



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

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

4 March 2020

A meeting of the **West Lothian Integration Joint Board** will be held within the **Blackburn Partnership Centre, Ashgrove, Blackburn, EH47 7LL** on **Tuesday 10 March 2020 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 21 January 2020 (herewith)
5. Minutes for Noting
  - (a) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 11 December 2019 (herewith)
  - (b) West Lothian Integration Joint Board Strategic Planning Group held on 12 December 2019 (herewith)
  - (c) West Lothian Integration Joint Board Strategic Planning Group held on 20 February 2020 (herewith)

**Public Items for Decision**

6. Membership & Meeting Changes -  
Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.
7. Style of Minutes - Report by Standards Officer (herewith)
8. West Lothian IJB 2020/21 Budget - Financial Assurance - Report by Chief Finance Officer (herewith)
9. Membership Review - Report by Chief Officer (herewith)
10. Timetable of Meetings 2020/21 (herewith)

**Public Items for Information**

11. Chief Officer Report (herewith)
12. Scottish Draft Budget Report - Report by Chief Finance Officer (herewith)
13. IJB Finance Update and Quarter 3 Forecast - Report by Chief Finance Officer (herewith)
14. Care at Home - Report by Head of Social Policy (herewith)
15. Self-Evaluation Action Plan - Progress Update - Report by Chief Officer (herewith)
16. Workplan (herewith)

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NOTE     **For further information please contact Anastasia Dragona on 01506 281601 or [anastasia.dragona@westlothian.gov.uk](mailto: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 21 JANUARY 2020.

Present

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

Non-Voting Members – Allister Short, Elaine Duncan, Steven Dunn (substituting for Martin Murray), David Huddleston, Jo MacPherson, Alan McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Harry Cartmill, Mairead Hughes and Martin Murray

Absent – Alex Joyce

In attendance – Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer)

It was noted that as Harry Cartmill had submitted apologies, the meeting would be chaired by Bill McQueen.

1        DECLARATIONS OF INTEREST

There were no declarations of interest made.

2        MINUTE

The Board approved the minute of its meeting held on 26 November 2019 as a correct record. The minute was thereafter signed by the Chair.

3        MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

- West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 4 September 2019.
- West Lothian Integration Joint Board Strategic Planning group held on 5 September 2019.
- West Lothian Integration Joint Board Strategic Planning Group held on 31 October 2019.

4        MEMBERSHIP & MEETING CHANGES

Further to discussion at the November 2019 Board meeting and the subsequent approval of the updated Strategic Planning Group (SPG) Terms of Reference, the Chief Officer presented to the Board a proposed list of new SPG members for the Board's approval.

In response to a query, it was noted that arrangements for the appointment of service user representatives were progressing and an update would be provided at the next SPG meeting.

#### Decision

1. To approve the appointment of Bill McQueen as Chair of the SPG.
2. To appoint the following new members to the SPG: Tim Dent (West Lothian Leisure), Sheila Hook (Trust Housing Association), Alice Mitchell (Economic Development Manager) and Robin Allen (Senior Manager for Community Care Adult Services).

#### 5 STRATEGIC COMMISSIONING PLANS FOR MENTAL HEALTH, OLDER PEOPLE, PHYSICAL DISABILITY AND LEARNING DISABILITY SERVICES

The Board considered a report by the Chief Officer (copies of which had been circulated) and a presentation by the Head of Strategic Planning and Performance advising members of the strategic commissioning plans for mental health, older people, physical disability and learning disability services in West Lothian as detailed in Appendices 1 to 4 of the report and seeking the Board's approval of those plans. Four strategic direction documents corresponding to the plans were also attached as appendices 5 to 8.

The report related to the development of plans as part of the revised Strategic Plan for the period 2019–23 approved by the IJB in April 2019. A revised planning and commissioning structure was also shown in Appendix 9, while the results of the consultation and engagement with stakeholders that had taken place as part of the development of the new plans were attached to the report as Appendix 10.

Officers assured members that although the plans were driven by need, financial implications would keep being assessed and resources adjusted as the plans progressed. It was also noted that appropriate professional representation would be considered alongside lead officers on projects.

The community wellbeing hubs were also discussed and difficulties in securing IT services to support data collection were noted.

It was recommended that the Board approve the strategic commissioning plans for mental health, older people, physical disability and learning disability services.

Board members suggested that environmental sustainability be built into the plans and subsequent projects.

Decision

1. To approve the recommendation in the report.
2. To approve the Strategic Direction documents appended to the report.
3. To include environmental sustainability options in each of the strategic plans as well as in specific projects emerging from the plans.

6 IJB FINANCIAL REGULATIONS

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer presenting members with the updated IJB Financial Regulations for their consideration and approval.

The Financial Regulations, attached to the report as an appendix, provided the framework for managing the IJB's financial affairs and were reviewed at least once every three years.

Relatively minor changes had been identified, which the Chief Finance Officer pointed out for the members' benefit.

It was recommended that the Board approve the updated Financial Regulations as set out in Appendix 1 of the report.

Decision

To approve the recommendation in the report.

7 WEST LOTHIAN IJB RESERVES POLICY

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing members with an updated IJB Reserves Policy for consideration and approval.

The external auditor had suggested as part of the 2018/19 annual report that the reserves policy be reviewed to reflect the current and forecast financial climate. The resulting updated policy was appended to the report as an appendix. The report also noted the importance of having a reserves policy as well as a target level of uncommitted reserves.

It was recommended that the Board approve the updated Reserves Policy as set out in Appendix 1 of the report.

Decision

To approve the recommendation in the report.

## 8 LOCAL GOVERNMENT OVERVIEW - NHS IN SCOTLAND AUDIT REPORTS

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer updating members on recent national audit reports relating to Local Government in Scotland – Financial Overview 2018/19 (Appendix 1 to the covering report) and NHS in Scotland 2019 (Appendix 2 to the covering report).

The report noted the significance of the two external audit reports, listed key messages and recommendations from both reports and identified a number of common themes in relation to IJB next steps. It was suggested that a more in-depth discussion outwith a normal Board meeting might be appropriate to fully consider key messages, themes and recommendations.

It was noted during discussion that timescales for the new national health and social care strategy referenced in paragraph 91 of the Financial Overview Report were still to be determined.

It was recommended that the Board:

1. Note and consider the key messages set out in the Local Government in Scotland – Financial Overview 2018/19 report;
2. Note and consider the key messages and recommendations set out in the NHS in Scotland 2019 report; and
3. Consider next steps / further action to be taken by the IJB to consider the key themes / recommendations contained in the reports and agree any actions required.

### Decision

1. To approve the recommendations in the report.
2. To consider key messages in the reports during a development session.

## 9 COMMUNICATION AND ENGAGEMENT STRATEGY

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting members with a Communication and Engagement Strategy for 2020-23 for approval, to replace the existing Participation and Engagement Strategy

The strategy had been developed to establish a single unified approach to communication and engagement activities, improve standards of engagements and ultimately improve outcomes for patients and service users. The original Participation and Engagement Strategy was attached to the report as Appendix 1, while the proposed new Communication and Engagement Strategy was attached as Appendix 2.

During discussion, it was noted that work on communications was ongoing and resources would need to be kept into consideration. The need to engage with stakeholders and establish whether their needs were being met through the new strategy was highlighted.

Members felt that further work on branding was required, and it was suggested that other Health and Social Care Partnerships and IJBs around Scotland be consulted to this end.

It was recommended that the Board:

1. Note the Review of the Participation and Engagement Strategy 2016-26;
2. Agree the Communication and Engagement Strategy 2020-23;
3. Agree that the Communication and Engagement Strategy would replace the Participation and Engagement Strategy; and
4. Agree that an update on implementation would be submitted to the Board on an annual basis with a full review of the strategy in three years.

#### Decision

1. To approve the recommendations in the report with the exception of HSCP's/IJB's identity/branding proposal.
2. To further explore branding approaches by consulting other HSCPs and IJBs in Scotland on their own approaches.
3. To explore impact of the strategy on stakeholders and to report findings to the next Board meeting.

## 10 REVIEW OF STANDING ORDERS

The Board considered a report (copies of which had been circulated) by the Standards Officer reviewing the Board's Standing Orders, Scheme of Delegations and committee remits and asking members to consider the recommendations of the Audit, Risk and Governance Committee at its meeting on 11 December 2019.

Proposed changes to Standing Orders, attached to the report as Appendix 1, related to membership, the reports template, directions and substitutes. Proposed changes to the Scheme of Delegations, shown in Appendix 2, related to the use of the term 'Chief Officer', wording of directions, inclusion of the Internal Auditor's role and delegated authority to the Standards Officer. Proposed changes to the Audit, Risk and Governance Committee remit, attached as Appendix 3, related to formatting and use of the term 'Chief Officer'.

Concerns were raised regarding any conflicts of interest arising from the

Internal Auditor's role as a risk adviser to the Board; members were advised that West Lothian Council had addressed a similar issue by inviting internal auditors from other councils to perform audits in cases where conflict of interest might arise.

It was also clarified during discussion that the three consecutive absences still counted regardless of whether a substitute was sent, and it was noted that judging any mitigating circumstances for consecutive absences was at the Board's discretion.

It was recommended that the Board:

1. Note that a periodic review by the Board of its Standing Orders, Scheme of Delegations and committee remits was required every two years;
2. Note and consider the suggestions made for change in Part D;
3. Note that on 11 December 2019 the Audit Risk & Governance Committee had recommended that the suggestions made in Part D should be accepted;
4. Agree the changes set out in Part D and as shown in the Appendices to the report, to take effect from 1 February 2020; and
5. Agree that the next periodic review would be carried out in the same manner in two years' time.

#### Decision

To approve the recommendations in the report.

### 11 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the key developments and emerging issues relating to West Lothian IJB.

The report provided an update on the Learning Disability Inpatient Beds Position, the Royal Edinburgh Hospital Phase 2 and the Strategic Inspection the West Lothian Health and Social Care Partnership (HSCP) was currently undergoing.

It was noted that the draft inspection findings would be communicated to the HSCP in April and the HSCP would have the opportunity to respond before the report was finalised. Final reports would be ready by the end of May and published on the Inspectorate Website in early June. The best way to engage with the Board regarding the inspection's results would be considered.

It was recommended that the Board:

1. Note the current position in relation to the reprovision of the Royal



Edinburgh Hospital Phase 2; and

2. Note and support the revised requirement for learning disability inpatient beds for West Lothian to support the planning process for the REH Phase 2 Development.

#### Decision

1. To note the recommendations in the report.
2. To consider timings of the Strategic Inspection and how to best engage with the Board regarding the Inspectors' findings.

### 12 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2018-2019

The Board considered a report (copies of which had been circulated) by the Chief Social Work Officer (CSWO) presenting the CSWO's annual report 2018-19 to the members and providing them with the opportunity to make comments.

The CSWO's report, appended to the covering report, provided an overview of the role and responsibilities of the CSWO and outlined the governance arrangements that were in place in West Lothian. The report highlighted the council's statutory duties and the decisions delegated to the CSWO and provided a summary of service performance.

During discussion, the CSWO advised that collaborative working with the NHS was ongoing and there was scope for significant further development in the future.

It was recommended that the Board:

1. Note the contents of the Chief Social Work Officer's annual report for 2018-19; and
2. Note that a draft of the report had been submitted to the Scottish Government Chief Social Work Advisor.

#### Decision

To note the recommendations in the report.

### 13 IJB 2019/20 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update in advance of the Quarter 3 monitoring on the 2019/20 budget position for the IJB delegated health and social care functions, including an update on key risk areas.

The report set out a short interim update (shown in Appendix 1) in advance of the Quarter 3 monitoring on overall financial performance of the 2019/20 IJB delegated resources and provided a year-end forecast

which took account of relevant issues identified across delegated health and social care services. A risk schedule was also attached as Appendix 2.

Further details were requested on the overspend budget. It was also suggested that further discussions take place during a development session. It was agreed that work would be done before the next Board meeting to facilitate approval of the budget.

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 the key risks associated with the 2019/20 forecast position;
3. Note the current position in terms of year end management of the forecast outturn to allow the IJB to achieve a breakeven position in 2019/20; and
4. Note the current position regarding the timing of the UK and Scottish Budgets for 2020/21.

#### Decision

1. To note the recommendations in the report.
2. To provide a further breakdown of the £971,000 overspend year end forecast outturn position shown in the report.
3. To consider discussing budget gap at the next IJB development session.
4. To perform any preliminary work necessary prior to the Board's next meeting to support the approval of IJB budget.

## 14 WORKPLAN

A workplan had been circulated for information.

#### Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within CONFERENCE ROOM 1, WEST LOTHIAN CIVIC CENTRE, on 11 DECEMBER 2019.

Present – Martin Connor (Chair), Bill McQueen, Martin Murray and George Paul

Apologies – Damian Timson

Absent – Caroline McDowall

In attendance – Allister Short (Chief Officer), Carol Bebbington (Interim Head of Health, West Lothian Health and Social Care Partnership), Jo MacPherson (Chief Social Work Officer), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor) and Patrick Welsh (Chief Finance Officer)

## 1 OPENING REMARKS

The Chair opened the meeting by thanking Damian Timson for his valuable contribution as the previous Chair of the committee. He also reminded the committee that although representatives from the two partner bodies had been invited to attend a committee meeting to discuss workforce planning, so far they had been unable to attend. Finally, he noted that an update on progress on implementation of the Workforce Development Strategy 2018–2023 had been considered at the last Board meeting on 26 November.

## 2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

## 3 ORDER OF BUSINESS

The Chair ruled that agenda item 11 (*Internal Audit of the Strategic Plan*) would be considered before agenda item 5 (*Review of Standing Orders*).

## 4 MINUTE

The committee approved the minute of its meeting held on 4 September 2019. The Chair thereafter signed the minute.

## 5 INTERNAL AUDIT OF THE STRATEGIC PLAN

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising members of the outcome of an internal audit of the Strategic Plan.

The review, which was appended to the report, had been undertaken in accordance with the IJB annual audit plan for 2019/20 and had concluded that the level of control was satisfactory. The review document set out the audit remit, key aims of the strategic plan and key controls which were found to be in place.

Details of the review of strategic plan were provided as well as challenges in producing locality plans. Failures in care at home providers were then discussed and officers indicated that there were mechanisms in place to measure performance and address any issues. It was suggested that West Lothian Council's internal audit on home care providers be forwarded to this committee for information. The Chief Officer assured members that although the scope of audit involved review of the overall processes, any particular issues could be raised with him or appropriate officers. Any concerns with delivery of the strategy could also be raised with the Board. Finally, a suggestion was made that the annual review of the strategic plan should involve consideration of good practice by other IJBs.

It was recommended that the committee note that control was considered to be satisfactory.

### Decision

1. To note the recommendation in the report.
2. To consider forwarding results of the care at home audit to be conducted on behalf of the council in January 2020 to the IJB Audit, Risk and Governance Committee.
3. To note that members could raise any specific issues or details of wider issues with the Chief Officer or other appropriate IJB officers.
4. To note that any concerns about delivering on the strategic commissioning plan through care at home could be raised by requesting an item outlining current position and plans going forward to be included on the IJB agenda.
5. To consider good practice by other IJBs for monitoring impact and progress in relation to the strategic objectives on the Strategic Plan 2019–2023.

## 6 REVIEW OF STANDING ORDERS

The committee considered a report (copies of which had been circulated) by the Standards Officer asking members to consider the Board's Standing Orders, Scheme of Delegations and committee remits and to consider making recommendations to the Board to assist in its formal review of those documents.

Minor amendments to the Standing Orders (Appendix 1) were proposed such as clarifying the process for dealing with consecutive absences,

approval of standard report template, wording of Directions to the Board and substitutes of committee meetings. Further suggestions included using the statutory term for the Chief Officer and reducing the volume and size of minutes. The Scheme of Delegations (Appendix 2) would also be amended to reflect those changes as well as the role of the Internal Auditor and the delegated authority of the Standards Officer to make minor changes to the Local Code of Corporate Governance. Minor changes were also suggested to the remit of Audit, Risk and Governance Committee (Appendix 3), while no changes would be made to the remit of the Appointments Committee (Appendix 4).

During discussion, it was clarified that a membership review for this committee was scheduled for January 2020. It was also noted that it would be up to the Board to determine what constituted reasonable cause for absence as the legislation was unclear on this matter.

It was recommended that the committee:

1. Note that a periodic review by the Board of its Standing Orders, Scheme of Delegations and committee remits was required and that the committee might make recommendations for the Board's consideration;
2. Note the suggestions made for change in Part D of the report;
3. Agree recommendations that should be made to the Board to assist in its review and decision-making.

#### Decision

To approve the recommendations in the report.

## 7 INTERNAL AUDIT PLAN

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising members of proposed revisions to the internal audit plan for 2019/20 and asking the committee to approve the revised plan.

The report suggested that, given the recent work undertaken on both the sustainability of primary care and delayed discharge, those topics be removed from the 2019/20 internal audit plan. The amended internal audit plan was appended to the report. The IJB risks would be submitted to this committee as part of the 2020/21 internal audit plan in March 2020.

It was recommended that the committee approve the revised 2019/20 internal audit plan.

#### Decision

To approve the recommendation in the report.

## 8 RISK MANAGEMENT - HIGH RISKS

The committee considered a report (copies of which had been circulated) by the Chief Officer advising members of the IJB's High Risks.

Appendix 1 to the report set out the IJB's four high risks: Delayed Discharge; Inadequate Funding to Deliver Strategic Plan; Sustainability of Primary Care; and Workforce Planning. Traffic light icons represented risk ranking based on score and there was a code, title and description corresponding to each risk. The risk assessment methodology was attached as Appendix 2.

Discussion followed on the high risks in Appendix 1, with a focus on methodology and presentation. It was also noted that a Scotland-wide review of the NHS absence procedure was under way.

It was recommended that the committee consider the high risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

### Decision

1. To note the recommendation in the report.
2. To review appendix contents for purpose, clarity and usefulness to committee members.

## 9 COMMITTEE SELF-ASSESSMENT - RESULTS

The committee considered a report (copies of which had been circulated) by the Chief Officer advising members of the results of the self-assessment survey of the committee's administrative arrangements and activity.

The report recalled that a questionnaire had been developed to involve members in close consideration of the role of the committee and its members, its administrative arrangements and the context in which it operated. It had been agreed by the IJB Audit, Risk and Governance Committee at its meeting held on 4 September 2019 that the questionnaire be circulated to committee members. The survey had been issued on 19 November and members had been asked to complete it by 2 December 2019.

The survey had been completed by five members. The results were anonymous and were attached as an appendix to the report.

The majority of responses had been positive and consistent with the previous year's results. Discussion focused on questions where more than half of respondents had not agreed or strongly agreed. A suggestion was made for training tailored to this committee; the usefulness of further publicising agendas and events related to this committee in the context of IJB's wider communication strategy was also discussed.

It was recommended that the committee:

1. Note the results of the self-assessment questionnaire; and
2. Discuss if any actions should arise from the results.

Decision

1. To note the recommendations in the report.
2. To consider offering training to Audit, Risk and Governance Committee members specifically tailored to this committee.
3. To consider the usefulness of further publicising Audit, Risk and Governance Committee agendas and events and ways to do this in the context of IJB's wider communications strategy.

10 NHS IN SCOTLAND 2019 - AUDIT SCOTLAND

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer providing members with an update on Audit Scotland's report on NHS in Scotland 2019 and highlighting the key messages and recommendations contained in their report.

The NHS in Scotland 2019 report, attached to the covering report as an appendix, contained a number of key messages and recommendations. The full list of recommendations was included in the Audit Scotland report, while the covering report listed the recommendations that reflected the role of IJBs.

It was recommended that the committee note and consider the content and recommendations contained in the NHS in Scotland 2019 report particularly in relation to the role of integration authorities. The committee noted that this issue was more relevant to the Board, and therefore agreed that the report be forwarded to the January Board meeting for consideration of the recommendations relevant to the IJB.

Decision

1. To note the recommendation in the report.
2. To forward the report to the January Board meeting for consideration of the recommendations relevant to the IJB.

11 GOVERNANCE ISSUES 2018/19 - UPDATE ON PROGRESS

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified for attention through the annual governance statement for 2018/19 and on other matters arising since.

The report recalled that the annual governance statement for 2018/19 had been approved by this committee in June 2019. The Board had accepted advice and assurance from officers that the Board's corporate governance standards had been substantially met. The report noted that the external auditor had also been satisfied that overall the IJB had established a sound basis to demonstrate good governance and transparency in its operational activity.

The areas of concern arising from the annual governance statement and the external audit progress had been kept under review and progressed during 2019/20. Progress against the issues identified, including issues carried forward from 2017/18, was shown in the appendix.

During discussion, members recommended that the SLAs issue be marked as completed if the Board was satisfied that the relevant processes were adequately documented. The role of Service User Representative and how it could be filled was also discussed.

It was recommended that the committee note the update on governance issues of concern being progressed in 2019/20 and that further updated information would be included in the annual governance statement for 2019/20 and its covering report.

#### Decision

1. To note the recommendation in the report.
2. To note the committee's recommendation that the SLAs issue could be marked as completed if the Board was satisfied that the relevant processes were adequately documented.
3. To consider how the role of Service User Representative could be filled and interim arrangements terminated.

## 12 WORKPLAN

A workplan and reporting cycle had been circulated for information.

#### Decision

To note the workplan and reporting cycle, subject to amending Lead Officer's name under *External Audit Annual Plan* to Patrick Welsh.



**West Lothian Integration Strategic Planning Group**

**Meeting Held on 12 December 2019 at 14.00, Meeting Rooms 2&3, Strathbrock Partnership Centre**

**ACTION NOTE**

<b>Present:</b>	Allister Short (Chair), Yvonne Lawton, Steve Haigh, Jeanette Whiting, Robin Allen, Martin Higgins, Pamela Roccio, Marjolein Don, Caroline McDowall, Robert Telfer, Mairead Hughes, Nick Clater, Greg Stark, Lorna Kemp
<b>Apologies:</b>	Alison Wright, Elaine Duncan, Iain McLeod

	<b>Discussion/Decision</b>	<b>Action</b>	<b>By Whom</b>	<b>By When</b>
1.	<b>Apologies</b> Apologies were noted as above.			
2.	<b>Order of Business including notice of urgent business</b> Order of Business confirmed as on agenda.			
3.	<b>Declarations of Interest</b> No declarations of interest.			
4.	<b>Confirm Draft Minute of Meeting of the Strategic Planning Group</b> Noted that Marjolein Don was present at the last meeting but was not listed on the minute as being present.	<ul style="list-style-type: none"> <li>Update record on COINS</li> </ul>	L Kemp	Next meeting
5.	<b>Revised Terms of Reference</b> Yvonne presented the report and reminded the Group that discussion had taken place at last SPG and LPG about Locality Planning Arrangements and that the IJB were supportive of revising the remit and membership of the SPG, including the change to it being an officer-led group with meetings held in private. It was noted that the IJB must appoint a new Chair from its members in January.			

