



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

24 June 2020

A meeting of the **West Lothian Integration Joint Board** will be held within the **Webex Virtual Meeting Room** on **Tuesday 30 June 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 10 March 2020 (herewith)
5. Note Minutes of Meeting of West Lothian Integration Joint Board Audit, Risk and Governance Committee held on Wednesday 04 March 2020 (herewith)
6. Membership & Meeting Changes -

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

Public Items for Decision

7. West Lothian IJB 2020/21 Budget Update - Report by Chief Finance Officer (herewith)

DATA LABEL: Public

8. Consideration of 2019/20 Annual Accounts (Unaudited) - Report by Chief Finance Officer (herewith)
9. Annual Performance Report 2019/20 - Report by the Director (herewith)
10. Self-Assessment - Survey Questions - Report by Chief Officer (herewith)
11. Annual Review of Records Management Plan - Report by Chief Officer (herewith)

Public Items for Information

12. Chief Officer Report (herewith)
13. COVID-19 Response - Report by Chief Officer (herewith)
14. Delegated Actions Taken in Terms of Standing Order 16 due to COVID-19 - For Information Only
 - (a) COVID-19: Cancellation of Board Meeting - Report by Chief Officer (herewith)
15. Workplan (herewith)

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 10 MARCH 2020.

Present

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

Non-Voting Members – Allister Short, David Huddlestone, Mairead Hughes, Jo MacPherson, Alan McCloskey, Caroline McDowall, Martin Murray and Patrick Welsh

Apologies – Harry Cartmill, Alex Joyce, Ann Pike and Rohana Wright

Absent – Elaine Duncan

In attendance – Yvonne Lawton (Head of Strategic Planning and Performance), Pamela Main (Senior Manager, Assessment and Prevention) and James Millar (Standards Officer)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTE

The Board approved the minute of its meeting held on 21 January 2020. The minute was thereafter signed by the Chair.

Matters arising:

Item 5 Strategic Commissioning Plans

A Community Wellbeing Hubs data collection update was provided and it was noted that the IT system was being upgraded and would be tested at the end of April.

Item 9 Communication and Engagement Strategy

Engagement with stakeholders was ongoing. It was agreed that a report would be brought to the Board within the next six months providing a summary of engagement with stakeholders and assessing success of the strategy.

Brand identifiers from other HSCPs would be circulated to members, and members were asked to consider them and provide comment at the next meeting.

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 Wednesday 11 December 2019.
- West Lothian Integration Joint Board Strategic Planning Group held on 12 December 2019.
- West Lothian Integration Joint Board Strategic Planning Group held on 20 February 2020.

4 MEMBERSHIP & MEETING CHANGES

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

5 STYLE OF MINUTES

The Board considered a report (copies of which had been circulated) by the Standards Officer proposing a new approach to the preparation of minutes of the Integration Joint Board and its committees, which was presented to the Board for approval.

It was clarified during discussion that minutes were intended primarily for recording decisions; however, members were assured that any significant advice would continue to be recorded in minutes.

It was recommended that the Board agree the new approach to the preparation of minutes of the Integration Joint Board and its committees as outlined in the report.

Decision

To approve the recommendation in the report.

6 WEST LOTHIAN IJB 2020/21 BUDGET - FINANCIAL ASSURANCE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2020/21, and seeking approval for the issue of Directions to partner bodies for delivery of 2020/21 delegated functions in advance of 1 April 2020.

Comparable figures to the previous financial year were requested, while it was clarified that the budget contributions were intended to support delivery of the Commissioning Plans and matching demand to budget. To this end, the Chief Finance Officer undertook to provide the previous year's figures to members.

Discussion then highlighted the overspend observed at the end of each financial year and the need for strategic ways to address it. Variables such as the current issues of Brexit and the coronavirus threat might have significant impact on services and should be monitored on an ongoing basis. Finally, the substantial level of savings required was noted.

It was recommended that the Board:

1. Note the financial assurance work undertaken to date on Partner budget contributions;
2. Agree that council and NHS Lothian 2020/21 budget contributions be used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2020;
3. Agree that the Directions attached in Appendix 5 to this report be issued to West Lothian Council and NHS Lothian respectively;
4. Agree 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; and
5. Agree the updated IJB Annual Financial Statement attached in Appendix 6.

Decision

To approve the recommendations in the report and to include and agree an additional recommendation as follows: Comparison figures from the same stage in the previous financial year with commentary to be provided to members before the next meeting of the Board.

7 MEMBERSHIP REVIEW

The Board considered a report (copies of which had been circulated) by the Chief Officer reviewing membership of the Integration Joint Board, its Audit Risk and Governance Committee, its Health and Care Governance Group and the Strategic Planning Group.

The Standards Officer referred members to legislation relating to IJBs, which only allows IJB members to sit on its committees, and advised that the Audit Risk and Governance Committee membership could be expanded from existing IJB members. It was then agreed that ways to include co-opted members in the Audit Risk and Governance Committee membership were to be further discussed and determined.

