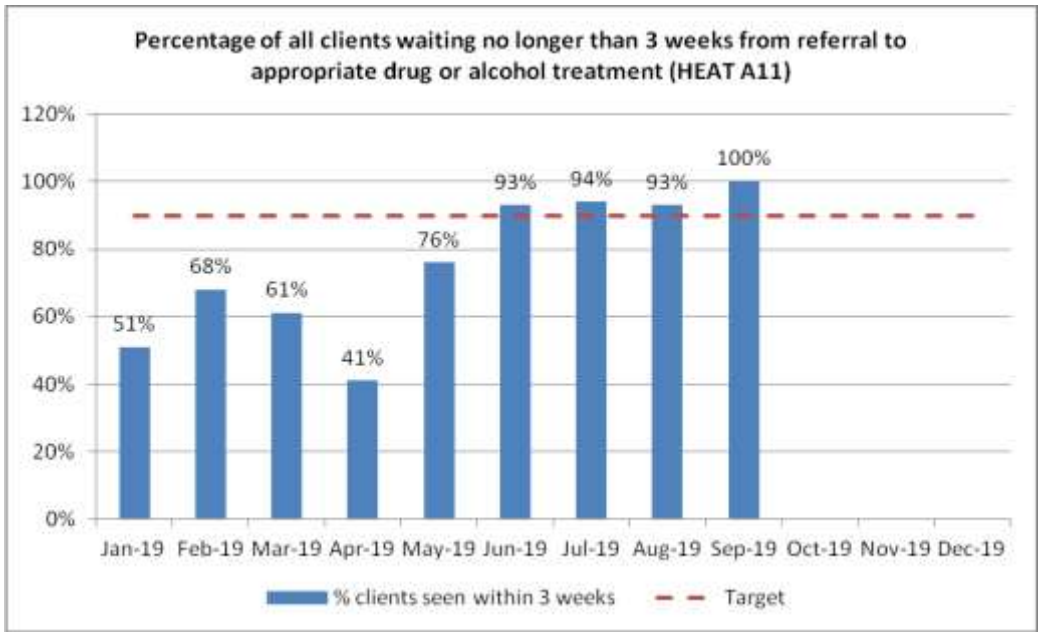
D8 Significant difficulty was experienced with the largest care provider in West Lothian over the summer involving problems with staff recruitment and retention which led to the provider being unable to deliver commissioned services. Approximately 30% of business from that provider had to be moved to other providers in the area at very short notice. Internal services also covered some of the work until more permanent arrangements could be found. Reduction in supply had an impact on system flow and saw an increase in the number of delayed discharges from the previous report. In addition, challenges in the care home sector continue to impact ability to discharge at the earliest possible opportunity. The impact on bed days occupied by delayed discharge can be seen on the chart below.



D9 The development of a 'Home First' approach continues to be a priority. The aim of Home First is to ensure people do not wait unnecessarily in hospital for assessment of ongoing care and support needs. Decisions made in a hospital environment often do not reflect someone's ability to cope at home and the Home First model involves assessment of ongoing care and support needs taking place at home. Discharge to assess was implemented in West Lothian on 2nd September 2019 and is having a positive impact. Problems remain however, with both the supply of care at home and care home services to support system flow.

D10 Despite the challenges outlined above, progress continues to be made in reducing bed days occupied by delayed discharge with a much improved position being sustained when compared with this time last year

D11 Performance in relation to the waiting time for access to Drug and Alcohol support was well below the 90% target throughout 2018/19. Recent improvement activity has, however, yielded positive results and performance has been above the target since June 2019.



D12 Staff survey outcomes indicate our workforce are engaged and report positively in respect of learning and development, involvement and that they are treated fairly with dignity and respect. At 4.9% our sickness absence rate is above the 4% target and work continues to promote health and well being of staff and positive management of absence.

Benchmarking

D13 The core suite of indicators has been benchmarked against our Local Government Benchmarking Family (LGBF) for adult care (Appendix 3). The LGBF for West Lothian includes Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire.

D14 A RAG rating has been applied where data is available for 2019/20 and where green is above the average for the LGBF, amber is within 3% and red is more than 5% below the average. The Board will be updated with further information as it becomes available.

D15 *Ministerial Strategic Group Integration Indicators*

The Ministerial Strategic Group for Health and Community Care (MSG) asked Integration Authorities to set trajectories in 6 key areas:

- Number of emergency admissions into Acute (SMR01) specialities
- Number of unscheduled hospital bed days
- Number of A&E attendances and the percentage of patients seen within 4 hours
- Number of delayed discharge bed days.
- Percentage of last 6 months of life spent in the community
- Percentage of population residing in non-hospital setting for all adults and 75+.