	<p>A discussion took place on how best to appoint a user of health care services and a user of social care services, each to represent one of the Localities. It was agreed it would be difficult for them to be representative of a Locality but that it should be considered what supports could be put in place for them to carry out their role.</p> <p>Steve Haigh advised that both he and Iain McLeod were able to attend SPG for the West and East Localities respectively.</p> <p>It was clarified that previous action noted were only circulated to officers within 5 working days with a minute following at the next meeting for approval. Under the new Term of Reference, the action note/minute would be circulated to all attendees within 5 working days. It was further clarified that members could still share meeting papers within their own networks.</p> <p>It was noted that although some of the membership is dictated by the legislation, the wording on the Terms of Reference is such that the IJB can appoint whoever else they see fit.</p> <p>There was some discussion around third sector representation and the need to consider what third-sector organisations should be represented on the SPG.</p>	<ul style="list-style-type: none"> <li>Proposal to next SPG meeting</li> </ul>	L Kemp	Next meeting
6.	<p><b>Drugs and Alcohol Partnership Needs Assessment</b></p> <p>Nick Clater presented the report. It was noted that a needs assessment has been produced with colleagues in public health. A summary is attached in the papers.</p> <p>Nick explained work is taking place to explore at how we better develop links with new community mental health services over 3-5 years. There are more people with severe and enduring mental health issues and addictions and a high number of drug related deaths. There is a need to look at how we support the system in relation to this.</p>			

	<p>It was noted that there was a missing zero under C2 Resources.</p> <p>Steve supported the overlap between addictions and mental health and gave examples of reallocation of patients between mental health and addictions. Nick is looking at aligning some of the CMHT resource to addictions with a longer term aim of having a single service. In the short term addictions will have dedicated CPNs. Allister asked a local group look at the recommendations and prioritise them to identify what requires immediate action, what are management issues and what need a system wide approach. Nick advised that he was in the process of setting up a group to take forward the recommendations. Discussion took place around where this fits in with other plans, e.g. Children and Families Strategic Plan and what work could be taken forward with partners.</p> <p>Nick confirmed there had been liaison with the Emergency Department in relation to the environment for potential psychiatric patients coming in.</p> <p>The following recommendation was agreed:</p> <ol style="list-style-type: none"> <li>1. To acknowledge the Health Needs Assessment for alcohol and drug services conducted by Public Health phase one is complete. A number of recommendations have been put forward to West Lothian Alcohol and Drug Partnership from Public Health which will inform the formulation of the new Strategic Commissioning Plan.</li> </ol>	<ul style="list-style-type: none"> <li>Working group to be convened to take forward recommendations</li> </ul>	Nick Clater	
7.	<p><b>Commissioning Plans Workshop</b></p> <p>Yvonne introduced the workshop of four of the draft commissioning plans; Mental Health, Learning Disability, Physical Disability and Older People and Dementia. An extensive summary of the engagement was included in the papers.</p> <p>Group members spent time giving feedback on the plans and Yvonne, Jeanette and Greg will feedback comments into the development of the plans. Any further feedback should be provided by 7 January 2020.</p>	<ul style="list-style-type: none"> <li>Feedback additional comments to Leads or Lorna</li> </ul>	All	7 January 2020

	<p>Yvonne closed the session by advising that there will be further iterations of the plan and that the SPG going forward should be part of that process. Allister echoed this.</p> <p>Yvonne advised that the Palliative Care and Primary Care commissioning plans are being developed. Unscheduled Care is to some extent reflected in the older people's plan but there is other work required to take this plan forward.</p>			
8.	<p><b>Work Plan</b></p> <p>The work plan will be revisited outside the meeting to think about how we bring actions and performance against those actions back to the SPG and keep the link between SPG and IJB.</p> <p>Allister wished everyone a happy Christmas and New Year when it comes.</p>	<ul style="list-style-type: none"> <li>Consider work plan</li> </ul>	Management Team	Next Meeting

**West Lothian Integration Strategic Planning Group**

**Meeting Held on 20 February 2020 at 14.00, Meeting Rooms 2&3, Strathbrock Partnership Centre**

**MINUTE & ACTIONS**

<b>Present:</b>	Bill McQueen (Chair), Yvonne Lawton, Steve Haigh, Robin Allen, Martin Higgins, Marjolein Don, Caroline McDowall, Robert Telfer, Mairead Hughes, Nick Clater, Alison Wright, Iain McLeod, Elaine Duncan, Jo MacPherson, Sheila Hook, Tim Dent, Grant Taylor, Pamela Main, Douglas Grierson, Lorna Kemp
<b>Apologies:</b>	Allister Short, Mairead Hughes, Carol Bebbington, Alice Mitchell, Alan McCloskey
<b>In attendance:</b>	David Small

	<b>Discussion/Decision</b>	<b>Action</b>	<b>By Whom</b>	<b>By When</b>
1.	<b>Apologies</b> Apologies were noted as above.			
2.	<b>Order of Business including notice of urgent business</b> Order of Business confirmed as on agenda.			
3.	<b>Declarations of Interest</b> Tim Dent declared an interest as a provider of a health service.			
4.	<b>Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 12 December</b>  Minute confirmed as accurate.  <u>SPG Terms of Reference</u>			

	<p>It was noted that the Terms of Reference were revised and approved by the IJB at its meeting of 26 November 2019. Yvonne advised that the Terms of Reference were revised to stimulate discussion and being a more open forum for discussions. The membership has also been expanded to include social and independent housing, economic development and community planning, West Lothian Leisure and representatives from the East and West Localities.</p> <p>It was agreed that membership would be reviewed in a year to see if it is working.</p> <p><u>Drugs and Alcohol Partnership Needs Assessment meeting</u> Nick advised that a meeting will take place on the 5<sup>th</sup> of March to seek representation after which the working group will be formally established.</p> <p><u>Commissioning Plans</u> It was confirmed that comments received on commissioning plans after the previous meeting were incorporated into the plans.</p> <p><u>Work plan</u> It was noted that the work plan is a work in progress.</p>	Add review of membership to work plan	L Kemp	Following meeting
5.	<p><b>Draft Structure for Primary Care Priority</b> David Small was in attendance to present a report.</p> <p>David advised the report provides a broad perspective on what Primary Care does and highlighted that IJB plans focus almost exclusively on General Medical Services (GMS). West Lothian has done some work with other contractors but West Lothian plans could say more about dentistry, optometry and community pharmacy.</p> <p>David explained that the Primary care management group is responsible for oversight of four contracts and advised that although the GMS group oversees implementing the GMS contract, there is not nearly as strong mechanisms for management oversight or implementation oversight of the other areas. David</p>			

<p>would like more shared work to be done to establish need in West Lothian in relation to all primary care functions with a recognition that we need to clarify what the IJB and HSCP are responsible for – historically there has been a strong focus on acute services. There are no statutory targets associated with the four contracts.</p> <p>David's structure proposes how the health board can work with HSCPs and IJBs to improve primary care.</p> <p>Discussion took place on Primary Care funding and what we could do to better engage with Primary Care services. There was agreement that we don't engage as well with the services other than GMS and David advised that there is a lack of good mechanisms to pay dentists and optometrists locally but that it was possible to add on specific mechanisms on top of the pan-Lothian contract for additional services. Existing plans and strategies that could be adapted.</p> <p>David offered to facilitate a conversation with dentists, pharmacists and optometrists and it was agreed that interested parties would take part in such a meeting.</p> <p>Discussion took place on the potential risk to premises due to the PCIF budget, aging population, demand and unmet need. David agreed that the value of PCIF will decrease with the growing population, particularly if new practices need to be established. It may be that IJBs need to direct the Health Board to invest through HSCPs. David further advised that the IJBs/HSCPs should be driving the premises plan.</p> <p>Yvonne raised the IJB priority of early intervention and prevention and summarised some of the work around population growth and the aging population. Further discussion ensued around planning for population growth, sustainability, environmental considerations.</p>			
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	<p>Agreed the Group were supported of the priorities.</p> <p>Agreed Elaine, Yvonne and David would meet initially to think about who should be involved.</p> <p>Agreed detailed comments should be sent to David.</p>	<p>Initial meeting to discuss further</p> <p>Send detailed comments on the paper to D Small</p>	<p>E Duncan, Y Lawton, D Small</p> <p>ALL</p>	<p>Spring 2020</p> <p>Following meeting</p>
6.	<p><b>Commissioning Plans Implementation and Monitoring</b></p> <p>Yvonne advised that the IJB had agreed a new Strategic Plan and that four associated joint commission plans had been developed for key care groups, older people, learning disability, mental health and physical disability. The IJB approved the plans at their meeting in January with the caveat of doing some additional work for the plan for older people.</p> <p>The group was asked to consider how we monitor the plans through performance measures and was asked how the Group would like to be involved in the monitoring of the plans.</p> <p><u>Mental Health</u></p> <p>Bill commented that there were some items that were missing some specificity around what would be delivered in 2020/21 and further. Nick advised that this was discussed yesterday and the next few meetings would further refine what will be achieved and when. Various working groups will be working on each action. A new senior development manager will be starting soon and the new housing model will be a priority.</p> <p>Nick advised that the referral to treatment target of this was the A12 national target. There are recovery plans for both areas, CAHMS and Psychology Services, of which both are not achieving the target but we have limited control over these services.</p>			



	<p>Discussion took place on whether Community Treatment Orders should be signed by GPs. Nick advised that the guidance advised it has good practice that the second signatory is a GP.</p> <p>Yvonne would like a consistent approach taken to all of the plans and suggested a detailed plan and performance framework that sits underneath each workstream.</p> <p>Discussion took place about the frequency and detail of updates desired by the Group. Comments included not wishing to report too often but also not losing site of the whole system. It was suggested that particularly good progress and issues could be brought to the group. Other suggestions included an in-depth, quality report on specific themes would be more useful, a highlights report, reporting by exception and the role for commissioning boards on how progress should be measured.</p> <p><u>Older People</u></p> <p>Jo advised that there is a huge amount of transformation required in relation to older people's service. A series of projects need to be initiated to take this work forward. Allister Short will chair the Older People's Board going forward and a workshop has been planned to begin progressing this. Yvonne advised early intervention, crisis intervention and long-term care are the three key areas. Jo advised that there is a review of the support required to support this work.</p> <p>An update on progress will be reported to the next meeting and it is envisaged that the plan will be more complete by June.</p> <p>Pamela advised that under the discharge to assess model, care will start immediately (or another service that they may require) following discharge. Assessment is combined with care, which is thought to be the best model of care.</p>	<p>Progress update on Older People Commissioning Plan</p>		<p>Meeting of 26 March</p>
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	<p><u>Learning and Physical Disability</u></p> <p>Robin summarised the key workstreams required for each of the care groups including housing options. Robin advised that the planning and commissioning boards will be reviewing whether the right people are involved to deliver the work.</p> <p>Royal Edinburgh work on redesign is ongoing but we have fed back West Lothian's requirements in relation to learning disability beds.</p> <p>Steve welcomed the more detailed action plan circulated, which allows the Group to see the concrete actions.</p> <p>Bill asked that the measures are labelled as national/local/new etc. Pamela updated the Group on a meeting that took place on what indicators the HSCP should be scrutinising at an operational level. Further indicators can be developed to ensure performance monitoring is relevant and without duplication. Bill suggested that satisfaction measures could be considered for the commissioning areas. Pamela advised this was challenging in an integrated environment given the scale involved but that there were mechanisms for collecting more qualitative data from patients and carers.</p> <p>A discussion took place on environmental considerations. The IJB has given a commitment to climate change and it was considered what the SPG's role should be. It was agreed to give this further consideration.</p> <p>Agreed that Yvonne would consult with others and come back to the next SPG with a proposal for performance monitoring.</p>	<p>Label performance indicators on whether they are local, national, new or existing</p> <p>Consider SPG role in climate change</p> <p>Develop a proposal on performance monitoring of commissioning plans</p>	<p>ALL</p> <p>Y Lawton</p>	<p>Following meeting/as indicators are developed</p> <p>Future meeting</p> <p>Meeting of 26 March</p>
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7.	<p><b>Advertisement for users of health and social care services</b></p> <p>Lorna presented a draft advertisement for service user representatives for the SPG and discussion took place on the rationale for seeking up to four individuals.</p> <p>It was agreed to remove the reference to the East and West Localities; remove “requirements of the role” and instead sell what they can contribute; make the tone warmer, less formal.</p> <p>Nick highlighted that predominantly those who present to, in particular, mental health or disability services are those who might need support to take part. Nick suggested circulating to advocacy partners e.g. service users in mental health and addictions.</p> <p>Discussion took place on the challenge of anyone being able represent multiple services.</p>	Make changes to advert as noted	L Kemp	Following meeting
	<p>Agreed that the discussed changes would be made and that focused circulation would be carried out including to Voluntary Sector Gateway and advocacy partners as well as wider circulation through the usual networks.</p>	Circulate widely with more focused circulation in addition	L Kemp	Following changes to advert
8.	<p><b>Work Plan</b></p> <p>It was noted that Marjolein had submitted an item for the wok plan and this has been added.</p> <p>Agreed Lorna will send out a reminder for agenda items 3-4 weeks in advance of meetings.</p> <p>Steve announced he will be resigning all of his committees and that the cluster leads will be taking the SPG positions. Bill thanked Steve and Iain for their time and efforts on the Strategic Planning Group.</p>	Reminder for agenda items 3-4 weeks in advance of meetings	L Kemp	Ongoing



# West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 7

## STYLE OF MINUTES

### REPORT BY STANDARDS OFFICER

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

To propose a new approach to the preparation of minutes of the Integration Joint Board and its committees, which is presented to the Board for approval.

#### **B RECOMMENDATION**

To agree the new approach to the preparation of minutes of the Integration Joint Board and its committees as outlined in part D of this report.

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

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	N/a
<b>C3</b>	<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014; Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014; Board's Standing Orders, Scheme of Delegation and committee remits
<b>C4</b>	<b>Risk</b>	There is no specific risk identified in the Risk Register but poor governance arrangements may result in unsound decision-making and poor performance and outcomes
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

<b>C6</b>	<b>Environment and Sustainability</b>	N/A
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Good governance promotes good decisions and good performance.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Good governance promotes good decisions and good performance.
<b>C9</b>	<b>Single Outcome Agreement</b>	Good governance promotes good decisions and good performance.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **1 Background**

IJB Audit, Risk and Governance Committee on 11 December 2019 approved the contents of a report reviewing IJB standing orders and which included the suggestion for revisiting the style of minutes separately.

While reviewing its Standing Orders, the Board on 21 January 2020 agreed to separately consider reducing the size and scope of minutes by removing the narrative part and just record the actual decision and anything else judged by the clerk to be significant.

IJB minutes follow the style and format of West Lothian Council minutes and are stored in the Council Information System (Coins); hard copies are held within the council's Legal Services. The council recently adopted a similar approach to minutes to the one proposed here.

### **2 Legal requirements**

In accordance with The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 – Article 18 (Schedule – Matters to be Included in Standing Orders) Paragraph 6 (Records), standing orders of IJBs must make provision for the following, among others:

(1) A record must be kept of the names of the members attending every meeting of the integration joint board or of a committee of the integration joint board.

(2) Minutes of the proceedings of each meeting of the integration joint board or a committee, including any decision made at that meeting, are to be drawn up and submitted to the next ensuing meeting of the integration joint board or the committee for agreement after which they must be signed by the person presiding at that meeting.

2.2 Furthermore, IJB's Standing Orders stipulate that minutes shall record:

- a) The names of members present at a meeting
- b) The names of any officers in attendance
- c) Declarations of interest made, and whether members declaring an interest participated in the relevant item of business, or not
- d) Significant legal and other advice provided by officers and professional advisers
- e) Rulings by the Chair
- f) A brief summary of the terms of the report and recommendations
- g) Motions, amendments, voting and decisions made
- h) Other matters required to be recorded by these Standing Orders

### **3 Approach required**

3.1 Overall, the approach to be taken requires:

- Compliance with legal rules on minutes (above)
- Compliance with Standing Orders (above)
- Clarity, brevity, precision and no ambiguity
- A clear record of significant events at the meeting which is sufficient to demonstrate reasons for decisions
- A clear record of decisions taken which can be understood without extensive cross-referencing

### **4 Current practice / minute format**

The current minute style, adopting the council's practice, pre-dates the extensive use of the internet for publishing and accessing meeting papers and using electronic versions at meetings. Minutes currently include a fairly lengthy narrative drawn from the report as well as critical information such as the recommendations, motions, amendments, voting and decisions.

4.1

- Drafts are prepared by the Clerk with no reference to or input or influence from the Chair or other members. Members are generally content with the standard of minutes and it is extremely rare for their accuracy or content to be questioned by members or corrected when considered for accuracy.
- 4.2

## **5 Reasons for change**

- Minutes and reports are now almost universally accessed on the internet. Members of the public may occasionally ask for copies of specific documents. However, directing them to the council's website is almost always enough to meet the request.
- 5.1

- On the internet, committee reports and appendices and, after approval, minutes for the whole meeting and for each individual item of business sit side by side on the same web page. The report can be read and the minute checked without any searching or extensive cross-referencing. Both can be printed or downloaded readily and easily if desired.
- 5.2

- When preparing a draft minute, there is a significant amount of work involved in "telling the story" based on the report. There is more involved than simply copying and pasting a report into the minute.
- 5.3

- However, there is scope for reducing minute size and length without impinging on what is required of a sound and accurate record of decisions, which in turn will reduce the workload of officers and save some time for those reading the minutes, including members, officers, press and members of the public.
- 5.4

## **6 Proposed minute format / style and content**

- It is proposed that the style of minutes is changed to reduce the size, length and work involved in producing them whilst still meeting legal and good practice requirements. In short, that will involve the omission of the lengthy narrative based on the report. The proposed minute format will be as follows:
- 6.1

- 6.2 The minute for the first part of the meeting:

- The sederunt
- Declarations of interest
- Rulings on Order of Business, including urgent business
- Consideration and approval of the minute of the last meeting
- Minutes for noting, if any
- Membership and meeting changes
- Entries for each item of business



6.3 The entry for each report by officers:

- An introductory paragraph copied from Part A of the committee report
- The recommendations copied from Part B of the report
- Significant legal, financial or clerkly advice
- Significant rulings by the Chair
- Any additional information pertinent to the type of business covered by the report
- Motions (if any) and amendments and their movers and seconders
- Voting
- Decisions

6.4 The entry for each stand-alone motion (if any) by a member:

- The motion and its mover and seconder
- Amendments and their movers and seconders
- Significant legal, financial or clerkly advice
- Significant rulings by the Chair
- Voting
- Decisions

6.5 A sample minute following this proposed format is appended to the report.

**E CONSULTATION**

West Lothian Integration Joint Board Audit, Risk and Governance Committee  
11 December 2019

West Lothian Integration Joint Board 21 January 2020

**F REFERENCES/BACKGROUND**

West Lothian Integration Joint Board Audit, Risk and Governance Committee  
11 December 2019 – Review of Standing Orders

<https://coins.westlothian.gov.uk/coins/viewDoc.asp?c=e%97%9Dh%92oz%8D>

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 – Article 18 (Schedule – Matters to be Included in Standing Orders)

<http://www.legislation.gov.uk/ssi/2014/285/schedule/made> Paragraph 6 (Records)

## **G APPENDICES**

Sample minute of IJB 26 November 2019

## **H CONTACT**

James Millar, Standards Officer, 01506 281613,  
[james.millar@westlothian.gov.uk](mailto:james.millar@westlothian.gov.uk)

10 March 2020

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 26 NOVEMBER 2019.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Alex Joyce, Dom McGuire, Peter Murray (substituting for Martin Hill) and George Paul

Non-Voting Members – Allister Short, Stephen Dunn (substituting for Martin Murray), David Huddlestone, Mairead Hughes, Caroline McDowall, Ann Pike and Patrick Welsh

Apologies – Harry Cartmill, Elaine Duncan, Martin Hill, Jo MacPherson, Alan McCloskey, Martin Murray, Damian Timson and Rohana Wright

In attendance – Carol Bebbington (Interim Head of Health), Nick Clater (General Manager for Mental Health and Addictions), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Pamela Main (Senior Manager, Assessment and Prevention), James Millar (Standards Officer) and Kenneth Ribbons (Audit, Risk and Counter Fraud Manager)

1      OPENING REMARKS

It was noted that as Harry Cartmill had submitted apologies, the meeting would be chaired by Bill McQueen.

The Chair welcomed Allister Short, the new Director, and introductions were made by all.

2      ORDER OF BUSINESS

The Chair ruled that agenda item 9 would be considered after agenda item 12.

3      DECLARATIONS OF INTEREST

There were no declarations of interest made.

4      MINUTE

The Board approved the minute of its meeting held on 10 September 2019 as a correct record, subject to marking Caroline McDowall as 'present'. The minute was thereafter signed by the Chair.

5      MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

- IJB Strategic Planning Group held on 6 June 2019; and
- Integrated Care Forum Minute 1 August 2019.

## 6 MEMBERSHIP & MEETING ARRANGEMENTS

The Clerk advised the Board that Allister Short had been appointed as a non-voting member of the Board.

### Decision

To note appointment of Allister Short as non-voting member of the Board.

## 7 REVIEW OF STRATEGIC PLANNING GROUP AND LOCALITY PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on recent discussions at the Strategic Planning Group (SPG) and the locality planning groups; inviting members to consider the role of the SPG in locality planning; seeking approval for a revised Terms of Reference for the SPG; and seeking approval to publish the East and West Locality Plans.

Membership and Chair arrangements for the SPG were then discussed; suggestions included the SPG meetings being held in private; membership to include a service user representative; and a member of the Board to hold the SPG Chair.

It was 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; and
5. Approve the revised Terms of Reference for the Strategic Planning Group.

### Decision

1. To approve the terms of the report.
2. To note the Board's support for:
  - SPG meetings being held in private;

- Inclusion of a Service User Representative in the SPG membership; and
- The SPG Chair being held by a Board member.

## 8 NATIONAL MEMORANDUM OF UNDERSTANDING BETWEEN IJBS AND HOSPICES

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting the National Memorandum of Understanding (MoU) between IJBs and Scottish Hospices for consideration by the Integration Joint Board.

During discussion, it was noted that the number of West Lothian residents currently in hospices was not specifically tracked. As there was no local hospice provision, arrangements were being considered as to how best to use beds in the area for palliative care. The current collaborative approach with other areas as well as other arrangements such as home care would also continue. Further updates on palliative care and use of resources would come to the Board in due time.

It was recommended that the Board:

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; and
4. Note the requirements for collaborative working with other IJBs in Lothian in commissioning of Independent Hospice provisions and agree that this be remitted to the Lothian Chief Officers Group to support facilitation of joint commissioning of the two Lothian Hospices.

### Decision

1. To approve the terms of the report.
2. To agree that a further update on palliative care provision would be brought to a future meeting of the IJB.

## 9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the Board's statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements)

(Scotland) Order 2015 and asking members to agree the contents of the draft submission.

The Scottish Government had proposed removing Integration Authorities from the list of Public Sector Bodies required to annually report their emissions; during discussion, Board members indicated that they supported this proposal.

It was recommended that the Board:

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

#### Decision

To approve the terms of the report.

### 10 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the key developments and emerging issues relating to West Lothian IJB.

The Chief Officer had been visiting services and noted that he had been very impressed with the commitment of staff and the quality of services delivered. He also suggested that some of the reports coming to the Board could be incorporated into the Chief Officer's report going forward, which members of the Board welcomed.

It was recommended that the Board:

1. 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 an improvement plan.
2. Agree to receive future updates on progress being made on the delivery of the recovery plans.

#### Decision

1. To approve the terms of the report.
2. To note members' support for incorporating in the Chief Officer's report some of the issues currently covered in separate reports.

## 11 PRIMARY CARE IMPROVEMENT PLAN

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on the implementation of the Primary Care Improvement Plan (PCIP) and the progress of each work stream and discussing the PCIP tracker return which was approved by the LMC and submitted to the Scottish Government at end of October 2019.

It was noted that the year referenced under D8 should read 2019/20 instead of 2020/2021.

Issues with laptops in surgeries were highlighted during discussion and it was noted that those had been raised with the supplier. It was also clarified that locality planning groups were to be superseded by adapting the remit of the Strategic Planning Group to incorporate this function and that GP representatives would sit on the Strategic Planning Group.

It was recommended that the Board:

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; and
4. Consider the updated Primary Care Improvement Plan October 2019.

### Decision

To approve the terms of the report.

## 12 MEMBERS' CODE OF CONDUCT - ANNUAL REPORT 2018/19 AND REVIEW

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in relation to its Code of Conduct in 2018/19 and asking them to consider how the scheduled review of its Code of Conduct should be carried out.

It was recommended that the Board:

1. 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. 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. 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. Note that the Board's Code of Conduct was scheduled for review in this calendar year; and
5. Note that the model Code of Conduct for devolved public bodies would 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.

#### Decision

To approve the terms of the report.

### 13 ACTION 15 OF THE MENTAL HEALTH STRATEGY UPDATE ON PROGRESS

The Board considered a report (copies of which had been circulated) by the Chief Officer informing and updating members regarding the plans setting out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy and seeking agreement in principle of the draft outline plan for West Lothian.

Members commended the successful recruitment in areas traditionally challenging to recruit.

It was 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; and
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.

#### Decision

To approve the terms of the report.

### 14 RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Chief Executive advising members of the risks in the Integration Joint Board's risk register.

It was recommended that the Board consider the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.



Decision

To approve the terms of the report.

15 REVISED INTEGRATION SCHEME

The Board considered a report (copies of which had been circulated) by the Chief Officer informing members of the council and health board's review of 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.

It was recommended that the Board:

1. Note the requirement arising from the Carers (Scotland) Act 2016 to review the Integration Scheme for the West Lothian Integration Joint Board;
2. Note the revised Integration Scheme approved by Scottish Ministers; and
3. Note that the council and health board were required to review the Integration Scheme every five years and that the review was due in June 2020.

Decision

To approve the terms of the report.