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

1. Note that three council voting-members were coming to the end of

their three-year terms and the council would consider appointments before their terms expired;

2. Agree the IJB membership remained appropriate at this time;
3. Agree to appoint an independent member to the Audit Risk and Governance Committee;
4. Agree the Health & Care Governance Group membership remained appropriate at this time;
5. Note that the Strategic Planning Group was seeking to fill vacant positions for up to four service users;
6. Agree to an amendment of the SPG Terms of Reference that reflected the decision of the Board in March 2017 giving status to the third sector interface as a member in their own right; and
7. Note that the membership review would be repeated in one year.

Decision

1. To approve the recommendations in the report, with the exception of recommendation 3, which was to be further discussed.
2. To determine a way to include co-opted members in the Audit, Risk and Governance Committee membership.

8 TIMETABLE OF MEETINGS 2020/21

A proposed timetable of meetings for 2020/21 session, including development session dates, as well as a proposed timetable of meetings for the Strategic Planning Group had been circulated for approval.

Decision

To approve the 2020/21 timetable for IJB, including development sessions; and to approve the 2020/21 timetable for SPG, subject to correcting '31 July' to '30 July'.

9 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.

In response to a relevant question, the Chief Officer advised that the delayed discharge position remained a priority and acknowledged the need for its improvement as a matter of urgency. Discussions with Hospital officers in relation to St John's Hospital front door were also ongoing.

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

Decision

To note the contents of the report.

10 SCOTTISH DRAFT BUDGET REPORT

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish Draft Budget presented to the Scottish Parliament on 6 February 2020.

It was recommended that the Board:

1. Note the issue of the Scottish Draft Budget 2020, which included departmental spending plans for 2020/21;
2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Draft Budget;
3. Note the funding implications for Local Government and Health Boards resulting from the draft 2020/21 Scottish budget;
4. Note that the IJB Chief Officer and Chief Finance Officer had 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; and
5. Note that taking account of the draft Scottish Budget, the IJB Chief Finance Officer had provided a financial assurance report to this meeting of the Board setting out the current 2020/21 IJB budget position.

Decision

To note the recommendations in the report.

11 IJB FINANCE UPDATE AND QUARTER 3 FORECAST

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 3 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; and

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.

Decision

To note the recommendations in the report.

12 CARE AT HOME

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the implementation of the Care at Home contract awarded on 1 October 2019.

During discussion, it was noted that the current model and level of investment in care at home were considered appropriate but were continually monitored and reviewed. Recruitment remained a major challenge and consideration was given to exploring a range of options that would encourage increased recruitment to social care posts. A meeting with senior officers had also been arranged to discuss Unison's Ethical Care Charter. The Board requested a further update in six months.

It was recommended that the Board note the contents of the report.

Decision

1. To note the recommendation of the report.
2. A further update to be brought to the Board in six months' time.

13 SELF-EVALUATION ACTION PLAN - PROGRESS UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update 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.

It was noted that progress shown against the action plan might be amended depending on the recommendations of the strategic inspection that the West Lothian Health and Social Care Partnership was currently undergoing. The new Health and Care Transformation Board was also discussed, as well as ways to identify and apply good practice.

It is recommended that the Board:

1. Note that the Ministerial Strategic Group for Health and Community Care had 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 had been 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.

Decision

To note the recommendations in the report.

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 3, WEST LOTHIAN CIVIC CENTRE, on 4 MARCH 2020.

Present – Martin Connor (Chair), Councillor Damian Timson (Vice Chair), Caroline McDowall, Bill McQueen and Martin Murray

Apologies – Councillor George Paul

In Attendance – 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), Sharon Leith (Internal Audit), Patrick Welsh (Chief Finance Officer) and Stephen Reid (EY, External Audit).

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. ORDER OF BUSINESS

The Chair welcomed Stephen Reid (EY, External Audit) to the meeting.

3. MINUTE

The committee approved the minute of its meeting held on 11 December 2019. The Chair thereafter signed the minute.

4. RISK MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Chief Officer advising of the IJB's risk register

The report recalled that in accordance with the Risk Management Strategy approved by the IJB on 26 June 2018, the Audit, Risk and Governance Committee was required to review the risk register at least twice per annum.

The IJB previously had ten risks. Following a review of the risks undertaken in conjunction with the IJB Risk Manager, two risks were removed from the risk register; these were in relation to clinical care/governance and health and safety. This was because they were considered to be operational risks to be managed by NHS Lothian and West Lothian Council and as such should be reflected in their risk registers.

The IJB therefore now had eight risks which were set out in Appendix 1. The four highest risks were :-

- IJB008 – Delayed Discharge – score 16

- IJB004 – Inadequate Funding to Deliver the Strategic Plan – score 12
- IJB007 – Sustainability of Primary Care – score 12
- IJB006 – Workforce Planning – score 12

The Internal Auditor continued by providing committee with additional information concerning the contents of Appendix 1.

Also attached to the report was Appendix 2 which set out more detail of the risk actions which were not yet complete. Appendix 3 provided the standard risk methodology.