D16 A summary of the targets approved by the Board for 2019/20 and information on progress based on the most recent data available is attached at Appendix 4.

Performance Monitoring

D17 The performance reports will be updated as data becomes available and brought to the IJB for consideration and discussion of key issues.
The Senior Management Team continue to monitor performance through their Performance

E CONSULTATION

E1 *Senior Management Team, Performance Board*

F REFERENCES/BACKGROUND

F1 Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance

F2 Scottish Government Guidance and Advice - National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services (February 2015)

F3 West Lothian IJB Strategic Plan

G APPENDICES

Appendix 1: Overview of Core Integration Indicators
Appendix 2; Balanced Scorecard
Appendix 3: Benchmarking of Core Indicators with LGBF
G1 *Appendix 4: MSG Report*

H CONTACT

H1 Yvonne Lawton
01506 283949
yvonne.lawton@nhslothian.scot.nhs.uk

26 November 2019

Appendix 1: Performance Summary Core Suite of Integration Indicators

Health and Social Care Integration - Core Suite of Integration Indicators - Annual Performance

Select Partnership

West Lothian

	Indicator	Title	Current score	Scotland	
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92%	93%	These indicators have remained the same as they are from the 2017/18 Health & Care Experience Survey . The survey will be rerun in 2019/20
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	81%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	76%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76%	74%	
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	84%	80%	
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	75%	83%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	80%	
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42%	37%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	83%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	*NA*	*NA*	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	434	432	2018
	NI - 12	Emergency admission rate (per 100,000 population)	11,853	12,195	2018/19
	NI - 13	Emergency bed day rate (per 100,000 population)	101,083	116,485	2018/19
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	109	103	2018/19
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88%	88%	2018/19
	NI - 16	Falls rate per 1,000 population aged 65+	20	22	2018/19
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	82%	2018/19
	NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	62%	2018
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,214	793	2018/19
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	24%	2018/19
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	*NA*	*NA*	indicators under development
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	

1. The scores relate to the year in which data is most recently available for each particular indicator.

Appendix 2: Balanced Scorecard

Scorecard Perspective	National Health & Well Being Outcomes	Indicators C=Core Suite of 23 National Indicators M= MSG Integration Indicators LDP= Local Delivery Plan Standard L= Local measure	Target	2015/16	2016/17	2017/18	2018/19	2019/20 Quarter 1	Status RAG
Finance and Business Perspective	**Effective Resource Use**	Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency (C)	22%	21%	22%	23%	23%	19%	
		Achievement of a break-even revenue position (LDP)	Break even position On £237m budget		Balanced position achieved	Balanced position achieved	Balanced position achieved	Balanced position anticipated	
		Achievement of efficiency savings (LDP)	£4.66m		Efficiency target achieved	Efficiency target achieved	Efficiency target achieved	On target	
		Improve the level of generic prescribing to reduce costs (L)	83%	83%	86%	86%	86%	N/A	
		Improve end of life care & reduce proportion of time spent in large hospital setting in last 6 months of life to 10.5% (M/L)	10.5%	12.6%	11.9%	11.1%	9.9%* Changes in data recording	N/A	
Customer Perspective	**Positive experiences and outcomes**	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.(C)	79%	82%	N/A	**76%**	N/A	N/A	
		Percentage of adults receiving any care or support who rate it as excellent or good (C)	81%	82%	N/A	**84%**	N/A	N/A	
		Percentage of people with positive experience of care at their GP practice.(C)	85%	78%	N/A	**75%**	N/A	N/A	
		Percentage of patients who can access appropriate member of GP team within 48 hours	90%	91.1%	N/A	**90.7%**	N/A	N/A	
		Readmissions to hospital within 28 days of discharge (per 1000 population) (C)	100	101	109	104	109	98	