16 WINTER PLAN

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an overview of the Lothian Health and Social Care system's Winter Plan 2019/20.

During discussion, it was noted that the allocated funding had already been exceeded and NHS Lothian were looking to reallocate further funds from elsewhere to the plan.

It was also noted that the plan would be published on the NHSL website; Board members suggested that key elements of the plan also be published on the Health and Social Care website.

It was recommended that the Board:

1. Note the contents of the report; and
2. Be assured that a whole system plan had been developed to support the additional capacity required to meet the predicted winter demand.

Decision

1. To approve the terms of the report.
2. To upload a shortened version of the plan, which would include the plan's key elements only, on the Health & Social Care Partnership website.

17      PROGRESS REPORT ON IMPLEMENTATION OF THE IJB STRATEGIC WORKFORCE DEVELOPMENT STRATEGY 2018-2023

The Board considered a report (copies of which had been circulated) by the Chief Officer providing members with an update on progress on the implementation of the Workforce Development Strategy 2018–2023.

During discussion, it was noted that workforce plans should underpin changes in the social care landscape; the need for collaborative work to deliver robust services to communities was also highlighted and that local delivery should be a priority within a national context.

It was recommended that the Board:

1. Note the establishment of the Workforce Planning Development Group;
2. Note the content of workforce plans for NHS Lothian and West Lothian Council; and
3. Note actions being taken across the Health and Social Care Partnership to support workforce planning.

Decision

To note the terms of the report.

18      JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members that a Joint Inspection would be undertaken by the Care Inspectorate and Healthcare Improvement Scotland commencing 20 January 2020.

Preparations for the inspection were then discussed. A communication plan would be developed to inform staff and partners of the inspection and expectations of them throughout and meetings would be held and documentation shared with staff involved in the inspection. Draft findings and formal feedback would be communicated to interested parties.

It was recommended that the Board:

1. Note that notice had been received of Joint Inspection (Adults) into the Effectiveness of Strategic Planning within West Lothian Partnership; and
2. Note that evidence in line with the Quality Framework and a partnership position statement would be prepared for submission to the inspection team on 10 December 2019.

#### Decision

1. To approve the terms of the report.
2. To communicate draft findings and formal feedback from the Care Inspectorate to interested parties through an open invitation.

### 19 COMPLAINTS AND INFORMATION REQUESTS QUARTER 2 OF 2019/20

The Board considered a report (copies of which had been circulated) by the Chief Officer reporting statistics on complaints and information requests made to the Board in quarter 2 of 2019/20.

It was recommended that the Board:

1. Note that no complaints had been received in Quarter 2 or since the establishment of the IJB;
2. Note that one request for information had been received in Quarter 2; and
3. Note that complaints and requests for information would continue to be reported on a quarterly basis.

#### Decision

To approve the terms of the report.

### 21 IJB QUARTER 2 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 based on the outcome of the Quarter 2 monitoring.

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 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; and

3. Note that further updates on management of the 2019/20 budget position would be reported to future Board meetings during the remainder of this financial year.

#### Decision

To approve the terms of the report.

## 22 ST JOHN'S HOSPITAL STAFFING PRESSURES

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer updating members on staffing, recruitment and budget pressures associated with St John's Hospital. The report also provided some benchmarking information against other Lothian acute sites and as well as updates on a number of associated issues.

It was suggested that the staffing position and costs associated with the Emergency Department redesign at St John's Hospital be closely monitored and full budget provision included in future budget allocations by NHS Lothian in line with previous assurances. A series of proposed next steps were then discussed. The Board would continue to work closely with St John's Hospital as part of a collaborative approach to mitigating staffing pressures.

It was recommended that the Board:

1. Consider the staffing issues highlighted in the report and the resulting financial implications; and
2. Consider and agree 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.

#### Decision

To approve the terms of the report.

## 23 IJB PERFORMANCE

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting to members the most up to date performance against the health and social care integration indicators and the measures within the Balanced Scorecard.

During discussion, officers explained about the new telecare charges and measures in place for those who could not afford them. Members also felt that although the indicator for total combined percentage of carers who feel supported to continue in their caring role (42%) was green, the percentage was still too low; officers indicated that targets would be reviewed after the

Biennial Scottish Health and Care Experience Survey results were published in 2020. Clarifications were also provided regarding the definition of readmission, and it was noted that this did not have to relate to the same condition.

It was recommended that the Board:

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 Local Government Benchmarking Family for adult care; and
4. Note that performance reports would be updated in accordance with availability of data and brought 6-monthly to the IJB for discussion.

Decision

To approve the terms of the report.

23

WORKPLAN AND LIST OF CYCLICAL REPORTS

A workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis had been circulated for information.

Decision

To note the workplan and list of cyclical reports.



# West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 8

## WEST Lothian IJB 2020/21 BUDGET – FINANCIAL ASSURANCE

### REPORT BY CHIEF FINANCE OFFICER

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

The purpose of this report is to set out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian have identified to be delegated to the IJB for 2020/21, and to seek approval for the issue of Directions to partner bodies for delivery of 2020/21 delegated functions in advance of 1 April 2020.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Notes the financial assurance work undertaken to date on Partner budget contributions
2. Agrees that council and NHS Lothian 2020/21 budget contributions are used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2020
3. Agrees that the Directions attached in Appendix 5 to this report are issued to West Lothian Council and NHS Lothian respectively
4. Agrees that an updated IJB medium term financial plan should be provided to the Board on 30 June 2020 covering the three year period to 2022/23
5. Agrees the updated IJB Annual Financial Statement attached in Appendix 6

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

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	Directions are required in respect of delegated functions and associated resources.
<b>C2</b>	<b>Resource/ Finance</b>	The 2020/21 budget resources relevant to functions that will be delegated to the IJB from 1 April 2020 total £231.910 million based on current contribution values proposed.
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	There are a number of risks associated with health and social care budgets, which require to be closely managed.
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

<b>C6</b>	<b>Environment and Sustainability</b>	None.
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	The 2020/21 budget resources delegated to the IJB will be used to support the delivery of outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	The 2020/21 budget resources delegated to the IJB will be used to support the Strategic Plan.
<b>C9</b>	<b>Single Outcome Agreement</b>	The 2020/21 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **D1 Background**

A key aspect in the ability of the IJB to deliver its Strategic Plan and improve health and social care outcomes is the level and adequacy of resources available. This report considers the proposed level of 2020/21 resources delegated to the IJB by West Lothian Council and NHS Lothian.

As previously reported to the IJB, this process will also consider assumptions, risks and budget saving plans incorporated within the 2020/21 resources set out for IJB delegated functions. An update on work progressing in respect of the medium term financial plan for IJB delegated functions is also set out in this report.

### **D2 Purpose and Approach to Financial Assurance**

As noted in Scottish Government guidance and approved IJB Financial Regulations, the purpose of undertaking financial assurance is to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by West Lothian Council and NHS Lothian.

The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets including the level of payments and set aside resources to the IJB.

The matters to be taken into account as part of this assurance process are:

- Assessment of prior year expenditure on IJB functions
- Information on assumptions regarding estimated budget to be delegated to the IJB for 2020/21 and comparison against previous year spend and anticipated demands
- Information on key budget risks associated with functions that will be delegated to the IJB
- Information on the value of approved budget savings for 2020/21 that relate to IJB functions
- Details of any non-recurring funding included in the budget resources delegated to the IJB



The above approach will form the basis of reviewing the 2020/21 resources identified in this report by West Lothian Council and NHS Lothian. In addition, the approved West Lothian Integration Scheme will also inform the approach taken on financial assurance.

### D3 West Lothian Council Resources

West Lothian Council approved a balanced 2020/21 budget on 28 February 2020. The approval of this budget included the specific recommendation that the level of resources associated with functions delegated to the IJB in 2020/21 is £76.616 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement of £100 million specifically for social care and mental health.

For West Lothian, the share of this funding relevant to IJB functions is £2.77 million. This funding was fully allocated to IJB functions as part of the council's overall budget contribution to the IJB and, in line with Scottish Government requirements, will be used to meet additional costs associated with the following:

- Additional Living Wage uplift for adult social care workers
- Additional costs associated with the introduction of the Carers Act
- Additional costs associated with Free Personal Care and Nursing Care payments
- Additional care demand costs and support to integration

The 2020/21 funding is additional to the £16.211 million specific Health and Social Care funding included in the previous Scottish Budgets covering 2016/17 to 2019/20 and in total means that from 2020/21, £18.958 million has been baselined as specific recurring funding for social care and allocated to the IJB.

West Lothian IJB's total share of this national funding is taken account of in the council's budget planning and contribution given it relates to council provided social care services. It should be noted that the council's 2020/21 contribution to the IJB meets the conditions set out by the Scottish Government on 2020/21 budget contributions to IJBs.

#### D3.1 Financial Assurance

The table below shows the 2020/21 budget, compared to the equivalent 2019/20, 2018/19 and 2017/18 budget contributions. The figures in the table below reflect work undertaken to more accurately refine the level of resources associated with IJB functions to ensure a like for like comparison in each year.

<b>Table 1 - West Lothian Council – Resources Associated with Delegated IJB Functions</b>				
	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000
WLC Delegated Functions	67,962	71,405	75,144	76,616
Growth in Resources		3,443	3,739	1,472

The increase of £1.472 million in the council contribution for 2020/21 reflects gross budget increases of £6.153 million to meet additional care demands, incorporating the £2.77 million of earmarked Scottish Government Health and Social Care funding and also a further £3.384 million of core council funding.

Taking account of approved social care savings totalling £4.681 million, the net growth for 2020/21 is £1.472 million. Appendix 1 shows further details on the split of the above resources against the various adult social care functions / services in 2020/21.

In terms of the uplift over the three year period of the existing five year IJB financial plan in place to 2022/23 across social care IJB functions, it should be noted that the budget increase over the three year period equates to 12.7% - an average annual cash uplift over the three years of over 4.2%.

### **D3.2 2019/20 Budget Position for Social Care Delegated Functions**

A breakeven position is forecast against the 2019/20 budget contribution for social care IJB delegated functions after taking account of delivery of agreed savings. There continues to be a number of pressure areas throughout the service due to increasing demands for social care services.

However, changes to eligibility criteria to bring West Lothian in line with the vast majority of other IJBs have resulted in a reduction in previous levels of care demand growth. Recruitment difficulties internally and via external providers in relation to care at home have resulted in underspends which have offset pressures in areas such as council operated care homes and allowed additional one off investment to be undertaken to progress eligibility and contributions policy changes, and to increase care staff resource capacity through additional council employed staff and time limited use of agency staffing.

Other key risk areas include increasing numbers and costs associated with adult complex care and uplift increases on a range of care contracts. Costs pressures and one off spend are being offset against good progress in delivery of 2020/21 budget savings.

### **D3.3 2020/21 Social Care Delegated Functions Budget**

The 2020/21 budget resources total £76.616 million. This level of resource provides for the estimated additional expenditure associated with staff pay awards, demographic and demand led pressures and contractual inflation, including the estimated costs of continuing to deliver the living wage commitment.

The 2020/21 budget reflects savings of £4.681 million which will require to be delivered to manage within the resources of £76.617 million. As part of a five year programme of savings agreed over the period 2018/19 to 2022/23, the phasing of the savings is matched to delivery timescales and 2020/21 coincides with significant planned savings in areas such eligibility criteria changes, new models of care and additional income through the social care contribution's policy. Operational monitoring arrangements in place provide assurance that these savings are achievable and are consistent with the IJB's strategic planning priorities. Good progress is being made in the delivery of these savings with early delivery being reflected in many of the proposals.

Taking account of budget growth and savings, the budget contribution to the IJB is anticipated to meet 2020/21 care and spend demands. However, while comprehensive budget planning has been undertaken to realistically assess the additional cost and care capacity demands to be budgeted for in 2020/21, there are a number of key risks and uncertainties that will require to be closely monitored in 2020/21.

### **D3.4 Social Care Key Risks and Uncertainties**

- West Lothian has the fastest growing elderly population in Scotland and there is a risk that demand and cost increases will outstrip the assumptions and resources available. In addition, there is a risk that insufficient capacity will be available through external care providers and through internal capacity. Recruitment to care roles continues to be a risk at both a local and national level.
- Increasing demand to shift the balance of care from a hospital setting to a community / social care setting and reduce delayed discharges. As well as elderly clients this also particularly relates to high cost adult complex care clients and developments progressing around the Royal Edinburgh Hospital.
- The continuation of the Living Wage for all independent and third sector providers as well as wider inflationary demands. With regard to this, the National Care Home Contract uplift has not yet been agreed for 2020/21, and further discussion and negotiation is ongoing.
- Carers Act. The new Carers Act was implemented from on 1 April 2018. Funding has been provided by the Scottish Government for this new legislative requirement and at this stage additional spend is being contained with funding, however there is a risk that future years could see costs increasing in excess of funding.
- Delivery of 2020/21 Savings. Substantial savings totalling £4.681 million will be required to be achieved. While good progress towards delivery is being made, ongoing monitoring will be required on a regular basis across all saving areas.
- Brexit. There remains significant uncertainty around Brexit and particularly the implications of potential additional costs arising from the nature of future trade relationships with EU and non EU countries. This may result in operational delivery and financial implications in areas such as cost of supplies and services, and workforce.

### **D4 NHS Lothian Resources**

The 2020/21 financial plan assumptions in this report take account of total funding confirmed by the Scottish Government and the overall NHS Lothian budget figures and assumptions that have been reported to NHS Lothian Finance and Resources Committee on 22 January and 26 February 2020. They also reflect current assumptions on work progressing towards the proposed NHS Lothian 2020/21 budget that will be presented to Finance and Resources Committee on 25 March 2020.

After taking account of cost pressures, additional funding, financial recovery plans and in year flexibility, there was a remaining gap across NHS Lothian of £25 million reported to NHS Lothian Finance and Resources Committee on 26 February 2020. This represents approximately 1.5% of the total NHS Lothian baseline revenue budget, and as noted, further work is progressing to prepare a report for the meeting on 25 March 2020, which is anticipated to show a further reduction to the overall 2020/21 NHS Lothian budget shortfall.

It is important to note that NHS Lothian financial planning is undertaken at a combined Business Unit level and IJB level, and the focus of NHS Lothian is to balance its budget at an overall level in the first place, which will then feed through to IJBs. NHS Lothian is continuing to work with its Business Unit management teams and IJBs with the objective of balancing the remaining gap and achieving an overall breakeven position against 2020/21 budget resources available.

#### D4.1 Financial Assurance

Based on current assumptions and the NHS Lothian financial plan being prepared for Finance and Resources Committee, the draft 2020/21 recurring budget associated with NHS delegated functions for West Lothian IJB is £155.293 million. This represents an increase to baseline recurring budget resources, excluding General Medical Services (GMS), for 2020/21 of £4.122 million (3% uplift). The uplift to GMS budgets is still to be confirmed by the Scottish Government and this is expected in summer of 2020. The 2020/21 budget contribution also reflects that £10.133 million of NHS funding for social care is shown, as in past years, within 2020/21 social care function budgets. A letter confirming the current position relating to the NHS Lothian uplift from the NHS Lothian Deputy Director of Finance is provided in Appendix 2.

Based on initial spend forecasts and saving assumptions reported to Finance and Resources Committee on 26 February 2020, there is a current gap forecast for West Lothian IJB of approximately £1.7 million for 2020/21 compared to anticipated spend. West Lothian's share of the 2020/21 gap is equivalent to 1.1% of the budget contribution noted, compared to the NHS Lothian overall gap of 1.5%. The summarised 2020/21 budget contribution based on the current position is set out below along with the contribution in the previous three years.

<b>Table 2 – NHS Lothian – Resources Associated with Delegated IJB Functions</b>				
	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000
NHSL Delegated Functions	142,406	147,122	151,171	155,293
Growth in Resources		4,716	4,049	4,122

Appendix 3 shows further details on the split of the above resources against the various Health services in 2020/21.

In terms of the uplift over the three year period, the baseline budget increase over period equates to 9.3% - an average annual uplift over the three years of over 3.1%. However, as noted, further work is progressing to develop the overall NHS Lothian 2020/21 budget and it is anticipated that the uplift for 2020/21 will increase as a result of this, and through further budget allocations advised such as the confirmed 2020/21 GMS uplift.

#### D4.2 2019/20 Budget position for Health Delegated Functions

The latest 2019/20 monitoring position in respect of IJB delegated Health functions is a forecast overspend of £1.454 million. This is largely due to a forecast overspend of £1.274 million in acute services delegated to the IJB. Staffing costs are the main pressure area, driven by nursing staff overspends and there are also pressures in medical supplies. As previously reported, the position in the prescribing budget continues to be a key risk with both volumes and unit costs increasing over recent months.

As part of the financial assurance exercise undertaken last year on the 2019/20 contribution to the IJB, and through reports during 2019/20, it was highlighted to the Board and NHS Lothian that there was a substantial gap in the resources required to deliver acute functions delegated to the IJB. The overspend this year is reflective of the budget provided being insufficient to meet the costs, in particular staffing costs, of delivering the acute functions delegated to the IJB.



West Lothian  
Council



In terms of managing the overspend against IJB delegated functions, moderate assurance has been provided by NHS Lothian officers that an overall breakeven position will be achieved across NHS Lothian Business Units in 2019/20, which include IJB pressures.

This has been the position in previous years and based on this, it was agreed that IJB overspends in past years would be managed within this overall breakeven position achieved by NHS Lothian. This is consistent with the approved West Lothian Integration Scheme. Following discussions at officer level and by NHS Lothian Finance and Resources Committee, the similar treatment of IJB overspends in 2018/19 is anticipated for 2019/20.

#### **D4.3 2020/21 Budget**

The current 2020/21 budget contribution from NHS Lothian is £155.293 million. This reflects additional budget to fully meet the additional 2020/21 pay award uplift as well as further additional uplift of £1.407 million to meet the overall 3% uplift noted.

Saving plans currently totalling £1.396 million for 2020/21 are taken account of in arriving at the budget contribution of £155.293 million. However, as noted, this still leaves a currently estimated funding shortfall of £1.7 million in the NHS budget contribution for 2020/21, which is largely associated with the acute resources. Based on the current position, there would be a requirement for additional funding and/or reduced spend/savings of this value to be identified to allow the IJB health functions to be delivered within available budget. It should be noted that this is a lower gap than at the same point in previous years when a breakeven position has been achieved.

Based on the methodology agreed by NHS Lothian for allocating the currently assumed 2020/21 uplift in funding, it is considered that the current contribution represents a fair share of resources to West Lothian IJB, albeit there currently remains a gap to be addressed. The 3% uplift from NHS Lothian also meets the requirements of the Scottish Government regarding the 2020/21 contributions to IJBs.

There has been a structural budget deficit in the Acute budget resources delegated to West Lothian IJB for a number of years, although NHS Lothian have been able to breakeven in overall terms each year, and constructive discussions are progressing on potential options to recognise this deficit in work progressing around the NRAC budget and cost allocation model and any interim changes to the allocation of budgets and costs across IJBs. This includes further consideration of non-recurring funding and staffing models and resulting budget requirements at St John's Hospital. An important aspect of this will be that any further proposed changes to budget allocations are positive to West Lothian in moving towards an NRAC budget share of resources.

Also, in line with the 2020/21 Scottish Budget announcement, additional 2020/21 funding of £121 million for NHS Boards is still to be allocated by the Scottish Government for investment in reform. Scope for this to meet existing pressures is still to be determined but this will also increase resources available for NHS Lothian and IJBs for investment in priority areas such as primary care, waiting times and mental health.

Close management and monitoring of expenditure through NHS Lothian and IJBs working in partnership will be important in meeting the objective to breakeven for 2020/21.



#### D4.4 Key Risks and Uncertainties

The following specific risks will require to be closely monitored during 2020/21.

- Staffing - While budget has been provided to meet the agreed pay award for Health staff, close monitoring of staffing costs is required given the significance of staffing costs and increased costs arising from potential factors such as backdated pay claims.
- Acute Services – based on the current funding contribution to the IJB, there is a significant shortfall in the level of resources provided by NHS Lothian to deliver acute services. Close monitoring and collaborative working will be required with NHS Lothian colleagues during the year to identify how this funding shortfall can be mitigated. Main pressure areas relate to staffing and also growing pressures in acute drugs.
- Prescribing - there remains a high risk attached to GP prescribing around volumes and unit prices that will require to be closely monitored.
- Delayed Discharge. Pressures in this area continue to be a budget risk and will require ongoing joint working to reduce bed days lost and increase community capacity.
- Delivery of savings required to ensure spend is managed within available 2020/21 resources. Delivery of the 2020/21 savings target will require to be closely monitored during the year.
- Mental Health. The continuing growing demand for mental health services could have additional funding implications and funding provided by the Scottish Government may not be sufficient to achieve desired outcomes
- Safe Staffing. The impact of Safe Staffing requirements is still subject to confirmation. It will be important that financial implications are taken account of in financial planning going forward.
- Brexit. There remains significant uncertainty around Brexit and particularly in relation to the future relationship with the EU and future trade deals agreed. The outcome of this may have potential operational delivery and financial implications in areas such as cost of medical and non-medical supplies and services, and workforce.

#### D5 2020/21 Savings Relating to IJB Delegated Functions

As part of the current 2020/21 budget contributions to the IJB from the council and NHS Lothian there is £6.077 million of budget savings currently identified. Significant work has already been undertaken towards the achievement of these savings, as previously reported in the IJB medium term financial plan, and a positive position regarding delivery is anticipated for 2020/21. A summarised split of these savings is shown in the table below.

Table 3 - 2020/21 Budget Savings	
	2020/21 Budgeted Savings £'000
Core West Lothian Health Services	1,055
Share of Pan Lothian Hosted Services	255
Adult Social Care	4,681
Share of Acute Set Aside	86
<b>Total Savings</b>	<b>6,077</b>

Appendix 4 provides further detail on the areas in which these savings are being delivered.

NHS Lothian and the council have established processes in place for operationally monitoring and reporting on the delivery of savings by service and finance officers who also support the IJB, and regular updates on progress will be provided to the Board during 2020/21 on delivery of savings. To further ensure a joined up approach to transformation and delivery of savings a Health and Social Care Transformation Board has been established by the Chief Officer and this will also explore further options for more integrated and efficient service delivery across health and social care.

## **D6 Financial Assurance and Issue of Directions – Key Points**

As noted the purpose of the financial assurance process is to set out the assumptions and risks associated with the contributions provided by NHS Lothian and the council. The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets including the level of payments and set aside resources to the IJB.

The IJB is then responsible for considering these resources against its Strategic Plan and allocating the resources it has been provided to partners to operationally deliver services. For governance, responsibility for delivery of 2020/21 delegated functions from 1 April 2020 is through Directions issued to the council and NHS Lothian who remain operationally responsible for delivering services within the resources available. The Directions to both bodies are appended to this report for approval and set out the functions covered and the required actions on partner bodies from 1 April 2020.

As noted in the approved West Lothian Integration Scheme in respect of financial assurance, 'if any such (financial assurance) 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 budget.' Such action will be in partnership with the IJB taking account of the various joint forums established in relation to delivery and management of delegated functions.

Based on the financial assurance undertaken to date, the NHS Lothian budget and resulting IJB contribution is currently showing a material gap compared to forecast spend. This will require to be closely monitored during the year and through partnership working around a range of areas noted in the report the objective will be to achieve a breakeven position for 2020/21. This has been reflected in the Directions to be issued to partners.

Similarly, the council, whilst approving a balanced budget position, will also be responsible for operationally managing within the resources available. Significant savings and risks have been identified with council functions which will require to be closely monitored during 2020/21 to control spend within available resources.

Taking account of the budget resources identified in this report the table below shows the current level of 2020/21 resources associated with IJB functions to be contained in Directions.

<b>Table 4 - West Lothian IJB – 2020/21 Delegated Resources</b>	
	£'000
Adult Social Care	76,616
Core Health Services	107,169
Share of Hosted Services	15,833
<b>IJB Payment</b>	<b>199,618</b>
Acute Set Aside	32,292
<b>Total IJB Resources</b>	<b>231,910</b>

It is anticipated that the final version of the NHS Lothian 2020/21 financial plan will be agreed by the NHS Lothian Board on 8 April 2020, and any updates on the level of IJB funding will be advised by the NHS Lothian Director of Finance thereafter.

In addition, financial assurance will be ongoing during the year as part of regular financial reporting on the 2020/21 resources associated with IJB functions. As noted in this report, there are a number of risks across health and social care that will require to be closely managed as part of the in year monitoring process.