The Chair then raised concerns with regards to Coronavirus and its impact on the Risk Register. Officers undertook to consider its implications in terms of delivery of the Strategic Plan.

With regards to progress on some of the identified risks, it was noted that progress to date with Delayed Discharge was at 25% and Care Home Placements was at 5%. The Head of Health advised committee that a strategic review of bed management was underway which would enable progress to be made. She also advised committee that as all the risks identified for Delayed Discharge were fairly new, data around them was still being collated.

Officers advised committee that the Risk Register was also considered by the Integration Joint Board and the Strategic Planning group.

It was recommended that the Audit, Risk and Governance Committee considers the risks identified, the control measures in place and the risk actions in progress to mitigate their impact.

Decision

1. To note the contents of the report; and
2. To note the concerns of the committee in relation to coronavirus and to ask the Chief Officer to consider its implications in the delivery of the Strategic Plan.

5. EXTERNAL AUDIT PLAN

The committee considered a report (copies of which had been circulated) by the Chief Finance Officer advising of the external auditors 2019/20 annual audit plan.

The committee noted that Stephen Reid, EY was in attendance at the meeting and along with the Chief Finance Officer would address the contents of the report.

Attached to the report at Appendix 1 was EY's annual plan, which set out

the work that was proposed to be undertaken in relation to the 2019/20 audit.

As set out in the EY audit plan, auditors in the public sector would provide an independent opinion on the “truth and fairness” of the financial statements. The Annual Audit Plan set out the proposed approach for the audit of the financial year ending 31 March 2020.

The report then provided a summary of the Annual Audit Plan and it was noted that the Accounts Commission had also set out five strategic Audit Priorities that would be integrated into EY’s 2019/20 audit work. These were :-

- Clear priorities with a focus on outcomes, supported by effective long term planning.
- Effective appraisal of options for changing how services are delivered in line with their priorities
- Ensuring that members and officers have the right knowledge, skills and support to design, develop and deliver effective services in the future
- Empowering local communities and involving them in the design and delivery of local services and planning for their local area.
- Reporting on performance in a way that enhances accountability to citizens and communities, helping them contribute better to delivery of improved outcomes.

The report concluded that the wider scope audit work that would be undertaken and the judgements and conclusions reached in these areas would contribute to the overall assessment and assurance of the achievement of best value by the IJB.

The committee explored with those in attendance the methods that would be employed across the five strategic Audit Priorities and whether there were any lessons to be learnt from other IJB’s. The Chief Finance Officer explained that the best Value Framework and Engagement Framework would be utilised in the gathering of information particularly in relation to engagement with communities.

Committee also made reference to the ongoing coronavirus issue and its possible impact on the audit plan. Mr Reid, EY, explained that it was something that needed to be recognised particularly in the long term delivery of actions and priorities.

It was recommended that the committee notes the external auditors 2019/20 annual audit plan

Decision

1. To note the content of the report and the proposed 2019/20 annual audit plan; and

2. To note the suggestion that lessons could be learnt from other IJB's particularly in terms of engagement with local communities on the design and delivery of local services.

6. INTERNAL AUDIT PLAN

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the 2020/21 internal audit plan.

The internal audit plan for 2020/21 set out the planned internal audit work for the year to 31 March 2021. A copy was attached to the report at Appendix 1.

The Public Sector Internal Audit Standards (PSIAS) require that a risk based audit plan be prepared. The internal audit plan therefore took account of the IJB risks.

The purpose of the internal audit plan was to audit the Integration Joint Board's processes and ensure that effective controls were in place to mitigate the risks identified. It was to be noted that separate internal audit arrangements were in place to the operational arrangements within West Lothian Council and NHS Lothian.

It was recommended that the committee approve the 2020/21 internal audit plan.

Decision

1. To approve the terms of the report; and
2. To agree that the timescale for reporting on Performance Management/Inadequate Performance Management be brought forward to September 2020.

7. INTERNAL AUDIT - WORKFORCE PLANNING

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the outcome of the internal audit of workforce planning.

In accordance with the internal audit plan for 2019/20 an audit was undertaken of workforce planning. The objective of the audit was to review progress towards implementation of the Strategic Workforce Development Framework as approved by the IJB on 21 November 2018. This included a review of risk IJB006 and the associated internal controls and risk actions.

The resultant report was attached to the report at Appendix 1 along with agreed management action in the action plan.

Committee noted that the information provided by both West Lothian

Council and NHS Lothian was provided in different formats; this made it more complex to provide a consistent overview of the direction of travel in terms of workforce planning.

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

Decision

To note the terms of the report

8. INTERNAL AUDIT OF FINANCIAL SUSTAINABILITY ARRANGEMENTS

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of a report prepared by NHS Lothian internal audit on financial sustainability arrangements.