		Proportion of care services graded Good (4) or better in Care Inspectorate inspections (C)	83%	83%	85%	87%	85%	N/A	
		Number of days people spend in hospital when they are ready to be discharged (per 1000 population) (C)	644	485	822	1139	1214	199 (quarter)	
		Patients wait no longer than 4 hours from arrival to admission, discharge or transfer within A&E (LDP/M)	95% working towards 98%	93.1%	95.1%	91.4%	92%	N/A	
	Carers are supported	Percentage of carers who feel supported and able to continue in their caring role.(C)	40%	36%	N/A	42%	N/A	N/A	
Internal Process Perspective	**Healthier Living**	Percentage of adults able to look after their health very well or quite well.(C)	94%	94%	N/A	92%	N/A	N/A	
		Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (C)	83%	82%	N/A	82%	N/A	N/A	
		Premature mortality rate per 100,000 population (C)	411	402	411	410	434	N/A	
		Rate of emergency admissions for adults per 100,000 population (C)	11,807 (2952m)	11,861	11,997	11,700	11,853	2988	
		Rate of emergency bed days per 100,000for adults (C)	100838 (25210m)	98,906	104,835	104,743	101,083	19,133 Quarter	
		Life Expectancy (L)	M:77.1 F:81.1	M: 77.9 F:80.5	N/A	M:78.1 F:80.3	M:77.8.1 F:81	N/A	
		Waiting Time: Referral To Treatment within 18weeks for Psychological Therapies (LDP)	90%		68.6%	75.7%	75%	N/A	
		Waiting Time: Drug and Alcohol Referral To Treatment that supports recovery	90%	85.3%	85.2%	67.2%	72.3%	100%	
	Independent Living	Percentage of adults supported at home who agree that they are supported to live as independently as possible.(C)	84%	88%	N/A	80%	N/A	N/A	
		Percentage of adults supported at home who agree that they had a say	79%	81%	N/A	77%	N/A	N/A	

		in how their help, care or support was provided (C)							
		Proportion of last 6 months of life spent at home or in a community setting (C)	87%	87%	87.8%%	88.6%	88%	90%	
		Falls rate per 1000 population in over 65s (C)	20	19.1	20.2	20.1	19.6	4.9* quarter	
		Percentage of adults with intensive needs receiving care at home (C)	61%	65%	65%	67%	69%	N/A	
		Percentage of people aged 75+ who live in own home, rather than a care home or a hospital setting (M)	92%	92%	92.1%	92.4%	93%	N/A	
	Services are safe	Percentage of adults supported at home who agree they felt safe.(C)	83%	87%	N/A	**85%**	N/A	N/A	
		Number of households receiving telecare (L)	3750	4224	4360	4380	3708	N/A	
		Number of new telecare installations per quarter (L)	180	161	195	189	117	N/A	
		Percentage of adults satisfied with their care and support (C)	80%	82.9%	N/A	84%	N/A	N/A	
Learning & Growth Perspective	**Engaged Workforce**	Percentage of staff who consider themselves to be well informed	80%		80%	80%	80%	80%	
		Percentage of staff who say they are appropriately trained and developed	75%		75%	76%	78%	78%	
		Percentage of staff who say they are involved in decision making	72%		72%	73%	72%	72%	
		Percentage of staff who consider they are treated fairly and consistently with dignity and respect	78%		78%	79%	79%	79%	
		Percentage of staff who say they are provided with a continuously improving and safe working environment, promoting the health and well being of staff, patients and the wider community	77%		77%	79%	78%	78%	
		Achievement of 4% staff absence rate across all service areas (LDP)	4%		5.55%	6.25%	4.9%	6.83%	

Appendix3: Benchmarking of Core Indicators

The Local Government Benchmarking Family (LGBF) for West Lothian includes Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire.

A RAG rating has been applied where green is above the average for the LGBF, amber is within 3% and red is more than 5% below average. 11 indicators are rated as green, 5 are rated as amber and 3 as red.

	Indicator	Title	West Lothian	LGBG	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92%	93%	
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	81%	
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	75%	
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76%	77%	
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	84%	80%	
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	75%	84%	
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	81%	
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42%	36%	
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	84%	
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	*NA*	*NA*	NA
Data indicators	NI - 11	Premature mortality rate per 100,000 persons	434	421	
	NI - 12	Emergency admission rate (per 100,000 population)	11,853	13,392	
	NI - 13	Emergency bed day rate (per 100,000 population)	101,083	128,988	
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	109	106	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88%	87%	
	NI - 16	Falls rate per 1,000 population aged 65+	20	22	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85%	86%	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	63%	
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1,214	813	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	25%	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	*NA*	*NA*	NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	NA