## **D7 Future Financial Strategy**

The IJBs approach to medium term financial planning was agreed by the Board on 27 June 2017 and financial planning over the medium term continues to progress and be developed to take account of events and changing circumstances. It will be important that the 2020/21 Scottish Budget and medium term financial implications resulting from this and any subsequent changes/announcements such as the UK Budget are used to update medium term financial planning for IJB delegated functions. Changing economic circumstances, including ongoing negotiations around Brexit, further contributes to the uncertainty around future planning of service delivery.

The previous full update of the medium term financial plan reported to the Board in April 2019 for the period to 2019/20 to 2022/23 showed an initial £26 million budget gap across health and social functions. After taking into account savings identified at that stage, there remained a £7 million budget gap over the period. Despite the uncertainty over the medium term, it is clear that annual budgeting is not conducive to achieving the transformational change required to deliver health and social care services while prioritising available resources to meet growing demands. A medium term approach recognises that change can often require a fairly significant lead in time, require consultation, and may need to have a phased implementation, and be heavily linked on dependent on other changes required.

There is a shared agreement across the partner bodies also that a medium term financial planning approach is vital to meeting demands and implementing transformational change to service delivery models in line with resource availability. Taking account of work that will be progressed to update assumptions on future year funding and expenditure, it is proposed that an update on the medium term financial plan for IJB delegated functions is presented to the IJB Board meeting of 30 June 2020.



## **D8 Annual Financial Statement**

Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must prepare an Annual Financial Statement on the resources delegated to the IJB. Scottish Government guidance states that the Annual Financial Statement should include each and all of the remaining years of the published strategic commissioning plans.

The IJB strategic commissioning plans cover the period to 2022/23 and accordingly the Annual Financial Statement attached in Appendix 6 reflects the 2020/21 budget contributions contained in this report and indicative contributions for 2021/22 and 2022/23. As noted, work progressing to update the IJB's medium term financial plan will further refine budget resource assumptions for these years.

## **E CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

## **F REFERENCES/BACKGROUND**

Public Bodies (Joint Working) (Scotland) Act 2014

Local Government (Scotland) Act 1973

West Lothian Integration Scheme

## **G APPENDICES**

Appendix 1 – Social Care 2020/21 Delegated Functions and Resources

Appendix 2 – West Lothian IJB – Uplift for 2020/21. Letter from NHS Lothian Deputy Director of Finance

Appendix 3 – Health 2020/21 Delegated Functions and Resources

Appendix 4 – IJB Budget Savings 2020/21

Appendix 5 – West Lothian Directions to NHS Lothian and West Lothian Council

Appendix 6 – WL IJB Annual Financial Statement

## **H CONTACT**

Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board

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10 March 2020



**SOCIAL CARE 2020/21 DELEGATED FUNCTIONS AND RESOURCES**

	<b>2020/21 Budget £'000</b>
Learning Disabilities	18,886
Mental Health	3,992
Physical Disabilities	7,824
Older People Assessment and Care	34,203
Care Homes and Housing with Care	8,453
Contracts and Commissioning Support	2,480
Other Social Care Services	779
<b>Total Social Care Services</b>	<b>76,616</b>



**By Email Only**

Letter to Chief Officer & Chief Finance  
Officer of West Lothian IJB

Date 27 February 2020

Your Ref

Our Ref

Enquiries to Craig Marriott

Extension 35543

Direct Line 0131 465 5543

Email [Craig.Marriott@nhsllothian.scot.nhs.uk](mailto:Craig.Marriott@nhsllothian.scot.nhs.uk)

Dear Colleagues,

**West Lothian IJB – UPLIFT FOR 2020/21**

Further to NHS Lothian's Finance and Resources (F&R) Committee on January 22<sup>nd</sup>, I write to update you on the position relating to uplift to be allocated to West Lothian IJB by NHS Lothian in 2020/21.

We have yet to conclude our financial planning process, and we will look to take a final iteration of the Plan through our F&R Committee on the 25<sup>th</sup> of March, with final sign off at our Board meeting on the 8<sup>th</sup> April.

In total, and based on the indicative allocation communicated to Boards on the 6<sup>th</sup> of February from the Scottish Government (which remains subject to confirmation), NHS Lothian will receive an uplift allocation of 3% against baseline for 2020/21, equating to £44.5m.

For West Lothian IJB, the current (January) iteration of the Plan recognises a baseline recurrent budget (excluding GMS) of £137,395k. On this value, a 3% uplift equates to £4,122k and it is intended that this uplift will be allocated to the IJB in full.

At this stage, the Plan for West Lothian IJB shows the following additional resource requirements:

Pay Uplift	£2,715k
Remaining Uplift	£1,407k
Total of above	£4,122k

The final review of the NHS Lothian Financial Plan will conclude shortly, and further changes will be incorporated in the final iteration in terms of the agreed changes to the IJB mapping table for 2020/21, additional savings and efficiencies that have been identified

and any further additional resources allocated. A final confirmatory update on 2020/21 budgets will be provided to you at this time.

Given that our financial planning indicates that the level of uplift is insufficient to meet all the cost pressures in the system, I am keen to understand from West Lothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2020/21 and the application of resources in support of financial balance. The Plan assumes that all health uplift will be retained to be prioritised against health service pressures.

I would be happy to have further discussion with your IJB in advance of the final confirmation on the application of health resources in 2020/21.

Yours sincerely

A handwritten signature in black ink, appearing to be 'CRAIG MARRIOTT', written in a cursive style.

CRAIG MARRIOTT  
Deputy Director of Finance

**HEALTH 2020/21 DELEGATED FUNCTIONS AND RESOURCES**

	<b>2020/21 Budget £'000</b>
<b><u>Core Health Services</u></b>	
Community Hospitals	2,433
District Nursing	4,210
General Medical Services	27,470
Mental Health	15,990
Prescribing	36,961
Resource Transfer	8,909
Therapy Services	5,019
Other Core	6,176
<b>Total Core Health Services</b>	<b>107,169</b>
<b><u>Hosted Health Services</u></b>	
Hospices	898
Learning Disabilities	2,900
Lothian Unscheduled Care Service	2,193
Oral Health Services	2,537
Hosted Psychology Service	1,531
Hosted Rehabilitation Medicine	895
Sexual Health	1,398
Substance Misuse	1,229
Hosted Therapy Services	2,418
UNPAC	1,422
Other Hosted Services	-1,587
<b>Total Hosted Health Services</b>	<b>15,833</b>
<b>TOTAL NHS PAYMENT TO IJB</b>	<b>123,002</b>
<b><u>Acute Set Aside Services</u></b>	
A & E (Outpatients)	4,480
Cardiology	1,776
Diabetes & Endocrinology	576
Gastroenterology	1,166
General Medicine	7,133
Geriatric Medicine	5,322
Infectious Disease	2,171
Junior Medical	5,143
Rehabilitation Medicine	870
Respiratory Medicine	2,017
Therapies / Management	1,637
<b>TOTAL SET ASIDE</b>	<b>32,292</b>
<b>OVERALL TOTAL</b>	<b>155,293</b>





**WLIJB 2020/21 BUDGET SAVINGS**

	<b>2020/21 Budgeted Savings £'000</b>
<b>Social Care Savings</b>	
Adult Day Care Review	507
Provision of Care for Adults	371
Adult and Older People - Eligibility Criteria	2,304
New Care at Home Contract Monitoring / Technology	575
Social Care Contributions Policy and Charges	440
Review of Supported Accommodation	154
Older People Day Care review	300
Management and Support Savings	30
	<b>4,681</b>
<b>Health Savings</b>	
Drugs and Prescribing	997
Acute Services Redesign / Workforce	23
Procurement Efficiencies	20
REAS Redesign	242
Core Services Workforce Savings	114
	<b>1,396</b>
<b>Total Savings</b>	<b>6,077</b>



## Appendix 5

### West Lothian Integration Joint Board – Directions to NHS Lothian

1.	Implementation date	1 <sup>st</sup> April 2020
2.	Reference number	WLIJB/NHS/D01-2020
3.	Integration Joint Board (IJB) authorisation date	10 <sup>th</sup> March 2020
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> <li>– Maximise independent living</li> <li>– Provide specific interventions according to the needs of the service user</li> <li>– Provide an ongoing service that is regularly reviewed and modified according to need</li> <li>– Provide a clear care pathway</li> <li>– Contribute to preventing unnecessary hospital admission</li> <li>– Support timely hospital discharge</li> <li>– Prevent unnecessary admission to residential or institutional care</li> </ul>

## Appendix 5

		<ul style="list-style-type: none"> <li>– Are personalised and self-directed, putting control in the hands of the service user and their carers</li> </ul>
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2019/20 Direction to NHS Lothian for the annual budget resources available for the delivery of core community health services.
7.	Type of function	Integrated function (Core West Lothian Health Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to primary and community health services and defined as health care services as required by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions exercisable in relation to health services as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ul style="list-style-type: none"> <li>– District nursing</li> <li>– Allied Health Professional services: physiotherapy, occupational therapy</li> <li>– Mental health services</li> <li>– General Medical Services</li> <li>– General Dental Services</li> <li>– General Ophthalmic Services</li> <li>– General Pharmaceutical Services</li> <li>– Primary Care Prescribing</li> <li>– Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa</li> <li>– Community Learning Disability services</li> </ul>

## Appendix 5

		<ul style="list-style-type: none"> <li>– Community Palliative Care services</li> <li>– Continence services provided outwith a hospital</li> <li>– Kidney dialysis services provided outwith a hospital</li> <li>– Services provided by health professionals that aim to promote public health</li> </ul> <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2020/21, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below:</p> <ul style="list-style-type: none"> <li>– Older People</li> <li>– Adults with Learning Disabilities</li> <li>– Adults with Physical Disabilities</li> <li>– Adults with Mental Health problems</li> <li>– Adults with Alcohol and Drug problems</li> </ul> <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> <li>– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement</li> <li>– Specific outcomes to be addressed consistent with the IJB Strategic Plan</li> <li>– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)</li> <li>– How specific needs of localities will be addressed</li> </ul>

		<p>Transformational change and further integration of Health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><b>West Lothian Health and Social Care Delivery</b></p> <p>The West Lothian Health and Social Care Strategic Commissioning Plans set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Strategic Commissioning Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p><b>Medium Term Financial Strategy</b></p> <p>An informed approach to future service delivery over the medium term is critical and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period to 2022/23.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Commissioning Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>
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## Appendix 5

10.	2020/21 Resources	<p><b>Core Budget 2020/21</b></p> <p>Community Hospitals 2,433</p> <p>District Nursing 4,210</p> <p>General Medical Services 27,470</p> <p>Mental Health 15,990</p> <p>Prescribing 36,961</p> <p>Resource Transfer 8,909</p> <p>Therapy Services 5,019</p> <p>Other Core 6,176</p> <p><b>Total 107,169</b></p>
11.	Principles	<p>As a fundamental principle, any material changes to 2020/21 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health inequalities</li> </ol>

## Appendix 5

		<ol style="list-style-type: none"> <li>6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</li> <li>7. People using health and social care services are safe from harm</li> <li>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ol>
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Health and Social Care commissioning plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> <li>1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of the integration outcomes will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system.</li> <li>2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management reporting, and public accountability.</li> <li>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) is provided in the appropriate care group commissioning plan.</li> <li>4. The IJB, through its officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and commissioning plans. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes.</li> <li>5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian</li> </ol>



## Appendix 5

		Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

## Appendix 5

1.	Implementation date	1 <sup>st</sup> April 2020
2.	Reference number	WLIJB/NHS/D02-2020
3.	Integration Joint Board (IJB) authorisation date	10 <sup>th</sup> March 2020
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> <li>– Maximise independent living</li> <li>– Provide specific interventions according to the needs of the service user</li> <li>– Provide an ongoing service that is regularly reviewed and modified according to need</li> <li>– Provide a clear care pathway</li> <li>– Contribute to preventing unnecessary hospital admission</li> <li>– Support timely hospital discharge</li> <li>– Prevent unnecessary admission to residential or institutional care</li> <li>– Are personalised and self-directed, putting control in the hands of the service user and their carers</li> </ul>

## Appendix 5

6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2019/20 Direction to NHS Lothian for the annual budget resources available for the delivery of hosted community health services.
7.	Type of function	Integrated (Share of Lothian Hosted Services)
8.	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services are managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian</p> <p>The services are:</p> <ul style="list-style-type: none"> <li>– Dietetics</li> <li>– Art Therapy</li> <li>– Lothian Unscheduled Care Service</li> <li>– Integrated Sexual and Reproductive Health service</li> <li>– Clinical Psychology Services</li> <li>– Continence Services</li> <li>– Public Dental Service including Edinburgh Dental Institute</li> <li>– Podiatry</li> <li>– Orthoptics</li> <li>– Independent Practitioners via the Primary Care Contracting Organisation</li> <li>– SMART Centre</li> </ul>

## Appendix 5

		<ul style="list-style-type: none"> <li>– Royal Edinburgh and Associated Services</li> <li>– Substance Misuse Ritson Inpatient Unit, LEAP and Harm Reduction</li> </ul>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2020/21, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below :</p> <ul style="list-style-type: none"> <li>– Older People</li> <li>– Adults with Learning Disabilities</li> <li>– Adults with Physical Disabilities</li> <li>– Adults with Mental Health problems</li> <li>– Adults with Alcohol and Drug problems</li> </ul> <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> <li>– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement</li> <li>– Specific outcomes to be addressed consistent with the IJB Strategic Plan</li> <li>– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)</li> <li>– How specific needs of localities will be addressed</li> </ul> <p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB Outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p>

## Appendix 5

		<p><b>West Lothian Health and Social Care Delivery</b></p> <p>The West Lothian Health and Social Care Strategic Commissioning Plans set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Strategic Commissioning Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p> <p><b>Medium Term Financial Strategy</b></p> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period to 2022/23.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Commissioning Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>																										
10.	2020/21 Resources	<table><tr><td><b>Hosted Budget 2020/21</b></td><td><b>(£'000)</b></td></tr><tr><td>Hospices</td><td>898</td></tr><tr><td>Learning Disabilities</td><td>2,900</td></tr><tr><td>Lothian Unscheduled Care Service</td><td>2,193</td></tr><tr><td>Oral Health Services</td><td>2,537</td></tr><tr><td>Hosted Psychology Service</td><td>1,531</td></tr><tr><td>Hosted Rehabilitation Medicine</td><td>895</td></tr><tr><td>Sexual Health</td><td>1,398</td></tr><tr><td>Substance Misuse</td><td>1,229</td></tr><tr><td>Hosted Therapy Services</td><td>2,418</td></tr><tr><td>UNPAC</td><td>1,422</td></tr><tr><td>Other Hosted Services</td><td>-1,587</td></tr><tr><td><b>Total</b></td><td><b>15,833</b></td></tr></table>	<b>Hosted Budget 2020/21</b>	<b>(£'000)</b>	Hospices	898	Learning Disabilities	2,900	Lothian Unscheduled Care Service	2,193	Oral Health Services	2,537	Hosted Psychology Service	1,531	Hosted Rehabilitation Medicine	895	Sexual Health	1,398	Substance Misuse	1,229	Hosted Therapy Services	2,418	UNPAC	1,422	Other Hosted Services	-1,587	<b>Total</b>	<b>15,833</b>
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UNPAC	1,422																											
Other Hosted Services	-1,587																											
<b>Total</b>	<b>15,833</b>																											

## Appendix 5

11.	Principles	<p>As a fundamental principle, any material changes to 2020/21 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> <li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li> <li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health inequalities</li> <li>6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</li> <li>7. People using health and social care services are safe from harm</li> <li>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ol>
13.	Aligned priorities, strategies, outcomes	<p>This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Health and Social Care commissioning plans.</p>
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> <li>1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance</li> </ol>

## Appendix 5

		<p>management in respect of strategic delivery of integration outcomes will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system.</p> <ol style="list-style-type: none"> <li>2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will 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.</li> <li>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan.</li> <li>4. The IJB, through its officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and commissioning plans. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes.</li> <li>5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</li> </ol>
15.	Relevance to or impact on other Lothian IJBs and / or other adjoining IJBs	<p>NHS Lothian Health Board carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as "hosted services" and identified in Section 8 of this Direction. As such there is not currently a separately managed budget for those services by local authority area.</p> <p>NHS Lothian Health Board has identified a budget for "hosted services" integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

## Appendix 5

1.	Implementation date	1 <sup>st</sup> April 2020
2.	Reference number	WLIJB/NHSL/D03-2020
3.	Integration Joint Board (IJB) authorisation date	10 <sup>th</sup> March 2020
4.	Direction to	NHS Lothian Health Board
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> <li>– Maximise independent living</li> <li>– Provide specific interventions according to the needs of the service user</li> <li>– Provide an ongoing service that is regularly reviewed and modified according to need</li> <li>– Provide a clear care pathway</li> <li>– Contribute to preventing unnecessary hospital admission</li> <li>– Support timely hospital discharge</li> <li>– Prevent unnecessary admission to residential or institutional care</li> <li>– Are personalised and self-directed, putting control in the hands of the service user and their carers</li> </ul>



## Appendix 5

6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2019/20 Direction to NHS Lothian for the annual budget resources available for the delivery of set aside health services.
7.	Type of function	Set aside (Share of Lothian Acute Services)
8.	Function(s) concerned	<p>All adult acute hospital health services planned by West Lothian IJB and defined as hospital services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014 and as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <ol style="list-style-type: none"> <li>1. Accident and Emergency services provided in a hospital</li> <li>2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> <li>– General medicine</li> <li>– Geriatric medicine</li> <li>– Rehabilitation medicine</li> <li>– Respiratory medicine</li> <li>– Psychiatry of learning disability</li> </ul> </li> <li>3. Palliative care services provided in a hospital</li> <li>4. Services provided in a hospital in relation to an addiction or dependence on any substance</li> <li>5. Mental health services provided in a hospital except secure forensic mental health services</li> </ol> <p>Services provided on the three acute hospital sites within NHS Lothian (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) will be operationally managed by the relevant site director.</p>

## Appendix 5

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 8, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2020/21, West Lothian IJB directs NHS Lothian Health Board to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below:</p> <ul style="list-style-type: none"> <li>– Older People</li> <li>– Adults with Learning Disabilities</li> <li>– Adults with Physical Disabilities</li> <li>– Adults with Mental Health problems</li> <li>– Adults with Alcohol and Drug problems</li> </ul> <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> <li>– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement</li> <li>– Specific outcomes to be addressed consistent with the IJB Strategic Plan</li> <li>– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)</li> </ul> <p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><b>West Lothian Health and Social Care Delivery</b></p> <p>The West Lothian Health and Social Care Strategic Commissioning Plans set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs NHS Lothian to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Strategic Commissioning Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes at a West Lothian level.</p>
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## Appendix 5

		<p><b>Medium Term Financial Strategy</b></p> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources.</p> <p>West Lothian IJB directs NHS Lothian to continue working with the West Lothian IJB Chief Officer and Chief Finance Officer to develop a financial strategy over a minimum three year period to 2022/23.</p> <p>A robust approach to both aspects above, which take account of the revised Strategic Plan and Strategic Commissioning Plans will be essential in meeting future health and social care needs for the population of West Lothian.</p>																										
10.	2020/21 Resources	<table><tr><td><b>Set Aside Budget 2020/21</b></td><td><b>(£'000)</b></td></tr><tr><td>A &amp; E (Outpatients)</td><td>4,480</td></tr><tr><td>Cardiology</td><td>1,776</td></tr><tr><td>Diabetes &amp; Endocrinology</td><td>576</td></tr><tr><td>Gastroenterology</td><td>1,166</td></tr><tr><td>General Medicine</td><td>7,133</td></tr><tr><td>Geriatric Medicine</td><td>5,322</td></tr><tr><td>Infectious Disease</td><td>2,171</td></tr><tr><td>Junior Medical</td><td>5,143</td></tr><tr><td>Rehabilitation Medicine</td><td>870</td></tr><tr><td>Respiratory Medicine</td><td>2,017</td></tr><tr><td>Therapies / Management</td><td>1,637</td></tr><tr><td><b>Total</b></td><td><b>32,292</b></td></tr></table>	<b>Set Aside Budget 2020/21</b>	<b>(£'000)</b>	A & E (Outpatients)	4,480	Cardiology	1,776	Diabetes & Endocrinology	576	Gastroenterology	1,166	General Medicine	7,133	Geriatric Medicine	5,322	Infectious Disease	2,171	Junior Medical	5,143	Rehabilitation Medicine	870	Respiratory Medicine	2,017	Therapies / Management	1,637	<b>Total</b>	<b>32,292</b>
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11.	Principles	<p>As a fundamental principle, any material changes to 2020/21 budget or expenditure plans for delegated functions should be subject to full discussion and agreement by West Lothian IJB. West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency effectiveness) are adhered to in carrying out this direction.</p>																										
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <p>1. People are able to look after and improve their own health and wellbeing and live in good health</p>																										

## Appendix 5

		<p>for longer</p> <ol style="list-style-type: none"> <li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> <li>3. People who use health and social care services have positive experiences of those services, and have their dignity respected</li> <li>4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</li> <li>5. Health and social care services contribute to reducing health inequalities</li> <li>6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being</li> <li>7. People using health and social care services are safe from harm</li> <li>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</li> <li>9. Resources are used effectively and efficiently in the provision of health and social care services</li> </ol>
13.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored through the detailed performance framework aligned with West Lothian IJB's Strategic Plan and Health and Social Care commissioning plans.
14.	Compliance and performance monitoring	<ol style="list-style-type: none"> <li>1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of strategic delivery of integration outcomes will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can continue to develop a comprehensive performance management system.</li> <li>2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require to support its responsibilities regarding strategic planning, performance management, and public accountability.</li> </ol>

## Appendix 5

		<p>3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan.</p> <p>4. The IJB, through its officers, will meet on a regular basis with senior NHSL officers to discuss cost, quality and performance matters linked to the Strategic Plan and commissioning plans. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes.</p> <p>5. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</p>
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	NHS Lothian Health Board carries out functions across four local authority areas. The set aside hospital functions that will be delegated to the Lothian IJBs are currently provided as a Lothian-wide service. As such there is not currently a separately managed budget for those services by local authority area. NHS Lothian Health Board has identified a budget for set aside functions based on an apportionment of the relevant NHS Lothian budgets.