The report, a copy of which was attached to the report at Appendix 1 described five control objectives; these were as follows :-

1. Potential saving options are identified and evaluated including any potential impact on service delivery;
2. Savings plans are aligned to NHS Lothian's strategic priorities and operational plans;
3. There is clear ownership and accountability around the delivery of savings plans;
4. Financial plans include sufficient evaluation of areas of uncertainty around funding and expenditure to provide clear consideration of options; and
5. Financial planning and delivery are transparent and has sufficient oversight.

The report concluded that significant assurance could be received in relation to control objectives one, two and four and moderate assurance could be received in relation to control objectives three and five.

The terms "significant" and "moderate" were defined in appendix one of the internal audit report.

The committee noted that the report had been presented to a meeting of NHS Lothian Board some months ago but had only recently come to the attention of council colleagues. It was therefore agreed that to ensure the committee was aware of similar business going forward in a timelier manner, the Internal Auditor would speak to his counterpart at NHS Lothian to discuss taking forward those matters that affected not only NHS Lothian but also West Lothian Integration Joint Board.

Decision

1. To note the terms of the report; and
2. To agree that the Internal Auditor (IJB) contact his counterparts at NHS Lothian to discuss governance arrangements for the reporting matters concerning NHS Lothian/West Lothian IJB to the committee.

9. TIMETABLE OF MEETING 2020/21

The committee considered a timetable of meetings for 2020/21, a copy of which had been circulated.

Decision

To agree the timetable of meetings for 2020/21.

10. WORKPLAN

A workplan and reporting cycle had been circulated for the information of the committee.

Decision

1. To note the contents of the workplan; and
2. To agree now that the dates for meetings of the committee for 2020/21 had been agreed that the workplan be populated going forward.

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 7

WEST Lothian IJB 2020/21 BUDGET UPDATE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to provide an update on the 2020/21 budget position, including initial COVID-19 financial implications, and, based on current partner funding contribution assumptions, provide an updated high level medium term financial outlook.

B RECOMMENDATION

It is recommended that the Board:

1. Notes the updated financial contribution received from NHS Lothian in respect of 2020/21 IJB delegated functions
2. Agrees that Directions are updated and re-issued by the Chief Officer to NHS Lothian taking account of the updated 2020/21 budget resources advised
3. Notes the currently estimated financial implications resulting from COVID-19 and arrangements in place to monitor this and the overall 2020/21 budget position taking account of the pandemic
4. Notes the indicative three year budget resources for IJB delegated resources based on existing partner planning assumptions and supports the ongoing development of medium term financial planning during 2020/21 to take account of the implications of COVID-19

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	Directions are required in respect of delegated functions and associated resources.
C2	Resource/ Finance	The 2020/21 budget resources relevant to functions delegated to the IJB are £234.416 million based on current contribution values proposed.
C3	Policy/Legal	None

C4	Risk	There are a number of risks associated with health and social care budgets, which require to be closely managed. The financial risks resulting from COVID-19 will require to be closely monitored.
C5	Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	Environment and Sustainability	None.
C7	National Health and Wellbeing Outcomes	The 2020/21 budget resources delegated to the IJB will be used to support the delivery of outcomes.
C8	Strategic Plan Outcomes	The 2020/21 budget resources delegated to the IJB will be used to support the Strategic Plan.
C9	Single Outcome Agreement	The 2020/21 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

D1 Background

The previous report on 2020/21 budget presented to the IJB on 10 March 2020 reflected the approved council contribution to the IJB and a planned NHS Lothian contribution. Since then further refinement of the overall NHS Lothian budget has been undertaken and this report updates the financial resources position based on the NHS Lothian 2020/21 Financial Plan approved by the Board of NHS Lothian on 8 April 2020. The report sets an initial estimate of the financial implications resulting from COVID-19 and how these costs are being monitored through the financial arrangements in place with partners and the Scottish Government. The costs associated with the pandemic will be updated as part of future 2020/21 budget monitoring reports presented to the Board.

In addition, the report sets out an update on future funding and overall financial outlook based on current partner assumptions around future year funding contributions to the IJB. It will be important that current financial planning assumptions are reviewed and updated upon as the implications of COVID-19 both in terms of costs and funding become clearer over the coming months.

D2 NHS Lothian 2020/21 Updated Contribution to IJB

Overall NHS Lothian Position

The overall NHS Lothian plan approved by the Board of NHS Lothian on 8 April 2020 contained a financial gap of circa £11 million and noted limited assurance on the achievement of a balanced financial position. It should be noted however that this level of overall gap is lower than in previous years when a breakeven position has been achieved by NHS Lothian.

West Lothian Position

Based on the NHS Lothian plan approved, an updated allocation of resources to the IJB for delegated functions was issued by the NHS Lothian Director of Finance on 17 April 2020 and notes an updated allocation of £167.933 million. This is shown in Appendix 1 and sets out the assumptions and principles used in allocating and distributing budget resources. It should be noted that the allocation includes baselined Social Care Fund monies of £10.133 million which in line with previous years is included in the council's social care budget for the purposes of the IJB, given the funding is solely for the purposes of social care spend. Taking account of the Social Care Fund element, the Health budget contribution is shown as £157.8 million.