WEST LOTHIAN INTEGRATION JOINT BOARD

MEETING DATE: 26 November 2019 **ITEM NO:**

Action Note Ref	Workplan Item	Matter Arising and Decision Taken	Lead Officer	Meeting Date
		REPORTS TO FUTURE MEETINGS		
		Review of Strategic Planning Group and Locality Planning (for decisior	Lorna Kemp	26 November 2019
		IJB Finance Update	Patrick Welsh	26 November 2019
		St John's Hospital Staffing and Cost Pressures	Patrick Welsh	26 November 2019
		Risk Register	Kenneth Ribbons	26 November 2019
		IJB Performance: Balanced Scorecard	Carol Bebbington	26 November 2019
		MoU with Independent Scottish Hospices	Carol Bebbington	26 November 2019
		Primary Care Improvement and Implementation Plan	Carol Bebbington	26 November 2019
		Action 15 of the Mental Health Strategy Final Plan	Lorna Kemp / Nick Clater	26 November 2019
		Workforce Development Plan	Carol Bebbington	26 November 2019
		NHS Lothian Escalation Update [TBC]	Carol Bebbington	26 November 2019
		Winter Plan	Carol Bebbington	26 November 2019
		Code of Conduct - Review and Annual Report	James Millar	26 November 2019
		Integration Scheme (for information)	Yvonne Lawton / Lorna Kemp	26 November 2019
		Complaints and Information Requests	Lorna Kemp	26 November 2019
		Public Bodies Climate Change Duties	Lorna Kemp	26 November 2019
		Royal Edinburgh Hospital Phase 2 Outline Business Case	Andrew Milne / Tracey McKigen	21 January 2020
		Chief Social Work Officer's Annual Report	Jo Macpherson	21 January 2020
		Membership Review (SPG and AR&G)	James Millar	21 January 2020
		Scottish Budget Update	Patrick Welsh	21 January 2020
		Communication and Engagement Strategy	Yvonne Lawton/Lorna Kemp	21 January 2020

		Review of Standing Orders and Scheme of Delegations	James Millar	21 January 2020

WEST LOTHIAN INTEGRATION JOINT BOARD – CYCLICAL REPORTS

WHAT	WHEN	WHY	LEAD OFFICER
Complaints and Information Requests	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)	Lorna Kemp
Clinical Governance Report	To be presented annually – June each year	Requirement of Integration Scheme and Local Code of Corporate Governance	Elaine Duncan
Annual Accounts (Unaudited)	Annually by June each year	Required by Local Authority Accounts (Scotland) Regulations 2014	Patrick Welsh
Annual Accounts	Annually by 30 Sept each year	Required by Local Authority Accounts (Scotland) Regulations 2014	Patrick Welsh
Members' Code of Conduct	Annual report – Nov each year; review biennially	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance	James Millar
IJB Performance: Balanced Scorecard	6 monthly update – Dec and June each year	Agreed by Board on 21 November 2018	Carol Bebbington
Review of Performance	To be reviewed annually – by 31 July each year	Required by Public Bodies (Joint Working) (Scotland) Act 2014	Carol Bebbington
Public Bodies Climate Change Duties	Annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015	Lorna Kemp
Review of Records Management Plan	To be reviewed annually	Required by the Public Records (Scotland) Act 2011 and in keeping with WLC's Records Management Policy (adopted by the Board)	Lorna Kemp
Risk Register	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017	Kenneth Ribbons
Chief Social Work Officer's Annual Report	To be presented annually – December each year	Requirement of Integration Scheme and Local Code of Corporate Governance, and Guidance on The Role of Chief Social Work Officer Issued by Scottish Ministers – Revised July 2016	Jo MacPherson
Public Protection Biennial Report	To be presented biennially – next report Nov 2020	For information - Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Conveners of Adult Protection Committees (APCs) to produce a biennial report	Jo MacPherson
Scheme of Delegations	To be reviewed biennially – Dec 2019	Agreed by IJB on 31 January 2017 (initial review period three years,	James Millar

		will be reported earlier to tie on with separate requirement to review Standing Orders before December 2019)	
Standing Orders	To be reviewed biennially – next report Dec 2019	Biennial review agreed by IJB on 20 October 2015	James Millar
Local Code of Corporate Governance	To be reviewed biennially – next report September 2021	Biennial review agreed by IJB on 10 September 2019	James Millar
Membership Review (SPG and AR&G)	To be reviewed biennially – next report Jan 2020	Last reported to IJB on 14 March 2017 but other piecemeal consideration by IJB and AR&GC since then	James Millar
Equality Mainstreaming and Outcomes Report	To be presented biennially	Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012	Lorna Kemp
Workforce Development Plan	To be reviewed annually – next report Nov 2019	Strategic Development Plan agreed 21 November 2018	Carol Bebbington
Scottish Budget Update	Update to be provided annually – January each year	To assess the impact of the Scottish Budget on the financial contribution to the IJB from partner bodies prior to approving the IJB Budget each year	Patrick Welsh
Waiting Times Performance	Update to be provided annually – August each year	As requested by the Chair to monitor performance	Yvonne Lawton
Proposed Meeting Dates	To be agreed annually – March each year	To approve the Board and SPG meeting dates for the coming year (Standing Order 4.1)	Rachel Gentleman