## Appendix 5

### West Lothian Integration Joint Board – Direction to West Lothian Council

1.	Implementation date	1 <sup>st</sup> April 2020
2.	Reference number	WLIJB/WLC/D04-2020
3.	Integration Joint Board (IJB) authorisation date	10 <sup>th</sup> March 2020
4.	Direction to	West Lothian Council
5.	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> <li>– Maximise independent living</li> <li>– Provide specific interventions according to the needs of the service user</li> <li>– Provide an ongoing service that is regularly reviewed and modified according to need</li> <li>– Provide a clear care pathway</li> <li>– Contribute to preventing unnecessary hospital admission</li> <li>– Support timely hospital discharge</li> <li>– Prevent unnecessary admission to residential or institutional care</li> </ul>

## Appendix 5

		<ul style="list-style-type: none"> <li>– Are personalised and self-directed, putting control in the hands of the service user and their carers</li> </ul>
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2019/20 Direction to West Lothian Council for the annual budget resources available for the delivery of adult social care services.
7.	Type of function	Integrated function (West Lothian Adult Social Care Services)
8.	Function(s) concerned	<p>All services planned and delivered by West Lothian IJB which are delivered within the geographical boundaries of the West Lothian Health and Social Care Partnership as they relate to adult social care services and defined by the Public Bodies (Joint Working) (Scotland) Act 2014. This includes additional functions West Lothian Council has chosen to delegate to the IJB as defined in West Lothian Integration Joint Board's Integration Scheme.</p> <p>All Adult social care services:</p> <ul style="list-style-type: none"> <li>– Learning Disabilities</li> <li>– Physical Disabilities</li> <li>– Mental Health</li> <li>– Older People Assessment &amp; Care</li> <li>– Care Homes &amp; Housing With Care</li> <li>– Contracts &amp; Commissioning Support</li> <li>– Other Adult social care services</li> </ul> <p>The IJB Director will be the lead operational director for these services which are to be delivered through the Director's Joint Management Team and in cooperation and partnership with NHS Lothian.</p>

## Appendix 5

9.	Required Actions / Directions	<p>West Lothian IJB directs West Lothian Council to provide adult social care services for the population of West Lothian as set out in the West Lothian Integration Scheme and as per the IJB's approval that the eligibility threshold for direct care provision should be set at Substantial and above.</p> <p>Over the course of the financial year 2020/21, West Lothian IJB directs West Lothian Council to work with the IJB Chief Officer and officers supporting the IJB to progress and implement the care group commissioning plans below:</p> <ul style="list-style-type: none"> <li>– Older People</li> <li>– Adults with Learning Disabilities</li> <li>– Adults with Physical Disabilities</li> <li>– Adults with Mental Health problems</li> <li>– Adults with Alcohol and Drug problems</li> </ul> <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> <li>– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement</li> <li>– Specific outcomes to be addressed consistent with the IJB Strategic Plan</li> <li>– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)</li> <li>– How specific needs of localities will be addressed</li> </ul> <p>Transformational change and further integration of health and social care service delivery will be key to achieving IJB outcomes. This will require a joined up approach to strategic and financial planning to prioritise financial resources while maximising performance against strategic outcomes.</p> <p><b>West Lothian Health and Social Care Delivery</b></p> <p>The West Lothian Health and Social Care Strategic Commissioning Plans set out key operational and transformational change areas proposed to meet national health and social care outcomes.</p> <p>West Lothian IJB directs West Lothian Council to work in partnership with West Lothian IJB to deliver the West Lothian Health and Social Care Strategic Commissioning Plans, which set out the IJB's vision on transforming service delivery to meet national health and social care outcomes for West Lothian.</p>
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## Appendix 5

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12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"><li>1. People are able to look after and improve their own health and wellbeing and live in good health for longer</li><li>2. People, including those with disabilities or long term conditions, or who are frail, are able to live,</li></ol>																		

## Appendix 5

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## Appendix 5

		<p>commissioning plan in accordance with the detailed performance framework within West Lothian IJB's Strategic Plan.</p> <ol style="list-style-type: none"> <li>4. The IJB, through its officers, will meet on a regular basis with senior West Lothian Council officers to discuss cost, quality and performance matters linked to the Strategic Plan and commissioning plans. This will be incorporated into regular updates to the IJB on the IJBs performance against key strategic outcomes.</li> <li>5. The IJB directs West Lothian Council, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight action being taken to manage financial risks and areas where further action is required to manage budget pressures.</li> </ol>
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A



## **WEST LoTHIAN INTEGRATION JOINT BOARD**

### **ANNUAL FINANCIAL STATEMENT**

Section 39 of the Public Sector (Joint Working) (Scotland) Act 2014 requires that each Integration Authority must publish an Annual Financial Statement on the resources that it plans to spend in implementing its Strategic Plan and Strategic Commissioning Plans.

The Scottish Government guidance notes that the Annual Financial Statement should be updated before the end of each financial year and should cover all of the remaining years of the published Strategic Commissioning Plans. West Lothian IJB Strategic Commissioning Plans cover the period to 2022/23 and accordingly, the updated Annual Financial Statement below covers 2020/21 to 2022/23. No financial settlement has been provided to NHS Lothian or the council for 2021/22 and 2022/23, and, given this, these budgets are not available. Financial planning for 2021/22 and 2022/23 delegated functions will be progressing over the coming months as part of updating the IJB's medium term financial planning. Taking account of this and uncertainty over future grant funding, indicative 2021/22 and 2022/23 resources are shown for the purposes of the Annual Financial Statement.

The Annual Financial Statement is split into four areas:

- Adult Social Care Services
- Core West Lothian Health Services
- Hosted Health Services
- Set Aside Hospital Acute Services

#### **Adult Social Care Services**

The council's approved 2020/21 contribution to the IJB is shown below along with indicative budget resources for 2021/22 and 2022/23.

#### **NHS Delegated Services**

The NHS Lothian contribution for 2020/21 is also shown below along with indicative budget resources for 2021/22 and 2022/23.

As part of anticipated ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over the period 2020/21 to 2022/23. Health and social care demands are continuing to increase and taken in conjunction with

constrained funding, it will be important that available resources are used effectively to meet the priorities identified in the IJB Strategic Plan and the care needs of the West Lothian population.

<b>West Lothian Integration Joint Board – Annual Financial Statement</b>				
	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Total Three Year</b>
	<b>Budget</b>	<b>Indicative Budget</b>	<b>Indicative Budget</b>	<b>Indicative Budget</b>
<b>Social Care Services</b>	£'000	£'000	£'000	£'000
Learning Disabilities	18,886	19,361	19,866	58,113
Mental Health	3,992	4,093	4,200	12,285
Physical Disabilities	7,824	8,021	8,230	24,074
Older People Assessment and Care	34,203	35,064	35,978	105,245
Care Homes and Housing with Care	8,453	8,665	8,891	26,009
Contracts and Commissioning Support	2,480	2,542	2,608	7,630
Other Social Care Services	779	798	819	2,396
<b>Total Adult Social Care Services</b>	<b>76,616</b>	<b>78,544</b>	<b>80,592</b>	<b>235,752</b>
<b>Core Health Services</b>				
Community Hospitals	2,433	2,506	2,581	7,520
District Nursing	4,210	4,337	4,467	13,014
General Medical Services	27,470	28,294	29,143	84,907
Mental Health	15,990	16,470	16,964	49,425
Prescribing	36,961	38,070	39,212	114,244
Resource Transfer	8,909	9,176	9,452	27,537
Therapy Services	5,019	5,169	5,324	15,512
Other Core	6,176	6,362	6,552	19,090
<b>Total Core Health Services</b>	<b>107,169</b>	<b>110,384</b>	<b>113,696</b>	<b>331,249</b>

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	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>Total Three Year</b>
	<b>Budget</b>	<b>Indicative Budget</b>	<b>Indicative Budget</b>	<b>Indicative Budget</b>
<b>Hosted Health Services</b>				
Hospices	898	925	953	2,777
Learning Disabilities	2,900	2,987	3,076	8,962
Lothian Unscheduled Care Service	2,193	2,259	2,327	6,779
Oral Health Services	2,537	2,613	2,691	7,841
Hosted Psychology Service	1,531	1,576	1,624	4,731
Hosted Rehabilitation Medicine	895	922	949	2,766
Sexual Health	1,398	1,440	1,483	4,321
Substance Misuse	1,229	1,266	1,304	3,798
Hosted Therapy Services	2,418	2,491	2,566	7,475
UNPAC	1,422	1,464	1,508	4,394
Other Hosted Services	-1,587	-1,635	-1,684	-4,906
<b>Total Hosted Health Services</b>	<b>15,833</b>	<b>16,308</b>	<b>16,797</b>	<b>48,938</b>
<b>Acute Set Aside Services</b>				
A & E (outpatients)	4,480	4,615	4,753	13,848
Cardiology	1,776	1,829	1,884	5,488
Diabetes & Endocrinology	576	594	611	1,782
Gastroenterology	1,166	1,201	1,237	3,605
General Medicine	7,133	7,347	7,567	22,046
Geriatric Medicine	5,322	5,482	5,646	16,450
Infectious Disease	2,171	2,237	2,304	6,712
Junior Medical	5,143	5,297	5,456	15,896
Rehabilitation Medicine	870	896	923	2,689
Respiratory Medicine	2,017	2,078	2,140	6,235
Therapies / Management	1,637	1,686	1,736	5,058
<b>Acute Set Aside - Total</b>	<b>32,292</b>	<b>33,260</b>	<b>34,258</b>	<b>99,810</b>
<b>TOTAL</b>	<b>231,910</b>	<b>238,496</b>	<b>245,343</b>	<b>715,749</b>





# West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 9

## **MEMBERSHIP REVIEW**

### **REPORT BY CHIEF OFFICER**

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

To review membership of the Integration Joint Board, its, Audit Risk and Governance Committee, its Health and Care Governance Group, and the Strategic Planning Group.

#### **B RECOMMENDATION**

It is recommended that the Board note the outcome of the membership review, specifically:

1. To note that three council voting-members are coming to the end of their three-year terms and the council will consider appointments before their terms expire
2. To agree the IJB membership remains appropriate at this time
3. To agree to appoint an independent member to the Audit Risk and Governance Committee
4. To agree the Health & Care Governance Group membership remains appropriate at this time
5. To note that the Strategic Planning Group is seeking to fill vacant positions for up to four service users
6. To agree to an amendment of the SPG Terms of Reference that reflects the decision of the Board in March 2017 giving status to the third sector interface as a member in their own right
7. Note that the membership review will be repeated in one year

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

- C1 Directions to NHS Lothian and/or West Lothian Council** A direction(s) is not required.

<b>C2</b>	<b>Resource/ Finance</b>	Within existing resources
<b>C3</b>	<b>Policy/Legal</b>	Public Bodies (Joint Working) (Scotland) Act 2014; Integration Scheme
<b>C4</b>	<b>Risk</b>	None
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty.
<b>C6</b>	<b>Environment and Sustainability</b>	N/A
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	N/A
<b>C8</b>	<b>Strategic Plan Outcomes</b>	N/A
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	N/A
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **D1 Background**

The Board's cycle of reporting includes a review of the wider membership of the Board, its committees and working groups and Strategic Planning Group. The Board agreed at its meeting of 13 August that a report is brought to the Board at its meeting on 21 January 2020 to allow a sufficient period of time for the incoming Chief Officer to carry out the review and make appropriate recommendations. The report was subsequently pushed back to 10 March 2020 given the large number of items on the agenda for the January meeting.

### **D2 Integration Joint Board Membership**

Rules about Board membership are contained in statutory regulations and reflected in the Integration Scheme. Those state that Board members are appointed for three years unless their membership is terminated earlier. Their membership can be renewed for further periods of three years at a time or a new member appointed by the employing organisation.

This applies to all members with the exception of the Director, Chief Financial Officer and the Chief Social Work Officer. Appointments to the West Lothian Integration Joint Board The voting Board members and the professional/officer members were deemed to have been appointed when the Board was established by Parliamentary

Order on 21 September 2015. Their replacements became members on the dates of their appointment or employment by council or health board.

The other Board members and their replacements were appointed by the Board itself at Board meetings on various dates. Dates of Board members' appointments have been checked with a view to identifying when their three-year appointment period ends and when their reappointment or replacement should be addressed. This is attached as Appendix 1.

Three of the four council members' appointments will lapse on 27 June 2020. The council is aware of this and making arrangements for IJB appointments to be considered at a full council meeting prior to 27 June 2020. Any reappointment or new appointment will then be reported to the Board.

The wider membership of the Board is considered to be appropriate.

### **D3 Audit, Risk and Governance Committee Membership**

Based on past practice, it will be for the health board to nominate one of its voting members to be Chair of the committee, for the council to nominate one of its voting members to be Vice-Chair and for the Board to accept those nominations. That is only practice however and is not a requirement of Standing Orders.

The Board does have the power to make those appointments. Although the Board may make different decisions it is suggested that the practice to date should continue. Standing Orders do say that the Board Chair cannot be a member of the committee. They do not say the same for the Board Vice Chair.

The current membership is attached as Appendix 2. On reviewing the membership, it is recommended that the Board consider appointing an independent member to the committee. CIPFA, under whose Framework the Board's Code of Corporate Governance is developed, recommend that to enhance the effectiveness of an audit committee, the majority of its members should be independent members of the governing body.

### **D4 Health & Care Governance Group**

The Health and Care Governance Group provides assurance to the Integrated Joint Board (IJB) that the quality of all aspects of health and social care delivered within the delegated functions is person-centred, safe, effective, and equitable and of the required standard. It is for the IJB to ensure that the Group's membership includes an adequate range of skills and experience that will allow them to effectively discharge their responsibilities.

The Group is chaired by a Board Member of the IJB with membership from the following:

- Chief Social Work Officer
- Clinical Director
- Chief Nurse
- Allied Health Professional Lead
- Public Health Consultant
- Associate Medical Director - Acute Services
- Associate Nurse Director - Acute Service
- Members of the Senior Management Team

- Service User and Carer representatives
- Third Sector Representative
- Independent Sector Representative
- Staff Representative

All of these positions are currently filled and it is not considered that any changes are required at this time. The Terms of Reference are attached as Appendix 3.

## **D5 Strategic Planning Group**

A new strategic planning structure was agreed by the Board at its meeting of 23 April 2019. Subsequently, the remit and membership of the Strategic Planning Group (SPG) was reviewed with the aim of strengthening links between strategic planning and community planning.

The Board approved a revised Terms of Reference for the SPG at its meeting of 26 November 2019 and agreed a Board member should chair the Group. This included moving Locality Planning into the remit of the SPG and expanding the membership to support this. The revised Terms of Reference are attached as Appendix 4.

Additional members were appointed at the Board's meeting of 21 January 2020 to ensure the membership was realised. There remain openings for users of health care and users of social care. The SPG agreed an advert for circulation at its meeting of 20 February 2020 and this will aim to attract up to four service users.

Following approval of the revised Terms of Reference for the SPG, it was brought to attention that the Board at its meeting of 14 March 2017, carried out a review of membership where it was agreed that in order to strengthen representation of the third sector, West Lothian Voluntary Sector Gateway would provide a non-voting member to sit on the Board and also to provide an additional member of the SPG.

The Board at that time agreed, in line with the statutory guidance in relation to the role of the third sector interface (West Lothian Voluntary Sector Gateway) in the integration of health and social care, that a representative of the West Lothian Voluntary Sector Gateway, to be chosen by it, would become a non-voting member of the Board, and that another, to be chosen by it, would become a member of the SPG. It is appropriate that this be reflected in the SPG Terms of Reference and the Board is asked to approve this amendment; the addition of the third sector interface as a member in their own right.

## **E CONSULTATION**

Chief Officer

Senior Managers of the HSCP

Standards Officer

## **F REFERENCES/BACKGROUND**

West Lothian Integration Joint Board 14 March 2017, 13 August 2019, 26 November 2019, 21 January 2019

Strategic Planning Group 20 February 2019

## **G APPENDICES**

Appendix 1 – West Lothian IJB Members' appointment and reappointment dates

Appendix 2 – West Lothian IJB Audit Risk and Governance membership

Appendix 3 – Health and Care Governance Group Terms of Reference

Appendix 4 – Strategic Planning Group Terms of Reference

## **H CONTACT**

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01506 283519

10 March 2020



**WEST LOTHIAN INTEGRATION JOINT BOARD**

**MEMBERS' APPOINTMENT AND REAPPOINTMENT DATES**

	<u><b>Current members</b></u>	
	<b>Date appointed/reappointed</b>	<b>Date to be reappointed</b>
	<u>Voting - Councillors</u>	
Harry Cartmill	27.06.2017	27.06.2020
Dom McGuire	19.03.2019	19.03.2022
George Paul	27.06.2017	27.06.2020
Damian Timson	27.06.2017	27.06.2020
	<u>Voting – NHS</u>	
Martin Hill	8.12.2015 & 2.12.2018	2.12.2021
Martin Connor	31.10.2017	31.10.2020
Alex Joyce	24.09.2015 & 24.09.18	24.09.2021
William McQueen	1.05.2018	1.05.2021
	<u>Non-Voting</u>	
Allister Short (Chief Officer)	30.09.2019	N/A
Patrick Welsh (Chief Finance Officer)	24.09.2015	N/A
Jo Macpherson (Chief Social Work Officer)	23.04.2019	N/A
Elaine Duncan (Professional Advisor)	21.09.2015 & 21.09.2018	21.09.2021
Mairead Hughes (Professional Advisor)	24.09.2015 & 24.09.18	24.09.2021
Rohana Wright (Professional Advisor)	3.10.2018	3.10.2021

Martin Murray (Staff Representative WLC)	24.09.2015 & 24.09.18	24.09.2021
Caroline McDowall (Staff Representative NHS)	23.04.2019	23.04.2022
Ann Pike (Carer Representative)	3.10.2018	3.10.2021
David Huddleston (Service User Representative)	29.01.2019	29.01.2022
Alan McCloskey (Third Sector Representative)	26.06.2019	26.06.2022

**Ceased members**

Ian Buchanan (Service User Representative)	8.12.2015	Ceased 08.12.2018 (Replaced by David Huddleston)
Mary-Denise McKernan (Carer Representative)	24.09.2015	Ceased 24.09.2018 (Replaced by Ann Pike)
James McCallum (Professional Advisor)	24.09.2015	Ceased 3.10.2018 (Replaced by Dr Rohana Wright)
Robin Strang (Staff Representative)	24.09.2015	Ceased 24.09.2018
Bridget Meisak (Third Sector Representative)	14.03.2017	Ceased 29.01.2019 (Replaced by Pamela Roccio)
Jane Houston (Staff Representative NHS)	24.09.2015 & 24.09.18	Ceased 12.03.2019 (Replaced by Caroline McDowall)
Dave King	27.06.2017	Ceased 19.03.19 (Replaced by Dom McGuire)



Pamela Main (Chief Social Work Officer)	24.09.2018	Ceased 23.04.2019 (Replaced by Jo MacPherson)
Pamela Roccio (Third Sector Representative)	12.03.2019	Ceased 26.06.19 (Replaced by Alan McCloskey)
Jim Forrest (Director)	21.09.2015	Ceased 27.09.2019 (Replaced by Allister Short)



**West Lothian Integration Joint Board Audit, Risk and Governance Committee  
Current Membership**

<b>MEMBER</b>	<b>ROLE</b>	<b>Date appointed</b>
Martin Connor	Chair, Voting Member (NHS)	31 October 2017  As Chair: 21 September 2019
Caroline McDowall	Non-Voting Member (Staff Representative NHS)	23 April 2019
Bill McQueen	Voting Member (NHS)	1 May 2018
Martin Murray	Non-Voting Member (Staff Representative WLC)	5 April 2016
George Paul	Voting Member (WLC)	27 June 2017
Damian Timson	Vice-Chair, Voting Member (WLC)	27 June 2017  As Vice Chair: 21 September 2019

\*Chair and Vice Chair to rotate between council/NHS; next rotation: 21 September 2021.



## Terms of Reference Health and Care Governance Group

### **Remit:**

The Health and Care Governance Group will provide assurance to the Integrated Joint Board (IJB) that the quality of all aspects of health and social care delivered within the delegated functions is person-centred, safe, effective, and equitable and of the required standard.

The Group will:

- Establish a clinical and care governance framework in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 guidance.
- Establish clear lines of communication and professional accountability from point of care to professional leads responsible for clinical and care governance.
- Consider matters related to strategic plan development, governance, risk management, service user feedback and complaints, care standards, education, learning, continuous improvement and inspection activity.
- Ensure clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities
- Provide advice to the strategic planning and locality planning groups within the partnership.
- Review service development and redesign proposals with respect to potential impact on health and care governance prior to approval by the IJB.
- Cooperate with other IJB's Health and Care Governance Groups on Lothian wide developments.
- Provide assurance to the Board that the IJB meets its responsibilities with respect to:-
  - Adherence to professional standards and regulatory requirements and raising of any professional concerns
  - Adherence to National Care Standards
  - Participation Standards
  - Volunteers/Carers
  - Information Governance
  - Protection of Vulnerable People
  - Relevant Statutory Equality Duties

### **Membership:**

The Group will be chaired by a Board Member of the IJB with membership from the following:

- Chief Social Work Officer
- Clinical Director
- Chief Nurse
- Allied Health Professional Lead
- Public Health Consultant
- Associate Medical Director - Acute Services
- Associate Nurse Director - Acute Service
- Members of the Senior Management Team
- Service User and Carer representatives
- Third Sector Representative
- Independent Sector Representative
- Staff Representative

The IJB shall ensure that the Group's membership includes an adequate range of skills and experience that will allow them to effectively discharge their responsibilities.

**Frequency of Meetings:**

The Health and Care Governance Group will meet at least six times per year.

**Reporting Arrangements:**

The Group will report to the IJB by means of submission of minutes to the next available Board meeting and preparation and presentation of an annual report on its activities and the effectiveness of its systems of risk management and internal control which will inform the IJB's annual review.

## **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, and such other persons as the IJB considers appropriate:-

- (a) council (including community planning and housing)
- (b) health board
- (c) integration joint board
- (d) health professionals (including GPs)
- (e) users of health care
- (f) carers of users of health care
- (g) commercial providers of health care
- (h) non-commercial providers of health care
- (i) social care professionals
- (j) users of social care
- (k) carers of users of social care
- (l) commercial providers of social care
- (m) non-commercial providers of social care
- (n) non-commercial providers of social housing
- (o) third sector bodies carrying out activities related to health care or social care
- (p) 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** A member of the Integration Joint Board 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.

## **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 reducing 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.

## West Lothian Integration Joint Board

### Timetable of Meetings 2020/21

Reports to Committee Services by noon	Agenda and Reports Issued	Meeting	Time	Venue
N/a	N/a	<b>Tuesday 24 March 2020</b> *IJB DEVELOPMENT SESSION	2–4pm	TBC
N/a	N/a	<b>Monday 22 June</b> *IJB DEVELOPMENT SESSION	1pm/2pm–4pm/5pm	TBC
Tuesday 4 August 2020	Wednesday 5 August 2020	<b>Tuesday 11 August 2020</b>	2pm	Blackburn Partnership Centre
N/a	N/a	<b>Thursday 10 September 2020</b> *IJB DEVELOPMENT SESSION	1pm/2pm–4pm/5pm	TBC
Tuesday 15 September 2020	Wednesday 16 September 2020	<b>Tuesday 22 September 2020</b>	2pm	Blackburn Partnership Centre
Tuesday 3 November 2020	Wednesday 4 November 2020	<b>Tuesday 10 November 2020</b>	2pm	Blackburn Partnership Centre

N/a	N/a	<b>Thursday 19 November 2020</b> <b>*IJB DEVELOPMENT SESSION</b>	<b>1pm/2pm–4pm/5pm</b>	TBC
Tuesday 12 January 2021	Wednesday 13 January 2021	<b>Tuesday 19 January 2021</b>	<b>2pm</b>	Blackburn Partnership Centre
N/a	N/a	<b>Thursday 25 February 2021</b> <b>*IJB DEVELOPMENT SESSION</b>	<b>1pm/2pm–4pm/5pm</b>	TBC
Tuesday 2 March 2021	Wednesday 3 March 2021	<b>Tuesday 9 March 2021</b>	<b>2pm</b>	Blackburn Partnership Centre
Tuesday 13 April 2021	Wednesday 14 April 2021	<b>Tuesday 20 April 2021</b>	<b>2pm</b>	Blackburn Partnership Centre
N/a	N/a	<b>Thursday 27 May 2021</b> <b>*IJB DEVELOPMENT SESSION</b>	<b>1pm/2pm–4pm/5pm</b>	TBC
Tuesday 22 June 2021	Wednesday 23 June 2021	<b>Tuesday 29 June 2021</b>	<b>2pm</b>	Blackburn Partnership Centre



**West Lothian Integration Strategic Planning Group  
2020/21**

<b>Meeting Date (2.00pm)</b>	<b>Venue</b>
<b>Thursday 31 July 2020</b>	Strathbrock Partnership Centre
<b>Thursday 3 September 2020</b>	Strathbrock Partnership Centre
<b>Thursday 22 October 2020</b>	Strathbrock Partnership Centre
<b>Thursday 10 December 2020</b>	Strathbrock Partnership Centre
<b>Thursday 11 February 2021</b>	Strathbrock Partnership Centre
<b>Thursday 1 April 2021</b>	Strathbrock Partnership Centre
<b>Thursday 10 June 2021</b>	Strathbrock Partnership Centre



# West Lothian Integration Joint Board

Date: 10 March 2020

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 comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board.

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

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	<p>A key risk will be staffing capacity to address key issues around reducing delayed discharge and admission avoidance.</p> <p>The risk is captured in the risk register and will be monitored.</p>
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	All apply
<b>C8</b>	<b>Strategic Plan Outcomes</b>	All apply
<b>C9</b>	<b>Single Outcome Agreement</b>	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
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	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 Framework**

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

The most recent meeting of the Recovery Board, which has been tasked with overseeing the development and implementation of the improvement plans met for the final time on 23 January at which progress against each of the services noted above were discussed in detail.

In going forward, ongoing progress would be managed through the NHS Annual Operational Plan process and that any decision relating to de-escalation would be made over the coming months.

## **D2 Strategic Inspection Update**

The strategic inspection process has now been completed, with the inspectors having spent time reading documents, reviewing the staff survey responses and meeting with a range of staff, both individually and within groups. I would want to record my thanks to staff for completing the survey and for meeting with the inspection team, particularly those who met with the inspectors on more than one occasion.

There has been some initial feedback but the inspectors will now spend the time reviewing all the evidence and writing up their report – we will receive further, more formal feedback in March and April, with the final report published in June, which I will ensure is shared and discussed at the June Board meeting.