Based on further discussions with NHS Lothian the table below sets out the split of the funding between the three elements of the NHS Lothian contribution.

Table 1 - Health 2020/21 Contribution to WL IJB	2020/21
	Funding £'000
Core West Lothian Health Services	104,248
Share of Pan Lothian Hosted Services	24,125
Payment to IJB - Total	128,373
Share of Acute Set Aside	29,427
Total Contribution	157,800

The revised level of funding reflects further work on refining budget allocations to IJBs, based on changes to the NHS Lothian cost centre mapping table to more accurately reflect activity usage of health functions. Taking account of the position shown above, the budget gap as a percentage of the total budget is 0.7% (£1.128 million) and relates largely to acute set aside functions. The revised funding allocation takes account of further refinement and review of budget allocations and represents an increase in budget resources of £2.506 million from the figures reported to the Board on 10 March 2020.

As well as the additional 3% uplift previously advised to the Board, and changes resulting from the updated mapping table to more accurately reflect West Lothian's share of costs, the budget reflects the following additional resource allocations:

- An additional £1.3 million for unscheduled care, including the element allocated non-recurrently in 2019/20 for St John's Hospital
- A further budget allocation of £972,000 to meet the costs of the Emergency Department redesign step up at St John's Hospital
- An additional £105,000 to meet West Lothian's share of costs in relation to insulin pumps for adults
- An additional £352,000 of budget to help meet nurse staffing pressures highlighted by the IJB last year at St John's Hospital

It is important to note that the level of budget funding will continue to move throughout the year as a result of additional funding awarded/confirmed during the year. For example, the 2020/21 GMS uplift is still subject to confirmation.

At this early stage of the financial year, the budget gap is less than in past years when a breakeven position has been achieved. Close monitoring of the budget through the partnership arrangements in place with NHS Lothian will be vital during 2020/21 to ensure the position is closely reviewed and necessary actions are taken to achieve a breakeven position at the year end. This will reflect ongoing monitoring of the financial implications that have resulted from COVID-19.

D3 West Lothian Council 2020/21 Budget Resources

As previously reported to the Board, the council's budget contribution to the IJB was approved by Council on 28 February 2020. While the council's budget contribution of £76.616 million represents a balanced budget position, significant increases in demands will require to be closely monitored during 2020/21. This includes the implications of COVID-19 on social care delivery and these are being closely monitored.

D4 Financial Assurance – Key Points

The purpose of the financial assurance process is to set out the assumptions and risks associated with the contributions agreed 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 provided to the IJB.

The IJB is then responsible for allocating the resources it has been provided back to partners to operationally deliver services. Legislation and good governance require this to be achieved through Directions issued to the council and NHS Lothian who, in line with the approved West Lothian Integration Scheme, remain operationally responsible for delivering services within the resources available.

Given NHS Lothian have now provided a revised 2020/21 contribution to the West Lothian IJB representing their agreed financial plan submitted to the Scottish Government, it is recommended that updated Directions are issued to NHS Lothian reflecting the updated financial resources. These are appended to this report.

Taking account of the updated budget resources noted in this report, the table below shows the level of 2020/21 resources associated with IJB functions.

Table 2 - West Lothian IJB – Updated 2020/21 Delegated Resources	
	£'000
Adult Social Care	76,616
Core Health Services	104,248
Share of Hosted Services	24,125
IJB Payment	204,949
Acute Set Aside	29,427
Total IJB Resources	234,416

As noted, based on the financial assurance undertaken to date, further action will be required to achieve a breakeven position for 2020/21 across Health functions although progress has been made over recent months to reduce the extent of the overall budget gap, before COVID-19 is taken account of.

An important part of ongoing financial assurance will be regular updates to the Board on monitoring of spend against budget and the forecast outturn for the year. While NHS Lothian and West Lothian Council are operationally responsible for the delivery of functions within available resources, it will be important for the Board to have oversight of the in year budget position as this influences the strategic planning role of the Board particularly in the current challenging circumstances

D5 2020/21 Budget and Implications of COVID-19

COVID-19 represents an unprecedented challenge for the delivery of health and social care services and it is clear that there will be significant additional costs arising in 2020/21.

Taking account of this Health Boards and Integration Authorities have been asked by the Scottish Government to prepare Local Mobilisation plans detailing how they are responding to the resulting impact on care services. A key part of this has been assessing the estimated financial implications arising. It is important to note that the expectation is that additional health and social care costs reported in Mobilisation Plan returns will be met by the Scottish Government.

These plans and associated financial cost estimates are being closely reviewed with regular updates being provided to the Scottish Government on the estimated financial impact of COVID-19. These include both modelled costs for the year and the tracking of actual costs as they are being incurred. A summary of the key areas of additional anticipated costs for West Lothian IJB are as below.