## **D3 Review of Integration Scheme**

There is a legal requirement to review the Integration Scheme under which the West Lothian IJB was established and is run. This duty lies on the council and the health board. The IJB does not share that duty.

The review must be carried out within 5 years of the Ministers giving the Scheme formal approval. The current Scheme was approved by the Ministers on 16 June 2015. Since there is a statutory process of review, and since that process includes obtaining Ministerial approval and publication, the review must be completed in that 5 year period. The mandatory review must therefore be completed on or before 16 June 2020.

The review process is set out in the 2014 Act. It is carried out by the council and health board and not by the IJB. The legislation contains a list of professional and representative groups and stakeholders who must be consulted. There will be a public consultation as part of the review process and anyone is able to participate and express views. The IJB will be consulted as part of this process.

## **D4 Statutory Guidance on Directions**

The Scottish Government has issued its statutory guidance on Directions from Integration Authorities to Local Authorities and Health Boards, which can be found via the link below:

<https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>

I have asked officers to review the guidance in detail to ensure we are fully compliant. The guidance gives key actions for implementation:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.

- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

## **D5 Complaints and Information Requests – Quarter 3 of 2019/20**

### Complaints

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.

There have been no complaints received in Quarter 3, or to date.

The Complaints Standards Authority has published a new Model Complaints Handling Procedure (MCHP) and requested that Integration Authorities review their own Complaints Handling Procedure before 1 April 2021.

### Requests for Information

The Board is also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC). 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).

There was 1 request for information in Quarter 3. The requestor asked for the following information:

1. Please provide a list of the currently vacant IJB posts in your local authority which have been advertised on more than one occasion (i.e. been re-advertised).
2. Further to question 1, how many times has each post been advertised? Each time it was advertised, how many applications were received?
3. What is the longest that any currently vacant IJB post has been unfilled?
4. How many IJB posts were re-advertised in 2018-19.

## **D6 Communication and Engagement – Logo**

The Board approved a new Communication and Engagement Strategy at its meeting of 21 January 2020 with the exception of the proposed use of the existing West Lothian Health and Social Care Partnership logo. By way of an update, officers are currently exploring this further with the council's graphic designer and will bring options back to a future meeting for discussion.

## **D7 Community Planning Update**

### Health & Wellbeing Partnership

In December, the CPP Board agreed to a proposal from the Health and Wellbeing Partnership to take forward work with the Scottish Government/COSLA Public Health Reform Team and Health Scotland as an early adopter site to implement the national Public Health Priorities. West Lothian will be one of the early adopter sites to test and refine a whole systems approach to mental wellbeing. This piece of work represents an opportunity to better understand West Lothian's 'system' in relation to mental health and wellbeing promotion and collectively identify gaps and actions which will help us to progress with developing a new approach in West Lothian. A core group has been set up involving members of the Health and Wellbeing Partnership, the Public Health Reform team and Health Scotland and the first meeting has been held.

It was also agreed at the December CPP Board meeting that West Lothian would host and deliver a whole systems pilot project as part of the East of Scotland (East Region) Prevention and Remission of Type 2 Diabetes Programme. It was agreed that this would be taken forward through the Health and Wellbeing Partnership and would link in with the Public Mental Health early adopter work.

### Citizens Panel

A paper was taken to Partnership and Resources PDSP on 7 February to inform of the proposal to refresh the Citizens Panel prior to a Quality of Life Survey being carried out in summer 2020. The proposal will then be taken to the CPP Board in March 2020 for approval. The refreshment exercise will ensure the Panel is more representative of the West Lothian population and should result in a more active, engaged Panel.

### Community Choices

Two pilots are being rolled out as part of the development of Community Choices in West Lothian. £75,000 has been allocated to fund two streams of targeted activity: One which aligns to health and wellbeing outcomes identified through the regeneration planning process, and another which aligns to positively impacting on individuals, groups and/or communities with protected characteristics. The Health and wellbeing pilots are being carried out in Blackburn and Craigshill and planning is now well underway using the well-established Regeneration Steering Groups as a vehicle to plan and progress the Community Choices process. The Equalities Pilot is in the early stages of development and will pilot a 'digital only' voting approach using the online platform CONSUL which is being rolled out by COSLA and the Scottish Government.

### Participation Requests

The Scottish Community Development Centre (SCDC) is currently supporting West Lothian Council as one of three 'development sites', resourcing and facilitating three half day community sessions in January, February and March that will help to promote participation requests to those 'harder to reach' groups, provide support to groups interested in making a request and to help shape the new resources being developed.

#### Local Outcomes Improvement Plan (LOIP) Review

The LOIP review process is well underway. A set of focus areas (informed through discussion with partners and community engagement) and new outcomes have been developed. The outcomes and draft activities were presented to the CPP Board in December. The alcohol/addictions outcome requires further work but the rest of the outcomes have been agreed:

##### Sustainable Places

- Everyone has access to appropriate, affordable and sustainable housing which meets their needs
- Everyone who lives, works and delivers services in West Lothian builds a sustainable, nature rich, net zero carbon community

##### Improving Health & Wellbeing

- Everyone experiences improved mental wellbeing
- Individuals and families are supported in dealing with adverse life experiences around addictions and alcohol misuse

##### Skills & Jobs

- West Lothian delivers sustainable, inclusive and diverse economic growth enabling businesses to create good quality jobs that everyone can access

## **E CONSULTATION**

None

## **F REFERENCES/BACKGROUND**

None

## **G APPENDICES**

None

## **H CONTACT**

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10 March 2020



## West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 12

### **SCOTTISH DRAFT BUDGET REPORT 2020**

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

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

The purpose of this report is to provide the Board with an update in relation to the Scottish Draft Budget presented to the Scottish Parliament on 6 February 2020.

##### **B RECOMMENDATION**

It is recommended that the Board:

1. Notes the issue of the Scottish Draft Budget 2020, which includes departmental spending plans for 2020/21;
2. Notes the key economic and financial implications at a Scottish public sector wide level resulting from the Draft Budget
3. Notes the funding implications for Local Government and Health Boards resulting from the draft 2020/21 Scottish budget
4. Notes that the IJB Chief Officer and Chief Finance Officer have worked with NHS Lothian and West Lothian Council to assess the impact of the Scottish Budget and the funding related to the 2020/21 financial contribution to the IJB from partner bodies.
5. Notes that taking account of the draft Scottish Budget, the IJB Chief Finance Officer has provided a financial assurance report to this meeting of the Board setting out the current 2020/21 IJB budget position

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

**C1 Directions to NHS Lothian and/or West Lothian Council** A direction is not required

**C2 Resource/ Finance** The Scottish Budget sets out the funding available for Health and Social care services.

**C3 Policy/Legal** None

<b>C4</b>	<b>Risk</b>	No new financial risks arise from this report although there remains a risk that funding will be inadequate to deliver the IJB's Strategic Plan.
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Financial resources contained within the Scottish Budget will be used to meet health and wellbeing outcomes
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Financial resources contained within the Scottish Budget will be used to support the delivery of the Strategic Plan.
<b>C9</b>	<b>Single Outcome Agreement</b>	Financial resources contained within the Scottish Budget will be used to support the delivery of the Single Outcome Agreement.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **D1 Background**

The Minister for Public Finance and Digital Economy, in a statement to the Scottish Parliament on 6 February 2020, announced the Scottish Draft Budget 2020/21. It should be noted that the Scottish Government will require support within the Scottish Parliament to pass the 2020/21 Scottish Budget. The draft Scottish Budget will be considered by the Scottish Parliament at readings of the Bill on 27 February, 4 March and 5 March 2020.

This process has, in previous years, resulted in some changes to the draft Scottish Budget announcement.

### **D2 Total Spending in Scotland**

In overall terms Scotland's total proposed spending plans, as set out in the Draft Budget 2020/21, amount to £49,288 million, an increase of £6,655 million compared to the Scottish Budget 2019/20.

The allocations per portfolio are set out in the table below:

Table 1 – Total Scottish Budget by Portfolio

Portfolio	2019/20 Budget £'M	2020/21 Draft Budget £'M	Movement £'M
Health and Sport	14,327.1	15,343.9	1,016.8
Communities and Local Government	11,954.8	12,154.3	199.5
Finance, Economy and Fair Work	5,336.8	6,271.6	934.8
Education & Skills	3,448.0	3,570.5	122.5
Justice	2,719.2	2,831.5	112.3
Transport, Infrastructure and Connectivity	2,910.2	3,445.7	535.5
Environment, Climate Change and Land Reform	426.6	461.8	35.2
Rural Economy	351.0	789.0	438
Culture, Tourism & External Affairs	331.0	365.5	34.5
Social Security and Older People	584.9	3,788.2	3,203.3
Government Business and Constitutional Relations	12.1	16.1	4.0
Crown Office and Procurator Fiscal	120.7	133.8	13.1
Scottish Parliament and Audit Scotland	110.6	116.1	5.5
<b>TOTAL</b>	<b>42,633.0</b>	<b>49,288.0</b>	<b>6,655.0</b>

In terms of Table 1 above, funding for Health Boards is contained within the Health and Sport portfolio, while funding for local authorities is included in the Communities and Local Government line.

The total proposed spending plans include both revenue resource and capital spending plans with health and sport receiving the biggest increase in funding of £1.017 billion, a 7.1 per cent increase. The Scottish Government has previously committed to allocating the full health Barnett Consequentials to health spending in Scotland; and it has allocated more than £100 million in addition to Health consequentials funding to health resources. Local government represents the second largest element of the overall Scottish Budget.

### D3 Devolved Taxation

The Scottish Government spending plans are underpinned by revenue raising tax powers devolved by the Scotland Act 2016. In 2020/21, tax revenues raised in Scotland will fund around £16 billion of Scottish Government expenditure. The Scottish Fiscal Commission (SFC), which is an independent statutory body, is responsible for producing revenue forecasts for fully devolved taxes and non-savings non dividend (NSND) income tax. All forecast revenues underpinning the Scottish Budget are produced by the SFC.

#### Scottish Income Tax

The Scotland Act 2016 confers on the Scottish Parliament the power to set all income tax rates and the threshold of bands (above the Personal Allowance) that apply to the NSND income from Scottish taxpayers. The Scottish Government will receive all the revenue raised from NSND income tax in Scotland as a consequence of rates and bands set by the Scottish Parliament.

As part of the 2018/19 Scottish Budget significant changes to Scottish income tax were announced, along with the introduction of two new bands and a change to some rates. The thresholds of the proposed Scottish Income Tax bands for 2020/21 are as follows:

Table 2 – Scottish Income Tax Rates

Scottish Income Tax Rates	Scottish Bands
Scottish Starter Rate 19%	Over £12,500 to £14,585
Scottish Basic Rate 20%	Over £14,586 to £25,158
Scottish Intermediate Rate 21%	Over £25,159 to £43,430
Scottish Higher Rate 41%	Over £43,431 to £150,000
Scottish Additional Rate 46%	Over £150,000

The SFC forecast that the Scottish Income Tax will generate receipts of £12.365 million in 2020/21, with £51 million being generated from freezing the higher rate threshold at £43,431 as well as the additional rate threshold being frozen at over £150,000. All other thresholds have increased in line with inflation compared to the 2019/20 values.

#### Land and Buildings Transaction Tax (LBTT)

The Scottish Government is proposing that LBTT in 2020/21 is maintained at its current rates and that the Additional Dwelling Supplement (ADS) is also maintained at 4%. However a new 2 per cent band will be introduced, from 7 February 2020, for non-residential leases. This will apply to transactions where the net present value (NPV) of rental income over the period of the lease is above £2 million. The SFC forecast that the Scottish Government non-residential lease policy will raise an additional £10 million in 2020/21.

#### Scottish Landfill Tax

The Scottish Government is proposing that the standard rate of Scottish Landfill Tax (SLfT) increases to £94.15 per tonne and the lower rate to £3 per tonne in 2020/21 to ensure consistency with planned Landfill Tax charges in the rest of the UK. The SFC forecast tax revenue from SLfT in 2020/21 is £116 million.

As noted, Scottish Government spending plans are underpinned by revenue raising tax powers devolved by the Scotland Act 2016. If the Scottish forecasts for tax receipts prove to be optimistic and result in reconciliation adjustments, there would be a negative impact on the overall resources available within future Scottish Budgets due to the reconciliations between the actual revenue collected and the Block Grant Adjustment.

## **D4 Welfare Changes**

The Scotland Act 2016 devolved various areas of social security to Scotland – mainly related to carers and disability benefits. The Social Security (Scotland) Act 2018 received Royal Assent on 1 June 2018, with Scottish social security benefits now being delivered. The Scottish Government has been implementing the devolved powers on a phased basis and has now become financially responsible for disability benefits, such as Personal Independence Payments and Disability Living Allowance, from April 2020 onwards. This is additional to two new forms of social security assistance being launched IN 2020, Disability Assistance for Children and Young People (DACYP) and the Scottish Child Payment.

The Scottish Government has announced a budget of £3.390 billion for social security assistance, which is around 10 per cent of total resource spending. The increase in devolved powers to the Scottish Government increases the importance of more accurate forecasts as the SFC currently estimate that the growth in social security payments over the period to 2024/25 to be £524 million, which could be higher than the growth across the rest of the UK, which in turn could put pressure on the funding of other budgets.

#### Disability Assistance for Children and Young People (DACYP)

Disability Assistance for Children and Young People, will replace the UK Government's Disability Living Allowance for Children in Scotland by summer 2020. As part of this, the Scottish Government will provide Child Winter Heating Assistance to families with severely disabled children from winter 2020.

#### Scottish Child Payment

The Scottish Child Payment is a payment of £10 per week to low income families with children under the age of six. The payment will be introduced during 2020/21 with the first payments to be made by Christmas 2020 for children under six. Scottish Government analysis suggests that up to 170,000 children could be eligible for this targeted direct financial support to low-income families.

As part of the Scottish Budget 2020/21 announcement the government confirmed that there will be a cost of living increase for payments of Carer's Allowance, Carer's Allowance Supplement, Young Carer Grant and the Funeral Support payment.

The draft Scottish Budget confirmed that funding for the Scottish Welfare Fund and funding to fully mitigate Bedroom Tax losses in 2020/21 will be provided as follows:

- Funding of £59.7 million to councils to fully mitigate the effects of bedroom tax losses in 2020/21;
- Additional funding of £12.9 million will be provided for Discretionary Housing Payments;
- Funding will be provided to councils, with the Scottish Welfare Fund funding level increasing by £2.5 million from £33 million to £35.5 million

#### **D5 Scottish Economic Growth**

The SFC contributes to the Scottish Budget process by providing estimates and forecasts on growth. As income tax has been devolved to Scotland, forecasts for economic growth have an impact on income tax estimates. The Scottish Budget is set based on forecasts and as information on actual revenues and spending becomes available the Scottish Government's funding is altered in response. For the first time, an income tax reconciliation has been applied to the Budget, this relates to income tax from 2017-18, however the impact of the tax reconciliation will not be felt until after the next Scottish Parliament election as the government has borrowed additional monies to fund the impact of the tax reconciliation which is due to be repaid in five years time.

Uncertainty about both the nature and timing of Brexit has resulted in subdued growth over the last year and increased the volatility between quarters. Concerns remain about slowing global growth, particularly in the Euro Area, and this is expected to affect Scotland's growth forecasts with a weaker economic outlook over the longer term.

If current Scottish growth forecasts prove to be optimistic and have to be revised downwards in future, this would have a negative impact on the overall resources available within the Scottish Budget due to the reconciliations between the actual revenue collected and the Block Grant Adjustment. The current forecast reconciliations for 2021/22 and 2022/23 do not look positive and are forecast to have an impact of £555 million in 2021/22 and £211 million in 2022/23. The Scottish Government has a resource reserve to mitigate reconciliation and forecast errors, however this is restricted to a drawdown of £250 million annually.

In 2020-21 the Scottish Government is planning to draw down £106 million from the resource reserve, along with borrowing £207 million, with the SFC assessing this as reasonable. However the SFC notes that due to the large reconciliations forecast for the next two financial years that the Scottish Government need to further consider how to manage the reconciliations in future years.

## D6 Initial Estimate of Implications for Local Government

In 2020/21, the total managed expenditure available within the local government portfolio is £10,907 million. This figure includes general revenue and capital grant funding, specific revenue and capital grants, as well as an estimate of non-domestic rate income. There are a number of other funding allocations linked to individual policy initiatives held within other spending portfolios and, taking account of this, the total 2020/21 local government funding settlement is £11,335.9 million. The formula share of the revenue grant, non-domestic rate income and capital grant for each council is set out in Finance Circular 1/2020, published on 6 February 2020. The total funding for local government as set out in the circular based on the Scottish Draft Budget is set out below:

Table 3 – Scottish Government Funding to Local Government

	2019/20 Budget £'M	2020/21 Draft Budget £'M	Movement £'M
<b>Revenue Funding</b>			
General Revenue Grant	6,948.06	7,073.06	125.00
Non Domestic Rates Income (NDRI)	2,853.00	2,790.00	(63.00)
Specific Grants	507.73	709.75	202.02
<b>Total Revenue Funding</b>	<b>10,308.8</b>	<b>10,572.8</b>	<b>264.02</b>
<b>Capital Funding</b>	<b>1,092.21</b>	<b>763.14</b>	<b>(329.07)</b>
<b>Total Government Funding to Local Government</b>	<b>11,401.01</b>	<b>11,335.94</b>	<b>(65.05)</b>

The allocations to individual local authorities contained in the finance circular have been arrived at using the standard needs based distribution methodology and updated indicators.

The overall revenue funding available to local government in 2020/21 will increase in cash terms by £264.02 million, which is 1.8% real terms growth. However, there is a significant decrease to capital funding available to local government in 2020/21 resulting in an overall funding reduction of £65 million. The real terms increase in revenue funding is attributed to additional ring fenced funding which is earmarked for the delivery of additional Scottish Government investment priorities.

Therefore, although total revenue funding to Local Authorities is increasing by £264 million, if ringfenced funding for new spend commitments required is deducted, the actual movement in core baseline funding is a cash reduction of £95.4 million. This is shown in the table below.



Table 4 – Decrease in Core LG Revenue Funding After Deduction of Ringfenced Funding

	£'000
Cash Increase in Total Revenue Funding for Local Government	264,018
<u>Less: Funding Earmarked for National Priorities</u>	
Early Learning and Childcare	(201,000)
Health and Social Care and Free Personal Care	(83,900)
Mental Health Counsellors in Schools	(4,000)
Carers Act	(12,100)
Discretionary Housing Payment	(7,456)
Teachers Pay and Pensions	(51,000)
Total	(359,456)
<b>Cash Decrease in Total Revenue Funding for Local Government in 2020/21</b>	<b>(95,438)</b>

In terms of additional funding for Social Care, an additional £100 million will be transferred from the Health portfolio to Local Authorities in year for investment in health and social care and mental health services that are delegated to Integration Authorities. The additional £100 million includes funding for the real Living Wage, uprating of free personal and nursing care payments, implementation of the Carers Act and further support for school mental health counselling services.

This funding is to be additional to each council's 2019/20 recurring budgets for social care and not substitutional. This means that the full benefit of this additional funding of £100 million is to be allocated to Integration Authority delegated functions or to non delegated care functions as relevant (e.g. where this relates to Children's services).

#### D7 West Lothian Council Funding Implications

The provisional distributable revenue grant allocation for West Lothian Council contained in the circular is £341.265 million. This does not include a number of funding streams, whose distribution is still to be agreed and will increase the council's grant allocation contained in the circular. Assuming the 2020/21 unallocated funding is provided to local authorities on the basis of 2019/20 allocations, the council would receive an additional £1.007 million in funding, although this is still subject to confirmation. This would potentially bring the funding received by West Lothian Council to £342.272 million, which is £6.429 million greater than the equivalent figure in 2019/20.

However, it is important to note that within the provisional West Lothian allocation there is £9.923 million of funding which relates to new additional expenditure commitments for 2019/20. This includes £2.77 million of confirmed funding relating to the council's share of an additional £100 million Scotland wide relating to IJB social care functions. This has been provided to meet the additional costs associated with:

- Delivery of Carers Act requirements
- Additional Investment in Social Care / Integration including payment of Living Wage
- Uplift to Free Personal and Nursing Care Allowances

Taking account of additional expenditure commitments required for 2020/21, there is a net cash decrease in core baseline grant funding for West Lothian Council of £3.519 million as shown in the table below.

Table 5 – Movement in Core Baseline Funding for West Lothian Council (Cash)

<b>WEST LOTHIAN COUNCIL</b>	<b>£'000</b>
2019/20 Scottish Government Grant Funding	335,868
2020/21 Scottish Government Grant Funding	342,272
<b>Gross Increase in Grant Funding</b>	<b>6,404</b>
Less: Specific/Ringfenced Grants for Scottish Government Commitments	(9,923)
<b>Net Decrease in 2020/21 Core Baseline Funding</b>	<b>(3,519)</b>

It should be stressed that this may be subject to further update if there are any further changes confirmed as part of the Scottish Parliament approval process or resulting from the announcement of the UK Budget.

## **D8 Initial Implications for NHS Boards**

Along with the 2020/21 Draft Scottish Budget announcement on 6 February 2020, a letter was issued from the Interim Director of Health Finance and Governance at the Scottish Government setting out further information on indicative 2020/21 budget allocations to NHS Boards.

### Overall Baseline Funding

Based on this letter, Territorial Boards will receive a minimum cash terms uplift of 3% on core baseline funding. In addition to this, those Boards furthest away from NRAC parity will receive a share of £17 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

This will result in a cash terms uplift of £320 million in 2020/21 in baseline funding for NHS Territorial Boards, equivalent to an overall 3.2% uplift.

### Investment in Improving Patient Outcomes

In addition to the baseline funding increase noted above, funding for investment in reforming service delivery will be increased by £121 million as set out below. This funding relates to new spend commitments that will be required to deliver the changes to service delivery.

Table 6 – NHS Improving Patient Outcomes Funding

<b>NHS Investment in Improving Patient Outcomes</b>			
	<b>2019/20 (£M)</b>	<b>2020/21 (£M)</b>	<b>2020/21 Increase (£M)</b>
Primary Care	155	205	50
Waiting Times Improvements	106	136	30
Mental Health and CAMHS	61	89	28
Trauma Networks	18	31	13
<b>Total</b>	<b>340</b>	<b>461</b>	<b>121</b>



In terms of the above funding streams, full details on the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in advance of the new financial year. Further information on the additional funding areas is set out below.

#### Primary Care

Investment in the Primary Care Fund will increase to 205m in 2020/21. This will support the implementation of the GP contract and development of new models of primary care – where multidisciplinary teams of nurses, doctors, pharmacists, AHPs and other clinicians work together to meet the needs of their communities. This includes £10 million to be invested in GP practices.

#### Waiting Times Improvement Plan

Investment of £136 million will be provided to support waiting times improvement and reform. Work will continue to develop Annual Operational Plan submissions, with specific focus on inpatient and day cases, as well as wider plans to deliver sustainable solutions, including progress against the development of elective centres. Included in this funding is £10 million for winter 2020/21.

#### Mental Health and CAMHS

Funding of £89 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. There is a commitment to build on previous support to Territorial and National Boards through ongoing delivery of the Mental Health Outcomes Framework. The Mental Health Services budget also includes funding to be directed to Integration Authorities for the recruitment of 800 additional Mental Health workers as outlined in Action 15 of the Mental Health Strategy

#### Trauma Networks

This funding will increase by £18 million to £31 million, taking forward the implementation of trauma networks.

When combining the £121 million increase in investment in reform with an increase of £333 million in baseline funding for NHS Boards, the total additional funding for NHS Frontline Boards will amount to £454 million (4.2%) in 2020/21. In terms of Integration Authorities, the 2020/21 NHS payments for delegated functions must deliver an uplift of at least 3% over 2019/20 agreed recurring budgets.

It should also be noted that the overall portfolio budget includes an additional £12.7 million to tackle the harm associated with the use of illicit drugs and alcohol. It is expected that investment by Board and Integration Authorities will increase by 3% over and above 2019/20 recurring budgets for Alcohol and Drugs to help address these issues. Officials will discuss investment plans for this funding with NHS Boards and Integration Authorities in the coming months.

### **D9 NHS Lothian Funding Implications**

In terms of NHS Lothian, the funding letter from the Director of Health Finance and Governance sets out a cash increase of £57.4 million (3.9%) in 2020/21 baseline funding. This increases total baseline funding for NHS Lothian to £1,540.1 million in 2020/21. As noted, Lothian's share of further additional national investment in improving patient outcomes of £121 million is subject to further confirmation.

Further work has been progressed to assess the implications for the 2020/21 NHS Lothian budget and for those functions delegated to the IJB. This is reflected in the separate 2020/21 Financial Assurance report to this Board meeting.

**D10 High Level Considerations and Implications for West Lothian IJB**

Based on the 2020/21 Draft Scottish Budget, Partner bodies are now in a more informed position to consider their 2020/21 financial plan. The implications of the budget announcement on previous 2020/21 budget and funding assumptions have been assessed by both partner bodies. However, there remain a number of uncertainties around various funding streams and it is important clarification is obtained as soon as possible. In addition, at the time of this report being finalised, the Scottish Budget is still subject to confirmation and approval by the Scottish Parliament. Any changes that may result from the Scottish Budget being approved could potentially impact on Partner body funding and as result, IJB funding.

Further, the UK Budget is due to be announced on 11 March 2020 and could also have further implications for currently assumed Scottish Budget funding. The position will continue to be kept under review with any necessary updates on funding implications to West Lothian IJB being reported to the Board.

An important element of partner body 2020/21 budget planning will be the delegated budget contributions made to the IJB for 2020/21. With regard to this, the IJB Chief Officer and Chief Finance Officer have liaised closely with both partner bodies as part of the due diligence and financial assurance assessment undertaken on the annual contribution to the IJB. The current 2020/21 Partner budget assumptions and resulting contributions to the IJB are set out in a separate report to this Board meeting along with proposed Directions to partners on the utilisation of the resources.

**E CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

**F REFERENCES/BACKGROUND**

Scottish Budget 2020/21 published by the Scottish Government on 6 February 2020

**G APPENDICES**

None

**H CONTACT**

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10 March 2020

## West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 13

### **IJB FINANCE UPDATE AND QUARTER 3 FORECAST**

#### **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 3 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

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

<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
<b>National Health and Wellbeing Outcomes</b>	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of outcomes.
<b>Strategic Plan Outcomes</b>	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
<b>Single Outcome Agreement</b>	The 2019/20 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.

<b>Impact on other Lothian IJBs</b>	None.
<b>Resource/Finance</b>	The 2019/20 budget resources relevant to functions that will be delegated to the IJB from 1 April 2019 have been quantified at £240.1 million.
<b>Policy/Legal</b>	None.
<b>Risk</b>	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

## **D TERMS OF REPORT**

### **D1 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.

### **D2 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.

### D3 2019/20 Summary Budget Outturn Forecast for IJB Delegated Functions

The table below reflects the 2019/20 forecast position based on the quarter 3 forecast.

	2019/20	2019/20	2019/20
	Budget £'000	Forecast £'000	Variance £'000
Core West Lothian Health Services	110,645	111,150	505
Share of Pan Lothian Hosted Services	21,897	21,571	(326)
Adult Social Care	75,144	75,144	0
<b>Payment to IJB - Total</b>	<b>207,686</b>	<b>207,865</b>	<b>179</b>
Share of Acute Set Aside	32,375	33,650	1,275
<b>Total Contribution</b>	<b>240,061</b>	<b>241,515</b>	<b>1,454</b>

The table shows that at this stage of the financial year an overspend of £1.454 million is forecast against IJB delegated functions. As detailed above, an overspend of £179,000 is forecast on the payment to the IJB and an overspend of £1.275 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 £1.454 million relates to Health functions This represents an increase of £483,000 from the position reported at the end of the last quarter. This is due to increasing cost trends within Prescribing, where the forecast underspend for the year which was offsetting pressures elsewhere, has significantly reduced.

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.

### D.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 staff costs. This is driven by high levels of bank staff usage to cover patient acuity, vacancies and sickness levels.

Other areas to note include Mental Health where a pressure of £459,000 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 £78,000 on the previously reported position.

Prescribing continues to be a risk that is being closely monitored. At this stage an underspend of £150,000 is forecast for 2019/20, but as noted this is a significantly reduced position from the previously reported underspend of £779,000. Increases to unit costs and volumes have led to the increased spend forecast in this area.

### **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 £116,000. This is due to pressures across the service, particular within specialist and inpatient services. This is a slightly improved position on the previous quarter 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 and costs 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.

There is also an underspend in expenditure within care at home provision. This is due to capacity issues with external providers. This is however being fully reinvested in purchasing additional care from agencies and one off investment in internal care staff resources to cover the shortfall and support service delivery.

### **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 £1.275 million and the key pressures are noted below.

Emergency Department and Minor Injuries – An 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 quarter reported to the Board.



General Medicine - An overspend of £142,000 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 £103,000 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 in 2020/21.

## D5 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 £5.592 million of budget savings identified. At this stage, the monitoring undertaken estimates that this will be substantially achieved (94% 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.

<b>2019/20 Budget Savings</b>	<b>2019/20 Budgeted Savings £'000</b>	<b>2019/20 Forecast Achievable £'000</b>	<b>2019/20 Variance £'000</b>
Core West Lothian Health Services	1,518	1,404	114
Share of Pan Lothian Hosted Services	276	227	49
Adult Social Care	2,859	2,859	0
Share of Acute Set Aside	939	780	159
<b>Total Savings</b>	<b>5,592</b>	<b>5,270</b>	<b>322</b>

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.

## D6 Summarised Budget Position for 2019/20

The monitoring position for IJB delegated functions delivered by the council and NHS Lothian is an overspend of £1.454 million. This is made up a £179,000 overspend on payment functions and a £1.275 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 22 January 2020 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 3 forecast and moderate assurance has been provided on achieving a breakeven position for NHS Lothian overall. Taking account of this, and in line with the Integration Scheme, it has been advised that NHS Lothian will make an additional payment to the IJB to meet the final year end overspend, currently £1.454 million, which would mean a breakeven position is achieved.

The next meeting of Finance and Resources Committee on 25 March 2020 will provide a further update on the NHS Lothian budget position for 2019/20.

#### 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 at this stage it is anticipated that a breakeven position can be achieved in 2019/20.

## **E CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

## **F REFERENCES/BACKGROUND**

West Lothian Integration Scheme

## **G APPENDICES**

Appendix 1 – IJB 2019/20 Budget Update

Appendix 2 – IJB Finance Risk Update

Appendix 3 – Delivery of 2019/20 Budget Savings

## **I CONTACT**

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10 March 2020







**WEST LoTHIAN INTEGRATION JOINT BOARD - 2019/20 BUDGET UPDATE**

	<b>2019/20 Budget £'000</b>	<b>2019/20 Forecast £'000</b>	<b>2019/20 Variance £'000</b>
<b>Core West Lothian Health Services</b>			
Community Equipment	974	548	-426
Community Hospitals	2,364	2,586	222
District Nursing	4,066	3,873	-193
General Medical Services	29,080	28,940	-140
Mental Health	16,478	16,937	459
Other Core	12,197	12,930	733
Prescribing	35,953	35,803	-150
Resource Transfer	9,533	9,533	0
<b>Core West Lothian Health Services - Total</b>	<b>110,645</b>	<b>111,150</b>	<b>505</b>
<b>Share of Pan Lothian Hosted Services</b>			
Hosted GMS	2,668	2,665	-3
Hospices	922	922	0
Learning Disabilities	2,913	3,029	116
Lothian Unscheduled Care Service	2,524	2,524	0
Mental Health	256	256	0
Oral Health Services	3,649	3,573	-76
Other Hosted Services	110	65	-45
Rehabilitation Medicine	881	795	-86
Psychology Service	1,833	1,906	73
Sexual Health	1,346	1,386	40
Substance Misuse	900	895	-5
Therapy Services	2,516	2,427	-89
UNPAC	1,379	1,128	-251
<b>Share of Pan Lothian Hosted Services - Total</b>	<b>21,897</b>	<b>21,571</b>	<b>-326</b>
<b>Adult Social Care</b>			
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
<b>Adult Social Care - Total</b>	<b>75,144</b>	<b>75,144</b>	<b>0</b>
<b>PAYMENT TO IJB - TOTAL</b>	<b>207,686</b>	<b>207,865</b>	<b>179</b>
<b>Acute Set Aside</b>			
Accute Management	1,048	1,107	59
Cardiology	1,749	1,788	39
Diabetes	730	744	14
ED & Minor Injuries	5,142	5,966	824
Gastroenterology	1,242	1,282	40
General Medicine	7,362	7,504	142
Geriatric Medicine	5,286	5,224	-62
Infectious Disease	770	746	-24
Junior Medical	5,443	5,546	103
Therapies	662	682	20
Outpatients	108	89	-19
Rehabilitation medicine	726	759	33
Respiratory Medicine	2,107	2,213	106
<b>Acute Set Aside - Total</b>	<b>32,375</b>	<b>33,650</b>	<b>1,275</b>
<b>TOTAL DELEGATED IJB FUNCTIONS</b>	<b>240,061</b>	<b>241,515</b>	<b>1,454</b>



## 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	£459,000	The forecast overspend for Mental Health has worsened since 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	£116,000	The forecast position for Learning Disabilities has improved since last quarter. 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 from 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	£142,000	The position has improved slightly 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	£103,000	The forecast overspend for Junior Medical has increased by £23,000 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
Respiratory Medicine	£106,000	The Respiratory Medicine pressure reflects staffing pressures. Similar to other pressures this reflects use of agency and bank nursing and cover for sickness absence.
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 is unchanged from the previously reported position. There is a continuing pressure in the current year within support services related to spend associated with covering for staff absences.

**Strategic Risks**

Risk Area	Impact / Description
Pay Awards / Costs	Health and council pay awards have been agreed for 2020/21 so there is a degree of certainty around costs for 2020/21 although it will be important that sufficient funding is provided to meet these costs in future years.
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 savings 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 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 £1.4 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 2020 Living wage has recently been announced at £9.30 per hour. This represents a 3.33% increase on the previous rate and funding has been provided in the 2020/21 Scottish Government budget for this. It will be important that future living wage uplifts continue to be funded by the Scottish Government.
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 demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding in liaison with Scottish Government will be required going forward.

## Appendix 2

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.





## WLIJB Savings 2019/20

### Quarter 3 Update on Delivery of Savings

	2019/20 Budgeted Savings £'000	2019/20 Forecast Achievable £'000	2019/20 Variance £'000
<b>Social Care Savings</b>			
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
	<b>2,859</b>	<b>2,859</b>	<b>0</b>
<b>Health Savings</b>			
Community Equipment	11	1	10
Community Hospitals	50	50	0
GP Prescribing	958	958	0
Management Redesign	105	105	0
PC Services and Management	81	67	14
Mental Health Service Redesign	314	223	91
Hosted Services Redesign	276	227	49
Acute Services Redesign	939	780	159
	<b>2,733</b>	<b>2,411</b>	<b>322</b>
<b>Total</b>	<b>5,592</b>	<b>5,270</b>	<b>322</b>



# West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 14

## CARE AT HOME

### REPORT BY HEAD OF SOCIAL POLICY

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

- A.1** The purpose of the report is to provide the Integration Joint Board with an update on the implementation of the Care at Home contract awarded on 1<sup>st</sup> October, 2019.

#### **B RECOMMENDATION**

- B.1** It is recommended that the West Lothian Integration Joint Board note the contents of the report

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

**C1 Directions to  
NHS Lothian  
and/or West  
Lothian  
Council**

The existing direction will be reviewed on an annual basis.

**C2 Resource/  
Finance**

The agreed budget for the Care at Home Framework is:

2019/20 – 23/24 is £32.8m.

**C3 Policy/Legal**

Relevant legislation includes:

- Social Work (Scotland) Act 1968
- Community Care and Health (Scotland) Act 2002
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) Act 2014
- Social Care (Self-directed Support) (Scotland) Act 2013
- Standing Orders of West Lothian Council
- Public Contracts (Scotland) Regulations 2015 ,
- Public Contracts (Scotland) Regulations 2016

<b>C4</b>	<b>Risk</b>	The risk associated with supply of care at home services is captured in the IJB risk register which is scrutinised bi-monthly by the Audit Risk and Governance Committee
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
<b>C6</b>	<b>Environment and Sustainability</b>	N/A
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	<p>The delivery of Care at Home Services in West Lothian, in line with the National Health and Wellbeing Outcomes, aims to:</p> <ul style="list-style-type: none"> <li>• focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.</li> <li>• ensure that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.</li> </ul>
<b>C8</b>	<b>Strategic Plan Outcomes</b>	<p>The delivery of Care at Home Services contributes to the delivery of the Strategic Plan's outcome in particular:</p> <p>Older people are able to live independently in the community with an improved quality of life.</p> <p>We live longer healthier lives and have reduced health inequalities.</p>
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	<p>Older people are able to live independently in the community with an improved quality of life</p> <p>We live longer, healthier lives and have reduced health inequalities.</p>
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **D.1 Strategic Relevance**

Care at Home services have a key role to play in the implementation of the West Lothian Integration Joint Board Strategic Plan in relation to addressing the main challenges to health improvement i.e. an ageing population, persistent health inequalities, the continuing shift in the pattern of disease towards long term conditions and growing numbers of people with multiple conditions and complex needs.

Our strategic aim of Shifting the Balance of Care is highly dependent on delivering the right care, at the right time in the right place. The service landscape is complex and must support key principles associated with the Self Directed Support legislation ensuring that service users and carers have choice and control over how their care is delivered.

### **D.2 The Care Market - National level**

The Care at Home Services market in Scotland is comprised of a range of small, medium and large-scale organisations. The top 10 providers account for 53% of annual national spend and the top 20 providers account for 68% of annual national spend. Only 32% of services are delivered by small locally based providers.

It is significant that approximately 80% of the hourly rate for Care at Home services is comprised of salary costs and salary-related on-costs. Service providers in this industry tend to operate on a low return on investment with fairly tight margins. Contract strategies therefore need to take account of this vulnerability through proportionate contract monitoring and robust provider relationships to ensure that there is a balance between affordability and stability of service.

Given the complexity of the market and the need to ensure that service users and their families have access to personalised options, most authorities have opted for 'Framework Agreements' rather than more traditional 'Block Contracts'

### **D.3 Background to previous contract**

The previous Care at Home Framework in West Lothian was awarded on a competitive tender basis and commenced on 1st January 2016. The contract strategy aimed to support geographical concentration with a relatively limited number of providers delivering care in pre specified 'lots'. The contract strategy did not support continuing care delivery with unsuccessful applicants for the new framework agreement.

This contractual model proved challenging to deliver with a high percentage of service users exercising their right via the Self-Directed Support (SDS) legislation to remain with existing providers. As such the new providers were not in a position to achieve rapid growth in the local market.

While a high volume of care was delivered to a high standard, the framework did not deliver to full capacity resulting in unmet need and Delayed Discharges in from hospital.

In February 2019 it was agreed that a new Contract Strategy would be developed to deliver Care at Home Services in West Lothian. In line with the requirements of the Standing Orders of West Lothian Council, the Public Contracts (Scotland) Regulations 2015, the Public Contracts (Scotland) Regulations 2016 and to ensure best value, a competitive tender exercise was undertaken.

#### **D.4 Overview of Contract Strategy 2019**

The Contract Strategy was fully informed by an analysis of the performance of the previous commissioning arrangements in the sector. In addition a comprehensive review of the needs of the local community was undertaken which took account of the challenging demographic projections in West Lothian as well as the strategic aims of the Integration Joint Board (IJB).

As part of the development of the Contract Strategy a comprehensive Options Appraisal was undertaken to consider the procurement route and the contract model. Following this exercise it was agreed that the preferred model was a Flexible Framework as this would offer business stability and provide the foundation for growth but did not commit all of the partnership's resources to a limited range of providers. A Flexible Framework allows scope for the commissioner to further facilitate the market during the term of the agreement should this be required and also supports the Self Directed Support agenda.

Some of the key activities that informed the development of the Contract Strategy were:

- Benchmarking
- Review of local Strategic Developments
- Provider Engagement
- Budget Modelling

The following is a summary of the three key elements of the West Lothian Care at Home Contract Strategy:

## **1. Contract Model.**

The aim of the new framework was to attract a wider range of providers into the local area and build capacity within the market while building on the existing good relationships with providers to develop a supplier relationship management approach.

Financial modelling for the contract recognised and took account of the challenges around recruitment and retention. It was also recognised that the aspiration to introduce Electronic Call Monitoring (ECM) would not be cost neutral for potential providers (see below). Taking this into account and complying with the UK Home Care Organisation, a financial uplift of 9.4% against the 2018/19 hourly rate was agreed. This translates to an hourly rate of £18 per hour which balanced affordability with the need to offer an attractive and competitive rate to stimulate.

Existing packages of care were excluded from the tenders in order to minimise disruption to service users. This was a key change in the approach that was taken to promote continuity of care. The contract model did not require existing service users to transition to new providers. The contract design is flexible enough to allow unsuccessful applicants to continue to function 'off framework.

## **2. Whole System Approach.**

The second element of the contract strategy is the implementation of a whole system approach. This aims to ensure that the Framework is seen within the wider context of all support services, including those delivered internally to ensure that there is an appropriate continuum of support available for service users. It should be noted that alongside the development of the Framework there has also been a significant investment in in-house health and social care services to support delivery of the Home First Model.

Essential to taking forward a whole system approach is robust supplier relationship management which builds on existing good relationships between providers and the Council. This is in line with the West Lothian Integration Joint Board's Market Facilitation Plan which states that collaborative and partnership working with key stakeholders is essential to ensure that the current and future needs of local people in West Lothian are met.

### **3. Introduction of Electronic Call Monitoring.**

As mentioned, the new framework agreement incorporates Electronic Call Monitoring (ECM) into the service provision.

Electronic call monitoring supports the strategic aim to move away from time and task and towards outcomes focussed provision. ECM offers more scope for the service user to determine how their care needs are met while still offering the assurance that the service level associated with their individual budget is fully delivered.

Also over time it is expected that the Introduction of ECM will help to reduce transactional costs for both the Council and the market.

The Council will make payment based on contact time (within the bandings outlined in (Appendix 1) rather than commissioned hours.

#### **D.5 Contract**

Following a competitive tendering exercise the contract was awarded on 1st October 2019, 12 providers were successful and were invited onto the Framework, one provider has since withdrawn leaving at total of 11 providers on the Framework.

Of the 11 successful applicants, 5 were existing framework providers.

During this implementation phase providers have been recruiting staff, establishing an operational base in West Lothian, obtaining Care Inspectorate registration where required and implementing CM2000, the Electronic Call Monitoring solution. In line with the Contract Strategy council officers have been in close contact with the providers to establish strong working relationships, support them onto the framework and promote partnership working.

#### **D.6 Framework Performance to date**

While good progress has been made to date by new providers, the collective growth in the market has not yet peaked to deliver partnership aspirations in terms of eradicating unmet need, including unnecessary delays in hospital. This is creating considerable pressure in the system and impacts not only on local performance but across NHS Lothian.

Officers have been working closely with providers to understand business development plans including projections for planned growth. There is a wide variance across providers with projected business models range from the delivery of 500 hours per week for some to 2,500 hours per week for other.

This is in line with the contract strategy in that it provides a mixed economy of providers, more suited to the particular geographical challenges in West Lothian, and reduces reliance on a few large scale providers.



It is anticipated the framework providers would need to increase their capacity to 10,000 to meet unmet need, on the basis of current projection this will be achieved by July 2020.

It should be noted that the delivery of this capacity is dependent on a range of factors, most notably recruitment and retention.

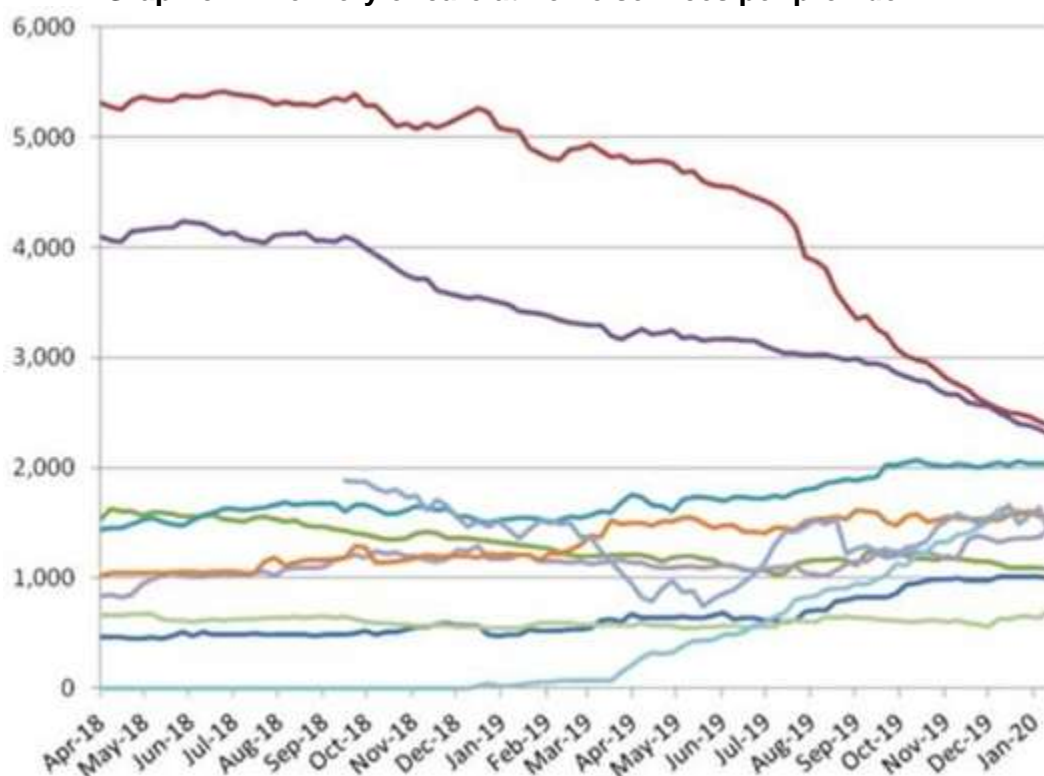
The strategic objective is to decrease dependence on Off-Framework Providers and work to increase the capacity on the Flexible Framework to around 17,000 hours over the next 2 years.

A number of factors have impacted on the implementation of the Framework, these include:

**Provider Redesign** - The contract strategy was developed on the premise that if existing providers were successful all care hours would transfer to the terms of the new framework. Following a range of business issues, the two largest framework providers in these circumstances concluded that the volume of business currently commissioned was unsustainable. Supporting their transition to a smaller scale business was considered by officers to present less risk than other available options. These circumstances resulted in an overall reduction of 4,831 hours between March 2019 and January 2020. This represented 32% of total hours commissioned.

The graphic below illustrates the level of care hours that were transitioned to other providers and highlights the extent of the challenges faced by the system.

**Graphic 1 - Delivery of care at home services per provider**



It should be noted that while these hours of care were accommodated within the new delivery model it did restrict the opportunity for providers to build additional capacity into the system in the short term.

- **Recruitment** for social care services is a national issue and is not limited to West Lothian. However, there are some additional local challenges insofar as West Lothian has a relatively robust economy and recruitment in the care sector competes with strong performance in the retail and distribution markets.
- **PVG Checks**  
Providers reported lengthy delays in the time taken for PVG checks to be completed between October 2019 and January 2020. Again this is a national issue and has now improved.
- **Care Inspectorate Registration**  
Where providers were required to vary their Care Inspectorate registration to allow them to operate in West Lothian, they reported that they were experiencing significant delays. This issue has now been resolved.

## D.7 Improvement Activities

In recognition of the critical significance of this sector in improving outcomes for service users a range of urgent improvement actions have been implemented;

- An investment in 2 dedicated FTE contracts officers to support provider development with a particular focus on those new to the local market.
- Additional investment in agency resources to increase capacity of in house Care at Home services
- Identification of geographical 'runs' which are more economically viable for provider
- Additional investment in the Rapid Elderly Assessment Care and Treatment team (REACT)
- Reviewing the approach to recruitment for internal vacancies and development of a local longer term recruitment plan
- Market Facilitation – as mentioned the development of a framework contract is generally considered to offer a stronger business foundation for the growth of new providers. However, the market is not 'closed' and there is potential to support other providers to operate 'off framework'.
- Scottish Care Local Integration Lead liaising with all local providers to provide the support of the representative group
- Consideration of opportunities which might be presented by the development of the new National Flexible Care and Support Framework, developed by Scotland Excel and due to be implemented in Spring 2020

## **D.8 Summary and Conclusion**

The delivery of Care at Home services in West Lothian is key to achieving the IJB's strategic aim of shifting the balance of care by ensuring that care and support is delivered at home or closer to home rather than in hospital or other institutions.