- Additional Staffing Costs – this includes the recruitment of additional Homefirst / REACT staff to help prevent hospital admission and facilitate supported discharge. Also, includes additional costs of social care staff to help ensure services are maintained across internal care at home and care homes
- Additional Care Capacity – this relates to contractual arrangements put in place to purchase additional care home beds to increase capacity available
- Additional Support to Care at Home providers – this relates to increased hourly rate payments based on commissioned hours to cover costs resulting from COVID-19, such as staffing and PPE, and ensure providers are supported to remain financially sustainable
- Additional Support to Care Homes – this reflects additional costs to external care homes to help ensure they are sustainable during the pandemic. Sustainability payments will cover additional provider costs linked to staff sickness, additional staffing, PPE and other costs as resulting from COVID-19
- Reduced Care Income – charging for eligible non residential care has been suspended as a result of COVID-19 and the impact it has had on delivery of chargeable care (e.g. closure of day care centres)

At the time of writing this report, the full year cost linked to the West Lothian Mobilisation Plan is estimated at £6.3 million for 2020/21. It is important to note however that there remains a great deal of uncertainty at this stage around the financial implications of COVID-19 for 2020/21.

The key to establishing a more accurate position will be the tracking of actual costs as they are incurred over the coming months. This will be reflected in budget monitoring undertaken so that the impact of COVID-19 can be understood in the context of the overall 2020/21 IJB budget position.

As set out in Appendix 4, to date the Scottish Government have provided initial funding of £1.629 million towards West Lothian's Mobilisation Plan to support immediate challenges in social care. The Cabinet Secretary's letter notes that further allocations of funding to support additional costs will be based on ongoing monitoring of the position through the regular Mobilisation Plan cost returns to the Scottish Government.

In addition, a further £214,267 of Scottish Government funding has been provided to West Lothian as part of a national £8.77 million allocation to support increases to the living wage rate for care providers.

A comprehensive monitoring exercise will be undertaken at the end of Quarter 1 to establish an overall forecast outturn spend against budget for 2020/21, taking account of COVID-19 and other factors identified, and the outcome of this will be reported to the first Board meeting thereafter. As part of this key financial risk areas will be highlighted and regular updates will be provided to the Board on the position with risks and progress on managing financial risks. As noted, the assumption is that COVID-19 costs in relation to health and social care costs included in the Mobilisation Plan will be fully funded by the Scottish Government.

Monitoring of spend and funding will also take account of emerging Re-Mobilisation Plans which will set out how healthcare provision is reset for the future taking account of COVID-19. This work remains at an early stage.

In addition, quarterly updates will be provided on progress towards achieving financial recovery plans. The achievement of saving plans will need to take account of implications resulting from COVID-19 but maximising delivery will be important in helping to ensure spend against delegated functions can be managed within available budget resources. Budget savings identified and agreed for 2020/21 total £6.077 million (£1.396 million for Health functions and £4.681 million for social care functions). Work will continue during 2020/21 to develop and progress delivery of saving proposals.

D6 Future Financial Outlook

An updated medium term financial plan covering the period 2019/20 to 2022/23 was reported to the Board on 23 April 2019. This showed IJB budget resources increasing by £12.426 million over the four year period. Taking account of estimated expenditure pressures over the period and savings identified there remained an estimated budget gap of £7.291 million which related to Health functions.

Based on the Scottish Government intention to provide multi year budget settlements as part of the 2020 Scottish budget, it had been intended to update the medium term financial plan to reflect the Scottish Government funding assumptions provided to partner bodies. However, for a range of reasons including Brexit uncertainty the UK and Scottish Governments provided only one year funding figures for 2020/21.

The emergence of COVID-19 during the first quarter of 2020 has further increased the level of uncertainty around future funding and service delivery costs. It is hoped that over the coming months, a clearer picture will emerge in respect of the financial implications of COVID-19 and the UK and Scottish Government position on action required in terms of their own budget plans.

However, taking account of existing partner planning assumptions around future year funding contributions to the IJB, the table below shows currently assumed funding resources using the 2020/21 budget as the base starting budget position.

Table 3 – Financial Outlook Existing Funding Assumptions			
	2020/21	2021/22	2022/23
	£'000	£'000	£'000
Core Health Functions	104,248	104,826	105,415
Hosted Health Functions	24,125	24,491	24,864
Acute Set Aside Functions	29,427	29,896	30,374
Social Care Functions	76,616	78,571	80,650
Total	234,416	237,784	241,303

The table above shows an increase in funding of almost £6.9 million based on current partner assumptions. However, these funding assumptions will continue to be updated based on further information and confirmation on a range of factors including additional funding linked to the Mobilisation Plan.

As well as specific financial risks around health and social care delivery, there is an unprecedented level of risk and uncertainty around the wider economy, public sector funding and COVID-19 implications on the future delivery of health and social care services. There also remains significant uncertainty around Brexit, 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.

Taking account of these factors, it is intended that an updated medium term financial plan will be prepared and reported to the Board following the outcome of the 2021 UK and Scottish Budget announcements. Meantime work will continue to progress with partner bodies to update financial planning assumptions for future years as more information becomes available and wider circumstances become clearer.

E CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

F REFERENCES/BACKGROUND

West Lothian Integration Scheme

West Lothian IJB 2020/21 – Financial Assurance. Report to IJB on 10 March 2020

Medium Term Financial Plan Update. Report to IJB on 23 April 2019

G APPENDICES

Appendix 1 – Budget Agreement 2020/21 – West Lothian Integration Joint Board.
Letter from NHS Lothian Director of Finance

Appendix 2 – Health 2020/21 Delegated Functions and Resources

Appendix 3 – Updated West Lothian IJB Directions to NHS Lothian

Appendix 4 – Health and Social Care Mobilisation Plan Funding. Letter from Cabinet Secretary.

H CONTACT

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30 June 2020

By Email Only

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Allister Short
Chief Officer
West Lothian Integration Joint Board

Date 17 April 2020
Your Ref
Our Ref
Enquiries to Susan Goldsmith
Extension 35810
Direct Line 0131 465 5810
Email susan.goldsmith@nhsllothian.scot.nhs.uk

Dear Allister

Budget Agreement 2020/21 – West Lothian Integration Joint Board

I write further to my letter of 27th February and the subsequent approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on the 8th of April, which has accepted limited assurance on the achievement of a breakeven outturn for the health board next year.

This letter sets out the key elements of your IJB budget for 20/21 and beyond, based on the information contained in the Plan, updated for any new information now available.

Please note that, due to the exceptional circumstances the health and social care sector finds itself in as we move into the new financial year, the Lothian budget as agreed will be under constant review. At this stage, I am able to confirm baseline IJB budgets for the new financial year, and the additional allocation reflecting the national uplift. However at this stage other budgetary amendments may not yet be known, and your contribution to the ongoing development of plans to address emerging critical issues is greatly appreciated.

Baseline Budget and Uplift

The approved Plan includes details on the anticipated additional funding sources and planned allocation of resources for 2020/21. NHS Lothian will receive a 3% uplift to baseline budgets which gives due recognition to the increased cost of the reform to the Agenda for Change paycales. West Lothian IJB's share of this base uplift is £4,117k.

In addition, NHS Lothian has received a further £12.9m of funding as a contribution to NRAC parity, maintaining Lothian at 0.8% behind the parity figure. This resource has been included in the allocation of funds within the financial plan, and will result in funding beyond 3% being allocated to your IJB.



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Chair Brian G. Houston
Chief Executive Tim Davison
*Lothian NHS Board is the common
name of Lothian Health Board*

In developing the Financial Plan we have continued to apply key principles in the allocation of resources:

- The importance of maintaining integrity of pay budgets through an equitable application of budget uplift to meet pay awards;
- A need to use recurrent resources against recurrent costs as far as possible, particularly in relation to the baseline recurrent gap;
- A recognition that there will be certain national costs which are inevitable;
- Under the arrangements for financial planning there is an expectation that all Business Units will plan to deliver financial balance against their budgets and therefore there needs to be recognition of the relative efficiency challenge across operational units;
- A reasonable balance of risk for NHS Lothian in the context of its breakeven target.

Recognising these key principles, the additional uplift has been prioritised against the following key areas across Lothian:

- £38.2m to fully fund pay awards, including Agenda for Change;
- £6.5m additional resource allocated to IJBs to meet their 3% uplift value;
- £10.3m investment in Corporate cost pressures, including CNORIS, Office 365, eHealth, and National Services;
- £5.6m investment into Acute Drugs, across delegated and non-delegated functions;
- £2.2m reflecting additional costs associated with Energy and Rates costs at the new RHSCYP;
- £1.1m Investment in Unscheduled Care step up.

The current gap on the Financial Plan of circa £11m assumes that each of the IJBs can agree the application of additional resource against cost pressures which feature across NHS Lothian delegated functions. In addition it would be helpful to agree a mutually agreeable position for key cost pressures impacting across IJBs and non-delegated functions. We will continue dialogue with you in this regard.

Summary Budget Adjustments

Table 1 below summarises the impact of these additions on your IJB with the percentage uplift values against your baseline included. These figures are generated from the IJB mapping table for 2020/21.

Please note that the measure of uplift provided excludes GMS - we expect to receive a separate uplift allocation for this later in the year and any incremental adjustment to your budget baseline will be made once this uplift has been confirmed.

Table 1 – Budget adjustments for West Lothian IJB, 2020/21

	Status	Allocation	West Lothian IJB £'000	% uplift on base
<u>Baseline Budget 20/21</u>	Delegated	Core	87,743	
		Hosted	22,089	
	Set Aside		27,408	
			137,239	
		GMS	23,909	
Total			161,149	
<u>Additional Budget</u>				
Pay Uplift			2,719	2.0%
20/21 IJB Uplift @3%			1,398	1.0%
Share of Base Uplift			4,117	3.0%
Additional Resources			2,667	
			6,784	
Total Budget			167,933	

As well as the 3% uplift, a further £2.7m of additional resources is included in the table. This resource reflects the following additional budget allocations to your IJB:

- £1.3m for Unscheduled care, including the element allocated non-recurrently in 19/20;
- £105k investment in Insulin Pumps for Adults;
- £352k investment in Nursing at St. John's.
- £927k investment in ED redesign step up at St. John's.