This report focuses on the operational delivery associated with the implementation of the revised Care at Home Framework Agreement. This is one key element of the overall strategic ambition to deliver more co-ordinated and streamlined services to ensure people receive the services and supports they require where and when they need them. The Board has recently approved Joint Commissioning plans for Older People, Learning Disability, Physical Disability and Mental Health and is aware of the revised structure which has been implemented to support those strategic developments.

The performance of this particular contract is being closely monitored. While this remains challenging, the early indications are that the market strategy is supporting recovery after the loss of capacity outlined in the body of the report. The contract model is flexible enough to support revised approaches to market facilitation should future variations seem likely to impact adversely on objectives.

## **E CONSULTATION**

To inform the development of the contract strategy key colleagues across the Health and Social Care Partnership have been engaged with. Colleagues within key enabler services were also engaged with, in particular the Council's Finance Management Unit, Corporate Procurement Unit and Legal Services.

Provider engagement has also been a key feature of the scoping phase of the project with a provider engagement event was held and a provider survey was undertaken.

## **F REFERENCES/BACKGROUND**

*None*

## **G APPENDICES**

Appendix 1 – Electronic Call Monitoring Overview

## **H CONTACT**

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Assessment and Prevention

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10<sup>th</sup> March 2020



## **Appendix 1**

### **Electronic Call Monitoring**

The Council will make payment based on the actual times recorded in the CM2000 system, which have been adjusted in accordance with the agreed banding rules in Table below:

#### **Banding Rules**

<b>Bandings</b>	<b>Paid Duration</b>
1 minute to 22 minutes	15 minutes
23 minutes to 37 minutes	30 minutes
38 minutes to 52 minutes	45 minutes
53 minutes to 67 minutes	60 minutes
Etc.	Etc.



# West Lothian Integration Joint Board

Date: 10 March 2020

Agenda Item: 15

## **SELF-EVALUATION ACTION PLAN – PROGRESS UPDATE**

### **REPORT BY CHIEF OFFICER**

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

The purpose of this report is to update the Board on progress made against the joint action plan submitted to the Scottish Government at the request of the Ministerial Strategic Group for Health and Community Care following its Review of progress with Integration of Health and Social Care.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Note that the Ministerial Strategic Group for Health and Community Care requested that every Health Board, Local Authority and Integration Joint Board jointly submit a self-evaluation of progress with integration to the Scottish Government and an associated plan for improvement;
2. Note that an action plan was agreed by all three partners and submitted to the Scottish Government on 23 August 2019; and
3. Note the progress made against the agreed actions.

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

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	Within current resources
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	None

<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Furthering progress with Integration will to contribute to health and wellbeing outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	The revised Strategic Plan sets out how the IJB intends to further Integration in West Lothian.
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	Furthering progress with Integration will contribute to health and wellbeing outcomes.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	Impact to other Lothian IJB's should be considered as part of the action plan.

## **D TERMS OF REPORT**

### **D1 Background**

- 1.1 A report was produced by the Ministerial Strategic Group for Health and Community Care; Review of progress with Integration of Health and Social Care in February 2019. This report noted an expectation that "every Health Board, Local Authority and Integration Joint Board will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress."
- 1.2 IJBs, Local Authorities and Health Boards were subsequently asked to jointly submit a self-evaluation of progress with integration to the Scottish Government, which was focused on the 25 proposals contained in the review report.
- 1.3 The Board's Development Session on 20 February 2019 was utilised to discuss the proposals and improvement actions and the submission was agreed between IJB, council and health board.



## **D2 Improvement Plan**

- 2.1 On 18 July 2019, the Scottish Government emailed Chief Executives of councils and health boards, Chief Officers and Chairs of IJBs to request that more detailed improvement plans be submitted to allow an update to be provided to the Ministerial Strategic Group for Health and Community Care.
- 2.2 An action plan was subsequently developed in consultation with council and health board and was submitted on 23 August 2019.
- 2.3 Progress against these actions have been noted against the original action plan and this is attached as Appendix 1.

## **E CONSULTATION**

All three parties (IJB, council and health board) have been consulted as part of the self-evaluation process.

The IJB discussed the self-evaluation as part of its Development Session on 20 February 2019.

## **F REFERENCES/BACKGROUND**

NHS in Scotland 2018 – 25 October 2018

Health and Social Care Integration: Update on Progress, report by Audit Scotland

Local government in Scotland: Financial overview 2017/18 – 29 November 2018

Ministerial Strategic Group for Health and Community Care; Review of progress with Integration of Health and Social Care

IJB Audit, Risk and Governance Committee meeting of 12 December 2018

IJB meeting of 12 March 2019

## **G APPENDICES**

Appendix 1: Self-Evaluation Action Plan – Progress Update

**H      CONTACT**  
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10 March 2020

**West Lothian Self-evaluation for the review of progress with Integration  
Action Plan 2019-20**

<b><u>Summary of Recommendation</u></b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>	<b><u>IJB Action Proposed</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Timescale</u></b>	<b><u>Update</u></b>
<b>Theme: Collaborative leadership &amp; building relationships</b>								
1.1 All leadership development will be focused on shared and collaborative practice			✓		<p>Formalise Induction for new members as part of membership review.</p> <p>Plan a timetable of development sessions for 2020, considering Board Members' self-identified development needs</p> <p>Make use of annual self-assessment survey to identify gaps.</p>	<p>Lorna Kemp</p> <p>Lorna Kemp</p> <p>Lorna Kemp</p>	<p>21 January 2020</p> <p>21 January 2020</p> <p>Issue after January meeting annually</p>	<p>Membership review to IJB meeting of 10 March 2020. Induction and member support will be considered at meeting of 21 April 2020.</p> <p>Development session dates proposed at IJB meeting of 10 March 2020.</p> <p>Survey last issued in May 2019 – question set to be approved at meeting of 21 April 2020 and results reported at meeting of June 2020.</p>
1.2 Relationships and collaborative working between partners must improve			✓		A revised strategic planning structure has been agreed by the IJB to develop this area further. This will include Planning and Commissioning Boards for each care group with direct links to the	Yvonne Lawton	From 23 April 2019 and for ongoing development	Planning and Commissioning Boards are established and Commissioning Plans for Mental Health, Older People, Physical Disability and Learning Disability Services were approved by the IJB

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					<p>Strategic Planning Group and on to the Board. Development of strategic commissioning plans for all care groups will involve engagement with partners and stakeholders.</p> <p>Ensure papers are issued in a timely manner for meetings that are not covered by the Standing Orders of committees/boards.</p>	ALL	Ongoing	<p>at its meeting of 21 January 2020. The Strategic Planning Group are considering how performance against the Plans will be monitored. The Plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in December 2019. There is wide representation from partners on each of the Planning and Commissioning Boards.</p> <p>Papers are issued 5 days before meetings in keeping with the Standing Orders for the IJB.</p>
1.3 Relationships and partnership working with the third and independent sectors must improve			✓		<p>A formal evaluation of current arrangements to be undertaken, including reviewing the Participation and Engagement Strategy, to provide assurance that partnership working in this area is as effective as possible.</p> <p>The newly developed Market Facilitation Plan will provide a basis for developing relationships further.</p>	<p>Lorna Kemp</p> <p>Yvonne Lawton</p>	<p>26 November 2019</p> <p>Complete</p>	New Communication & Engagement Strategy approved by the IJB on 21 January 2020. An engagement survey has been issued to all third-sector and independent providers.

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					Locality Plans will include opportunities to work jointly or closer together with the third and independent sectors.	Lorna Kemp	26 November 2019	Locality plans have been published and the Strategic Planning Group has been reviewed to include the remit of Locality Planning and an expanded membership, now including economic development, community planning, social and independent housing, West Lothian Leisure and four openings for service user representation.
<b>Theme: Integrated finances and financial planning</b>								
2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration			✓		Continue to work collaboratively with partner bodies on financial management and planning for IJB delegated resources. Lothian CFO group comprising NHS Lothian Director of Finance, LA S95 officers and IJB CFOs is progressing joint financial planning themes to help ensure there is a joint understanding of budgeting assumptions.	Patrick Welsh	Ongoing	Series of meetings held of Lothian CFO Group. Most recent meeting on 2 March 2020 considered respective body 2019/20 budget positions, the 2020/21 budget settlement and 2020/21 financial planning processes
2.2 Delegated budgets for IJBs must be agreed timeously		✓ NHS	✓ WLC		Continue to work closely with partner bodies to ensure IJB and partners can report annual budgets in advance of 1 April each year. Further progress requires to be made to align budget setting	Patrick Welsh	Annually by 31 March	Report on currently proposed 2020/21 delegated budgets will be reported to the IJB on 10 March 2020 to allow annual budget contributions and directions to be

<b><u>Summary of Recommendation</u></b>	<b><u>Not yet established</u></b>	<b><u>Partly Established</u></b>	<b><u>Established</u></b>	<b><u>Exemplary</u></b>	<b><u>IJB Action Proposed</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Timescale</u></b>	<b><u>Update</u></b>
					timescales to ensure this can be achieved.			agreed and issued in advance of 1 April 2020.
2.3 Delegated hospital budgets and set aside requirements must be fully implemented			✓		Further development of set aside activity budget levels and costs to be progressed in parallel with existing reporting and introduced during 2019/20 to aid planning of service delivery and shift in the balance of care from hospital to community.	Patrick Welsh	31 December 2019	Significant work undertaken reviewing set aside budgets, staffing and activity levels as part of NRAC budget and cost allocation model. In addition, work undertaken to review St John's Hospital is being considered further as part of refining IJB budget allocations going forward.
2.4 Each IJB must develop a transparent and prudent reserves policy				✓	Continue to work within current Reserves Policy and account for any future reserves in line with this.	Patrick Welsh	Completed	Updated IJB Reserves Policy agreed by the Board on 21 January 2020.
2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers			✓		Continue to work collaboratively with partner body finance teams in respect of financial information required to support the Board. Through Lothian CFO group, IJB CFO will work closely with NHS Lothian Director of Finance and LA S95 officer on provision of financial support to IJB.	Patrick Welsh	Ongoing	Lothian CFO group is developing support arrangements further across partner bodies.  Work being progressed on a collaborative basis across Lothian

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					The Integration Scheme provides a structure for the provision of support services, including financial services. The Board has reviewed that provision through its Audit Risk & Governance Committee and Board meetings.			Finance teams to update the Finance section of each Lothian Integration Scheme.
2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations		✓			<p>Continue to work with partners to further develop pooled budgeting principles across the totality of IJB functions and resources. Proposals related to acute hospital services should be considered by the IJB as part of a whole system approach.</p> <p>The new strategic planning structure and its Planning and Commissioning Boards will contribute to this as will a longer term financial planning approach.</p> <p>Lothian CFO group and Integrated Care Forum will assist in further progressing this objective.</p>	Patrick Welsh	Ongoing	New Health and Social Care Transformation Board has been established with a remit to consider service delivery and overall financial resources available across totality of health and social care resources. This will take account of IJB Strategic plan priorities.
<b>Theme: Effective strategic planning for improvement</b>								
3.1 Statutory partners must		✓			The Chief Officer is supported by partner organisations to make			

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB					<p>decisions and has responsibility for the delivery of services from an overall health and social care/IJB perspective.</p> <p>A formal review of support services will be conducted annually. Support services currently provided to the IJB should be formalised to assure Board Members that appropriate support is in place, particularly in relation to fulfilling the Board's statutory obligations.</p>	Lorna Kemp	21 January 2020	Review of support services to be considered at IJB meeting of 21 April 2020. The IJB's Audit Risk and Governance Committee, at its meeting of 11 December 2019, considered that formal Service Level Agreements were not necessary subject to assurance that appropriate alternative arrangements were in place.
3.4 Improved strategic planning and commissioning arrangements must be put in place		✓			A revised strategic planning structure has been agreed by the IJB to develop this area further. New developments include Planning and Commissioning Boards for each care group and development of strategic commissioning plans. The focus of the plans will be on whole system improvement following engagement and consultation with stakeholders.	Yvonne Lawton	30 November 2019	Planning and Commissioning Boards are established for... Commissioning Plans for Mental Health, Older People, Physical Disability and Learning Disability Services were approved by the IJB at its meeting of 21 January 2020. The Strategic Planning Group are considering how performance against the Plans will be monitored. The Plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in



<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
								December 2019. There is wide representation from partners on each of the Planning and Commissioning Boards.
3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place		✓			<p>The recently agreed revised approach to strategic commissioning will address the need for improved capacity in this area and allow improved planning around hospital capacity requirements. Strategic commissioning plans will focus on whole system improvement including hospital functions.</p> <p>Work is taking place across Lothian to consider future commissioning of unscheduled care services and the WLHSCP is linked in to this work with a view to developing a plan which reflects the needs of West Lothian</p>	Carol Bebbington	30 April 2020	Unscheduled Care has been remitted to the Integrated Care Forum to allow this to be planned on a pan-Lothian basis. Awaiting outcome of discussions to inform commissioning plan.
<b>Theme: Agreed governance &amp; accountability arrangements</b>								
4.1 The understanding of accountabilities and		✓			In the event the Chief Officer is unable to resolve the disagreement on behalf of the IJB, a paper would	James Millar	Ongoing	No action required.

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
responsibilities between statutory partners must improve					<p>be presented to the Board for discussion seeking agreement on the course of action for individual issues.</p> <p>Directions received by the council and health board should be acknowledged and reported internally so that each organisation is assured it is complying.</p> <p>IJB Annual Performance Reports should be reported for information to council and health board.</p>	<p>Lorna Kemp</p> <p>Lorna Kemp</p>	<p>31 October 2019</p> <p>31 October 2019</p>	<p>Directions reported to Council Executive on 21 May 2019 and six-monthly compliance reporting cycle agreed. Compliance with Directions reported to Council Executive on 12 November 2019 and further Directions reported on 25 February 2020.</p> <p>Annual Performance Report reported to Council Executive on 19 September 2019. NHS Lothian have requested that IJBs' annual performance reports be sent to their Corporate Governance Team on publication so that they can be reported to the health board.</p>
4.2 Accountability processes across statutory partners will be streamlined		✓			Further work needs to be undertaken to streamline reporting and decision-making processes relating to IJB functions where possible and raising awareness across all partners of what the IJB/LA/NHS are accountable for.	Yvonne Lawton /Lorna Kemp	26 November 2019	The Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. The Strategic Planning Group are considering how performance against the commissioning plans will be

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					Ensure participation in opportunities for developing this aspect further such as participation in the Integrated Care Forum.			monitored. The outcome of a joint inspection on strategic planning is due in June 2020 and we will take cognisance of recommendations in relation to processes and governance.
4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis			✓		See 3.1	See 3.1	See 3.1	See 3.1
4.4 Clear directions must be provided by IJBs to Health Boards and Local Authorities			✓		<p>Action on Directions will be monitored and tracked going forward</p> <p>Detailed Directions were issued in April 2019 and will further developed in 2020 to take account of the priorities identified in strategic commissioning plans to be agreed by the Board in late 2019.</p>	<p>Yvonne Lawton</p> <p>Director</p>	<p>Ongoing</p> <p>1 April 2020</p>	<p>Directions Tracker is established and maintained.</p> <p>The IJB issued further Directions to council and health board following approval of the commissioning plans on 21 January 2020.</p>
4.5 Effective, coherent and joined up clinical and care governance		✓			A review of current arrangements is taking place and will take account of the statutory guidance being developed.	Yvonne Lawton	Complete	

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
arrangements must be in place					A Health and Care Governance Framework has been approved by the Board along with an action plan for developing this area of work during 2019/20.	Yvonne Lawton	30 June 2020	
<b>Theme: Ability &amp; willingness to share information</b>								
5.1 IJB Annual Performance Reports will be benchmarked by Chief Officers to allow them to better understand their local performance data			✓		Additional benchmarking of annual performance reports will allow for development of good practice. All benchmarking should be captured and visible to all who could benefit from it and for the purposes of transparency and accountability.  Feed into networks where benchmarking and sharing of good practice are undertaken	Yvonne Lawton  Yvonne Lawton	Ongoing  Ongoing	A review of IJB annual performance reports has been submitted to the Chief Officers Group. Specific feedback on West Lothian's was largely positive. Recommendations will be incorporated into the annual performance report.  As above.
5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships			✓		The Board must satisfy itself that there are sufficient reporting arrangements in place.  The new strategic planning structure will ensure that a wide range of stakeholders are involved in the development and auctioning of the Strategic Commission Plans to	Yvonne Lawton  Yvonne Lawton	Ongoing  Ongoing	The commissioning plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					ensure their knowledge and experience is captured.			December 2019. There is wide representation from partners on each of the Planning and Commissioning Boards.
<b>Theme: Meaningful &amp; sustained engagement</b>								
6.1 Effective approaches for community engagement and participation must be put in place for integration			✓		<p>To monitor engagement activity and ensure stakeholder views are reflected in the design and development of services.</p> <p>A formal evaluation of current arrangements to be undertaken to provide assurance that community engagement is as effective as possible. Findings to be reflected in a revised communication and engagement strategy.</p> <p>Development of strategic commissioning plans to include community engagement and participation in the process</p>	<p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton</p>	<p>Ongoing</p> <p>26 November 2019</p> <p>30 November 2019</p>	<p>The IJB agreed that the impact of the new Communication and Engagement Strategy would be measured after a period of six months from implementation.</p> <p>The Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. A new Communication &amp; Engagement Strategy was approved by the IJB on 21 January 2020. An engagement survey has been issued to third-sector and independent providers.</p> <p>The Plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in December 2019. There is wide</p>

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					<p>The Locality Planning Groups remit in relation to engagement should be clarified and defined</p> <p>A new website for the partnership is being developed.</p>	<p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton /Lorna Kemp</p>	<p>26 November 2019</p> <p>September 2019</p>	<p>representation from partners on each of the Planning and Commissioning Boards.</p> <p>The Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. The published Locality Plans include a commitment to feed into the existing Regeneration Plans and to work in a more joined up way with Community Planning. A new Health and Wellbeing Group has been established through the Community Planning Partnership and involves engagement with a wide range of partners to develop community led approaches to improvement.</p> <p>Complete.</p>
6.2 Improved understanding of effective working relationships with carers, people using services and local			✓		<p>See 6.1</p> <p>Build on existing good practice to ensure those involved in the development of services have a clear understanding of working effectively with carers and that carer</p>	Yvonne Lawton	30 April 2020	Carers were involved in the extensive engagement for the purpose of developing the commissioning plans and are represented on the Strategic

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
communities is required					representatives are engaged and involved in decision making. Consider the approach adopted to involving carers in the development of the Integrated Discharge Hub, for example, to inform future practice.			Planning Group and the IJB. The Carer Strategy is currently in development and is being produced in close partnership with Carers of West Lothian who are running focus groups to engage with carers to inform the strategy. Feedback will be incorporated alongside the feedback from the published commissioning plans.
6.3 We will support carers and representatives of people using services better to enable their full involvement in integration			✓		<p>Support provided to representatives of carers and service users to be defined as part of wider membership review.</p> <p>Involve carer and community representatives directly in discussions about improvement at the earliest possible opportunity in the planning process.</p> <p>Ensure that improvement plans consider both the cared for and the carer when assessing impact to achieve better outcomes for all.</p>	<p>Lorna Kemp</p> <p>Yvonne Lawton</p> <p>Yvonne Lawton</p>	<p>21 January 2020</p> <p>30 April 2020</p> <p>30 April 2020</p>	<p>Membership review to IJB meeting of 10 March 2020. Induction and member support will be considered at meeting of 21 April 2020.</p> <p>Carers were involved in the extensive engagement for the purpose of developing the commissioning plans and are represented on the Strategic Planning Group and the IJB. The Carer Strategy is currently in development and is being produced in close partnership with Carers of West Lothian who are running focus groups to engage with carers to inform the strategy. Feedback will be incorporated alongside the feedback from the published commissioning plans.</p>





**WEST LOTHIAN INTEGRATION JOINT BOARD**

**WORKPLAN**

**MEETING DATE: 10 March 2020**

Item	Lead Officer	Meeting Date	Recurrence	Reason
Chief Officer's Report – to include the following:	Allister Short	10 March 2020		
<ul style="list-style-type: none"> <li>Complaints and Information Requests</li> </ul>			Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
<ul style="list-style-type: none"> <li>Communication &amp; Engagement Strategy 2020-2023; Branding</li> </ul>				IJB decision on 21 January 2020
Update on review by WLC and NHSL of Integration Scheme	Lorna Kemp	10 March 2020		
Style of Minutes	James Millar	10 March 2020		
Scottish Budget Update	Patrick Welsh	10 March 2020	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
Draft Financial Position 2020/21	Patrick Welsh	10 March 2020		
Care at Home Framework	Jo MacPherson	10 March 2020		
Self-evaluation for the Review of Progress with Integration of Health and Social Care – update on action plan	Lorna Kemp	10 March 2020		

Item	Lead Officer	Meeting Date	Recurrence	Reason
Membership Review (SPG and AR&G)	Lorna Kemp	10 March 2020	To be reviewed biennially – next report Jan 2022	Last reported to IJB on 14 March 2017 but other piecemeal consideration by IJB and AR&GC since then
Proposed Meeting Dates	Anastasia Dragona	10 March 2020	To be agreed annually – March each year	To approve the Board and SPG meeting dates for the coming year (Standing Order 4.1)
Carers Update Report	Ann Pike	21 April 2020		
Consultation on the Review of Mental Health Law in Scotland	Yvonne Lawton	21 April 2020		
Review of Records Management Plan	Lorna Kemp	21 April 2020	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)
Self-assessment	Lorna Kemp	21 April 2020	To be repeated annually	
Annual Review of Support Services	Lorna Kemp	21 April 2020	To be repeated annually	
Clinical Governance Report	Elaine Duncan	30 June 2020	To be presented annually – June each year	Requirement of Integration Scheme and Local Code of Corporate Governance
Annual Accounts (Unaudited)	Patrick Welsh	30 June 2020	Annually by June each year	Required by Local Authority Accounts (Scotland) Regulations 2014
IJB Performance - Balanced Scorecard	Carol Bebbington	30 June 2020	6 monthly update – Dec and June each year	Agreed by Board on 21 November 2018

Item	Lead Officer	Meeting Date	Recurrence	Reason
Review of Performance	Carol Bebbington	30 June 2020	To be reviewed annually – by 31 July each year	Required by Public Bodies (Joint Working) (Scotland) Act 2014
Complaints and Information Requests	Lorna Kemp	30 June 2020	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Self-assessment results	Lorna Kemp	30 June 2020	To be repeated annually	
Waiting Times Performance	Yvonne Lawton	September 2020	Update to be provided annually – August each year	As requested by the Chair to monitor performance
Annual Accounts	Patrick Welsh	September 2020	Annually by 30 Sept each year	Required by Local Authority Accounts (Scotland) Regulations 2014
Complaints and Information Requests	Lorna Kemp	September 2020	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Members' Code of Conduct Annual Report	James Millar	November 2020	Annual report – Nov each year. Review biennially – next review November 2021.	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance
IJB Performance - Balanced Scorecard	Carol Bebbington	November 2020	6 monthly update – Dec and June each year	Agreed by Board on 21 November 2018

Item	Lead Officer	Meeting Date	Recurrence	Reason
Public Bodies Climate Change Duties	Lorna Kemp	November 2020	Annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
Risk Register	Kenneth Ribbons	November 2020	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017
Chief Social Work Officer's Annual Report	Jo MacPherson	November 2020	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
Public Protection Biennial Report	Jo MacPherson	November 2020	To be presented biennially – next report Nov 2022	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
Workforce Development Plan	Carol Bebbington	November 2020	To be reviewed annually – next report Nov 2020	Strategic Development Plan agreed 21 November 2018
Chief Social Work Officer's Annual Report	Jo Macpherson	January 2021	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

Item	Lead Officer	Meeting Date	Recurrence	Reason
Review of Standing Orders (can be merged with Review of Scheme of Delegations)	James Millar	December 2021	To be reviewed biennially – next report Dec 2021	Biennial review agreed by IJB on 20 October 2015
Review of Scheme of Delegations (can be merged with Review of Standing Orders)	James Millar	December 2021	To be reviewed biennially – Dec 2021	Agreed by IJB on 31 January 2017
Communication & Engagement Strategy 2020-2023; Impact on Stakeholders	Lorna Kemp	TBC		
Equality Mainstreaming and Outcomes Report	Lorna Kemp	TBC	To be presented biennially	Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012