West Lothian IJB 2020/21 – 2024/25 Budget

At this stage the Scottish Government has only confirmed funding for 2020/21. However, assumptions have been made in order to forecast forward into future years and the implications of assumed additional funding streams and their agreed application for West Lothian IJB are shown below. The element of projected uplift is based on the assumption that future years' uplift will be in line with that received in 2020/21, although this remains subject to confirmation. At this stage, no further assumptions have been made around other uplift values. Table 2 shows the budget values to 2024/25.

Table 2 – West Lothian estimated budget baselines to 2024/25

	2021/22	2022/23	2023/24	2024/25
	£'000	£'000	£'000	£'000
Baseline Budget	166,449	167,861	169,302	170,771
Additional Budget	1,412	1,440	1,469	1,499
Estimated Total Budget	167,861	169,302	170,771	172,269

A more detailed breakdown of these constituent balances is presented in **Appendix 1**.

As noted earlier, there are a number of additional funds which have been included in the Financial Plan for set aside functions, but which have not been included in the future years IJB allocations above as we do not yet have confirmation on how these resources will be allocated across each IJB (e.g. funding for new medicines). Once agreed, these allocations will further increase the total resources delegated to the IJB.

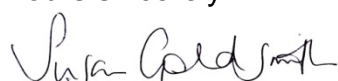
Finally, I can confirm that support services to the IJB, including Finance, will be provided on the same basis as previously. These resources are not included in the budgets set out above.

You will be aware that we have been working with CFOs to develop a revised cost and budget allocation model. This work continues but we have agreed that we will introduce the new model in this financial year as a shadow year to support strategic planning.

We will continue to work with all IJBs as we allocate further NHS resources across services in the coming year between delegated and non-delegated functions. I would expect that further investment will be required in specific areas, and you will be updated as progress is made on these issues.

I look forward to working with you in the coming year as we continue to work together to identify and action opportunities to develop health service delivery within available resources across your IJB.

Yours sincerely



Susan Goldsmith
Director of Finance

cc Chief Finance Officer
Enc

APPENDIX 1

IJB Budgets - 20/21 to 2024/25						
	Status	Allocation	2020/21 West Lothian IJB £'000	2021/22 West Lothian IJB £'000	2022/23 West Lothian IJB £'000	2023/24 West Lothian IJB £'000
<u>Baseline Budget 20/21</u>	Delegated	Core	87,743	90,485	91,076	91,680
		Hosted	22,089	22,627	22,977	23,335
	Set Aside		27,408	29,427	29,896	30,374
			137,239	142,539	143,949	145,388
		GMS	23,909	23,911	23,912	23,914
Total			161,149	166,449	167,861	169,302
<u>Additional Budget</u>						
Pay Uplift			2,719	1,412	1,440	1,469
20/21 IJB Uplift @3%			1,398			
Share of Base Uplift			4,117	1,412	1,440	1,469
Insulin Pumps Adults			105			
STJ ED Redesign Step Up - 20/21			927			
STJ Investment - Nursing			352			
Unscheduled Care			1,282			
			6,784	1,412	1,440	1,469
Total Budget			167,933	167,861	169,302	170,771
			172,269			

WEST LOTHIAN IJB UPDATED 2020/21 HEALTH FUNCTIONS AND RESOURCES

	2020/21 Budget
<u>Core Health Services</u>	£'000
Community Hospitals	2,470
Mental Health	15,907
District Nursing	4,238
General Medical Services	28,199
Prescribing	35,596
Resource Transfer	10,093
Other Core	7,745
Total Core Health Services	104,248
<u>Hosted Health Services</u>	
Sexual Health	1,361
Therapy Services	7,268
Hosted Rehabilitation Medicine	1,700
Learning Disabilities	2,835
Substance Misuse	1,048
Oral Health Services	2,511
Hosted Psychology Service	1,882
Lothian Unscheduled Care Service	2,202
UNPAC	1,380
Hospices	1,101
Other Hosted Services	837
Total Hosted Health Services	24,125
TOTAL HEALTH PAYMENT CONTRIBUTION	128,373
<u>Acute Set Aside Services</u>	
Emergency Department & Minor Injuries	5,481
Cardiology	1,441
Diabetes & Endocrinology	570
Gastroenterology	1,189
General Medicine	6,480
Geriatric Medicine	5,188
Infectious Disease	2,132
Junior Medical	573
Rehabilitation Medicine	882
Respiratory Medicine	2,010
General Surgery	1,297
Therapies / Management	2,184
TOTAL HEALTH SET ASIDE CONTRIBUTION	29,427
OVERALL HEALTH TOTAL	157,800

Appendix 3

West Lothian Integration Joint Board – Updated Directions to NHS Lothian

1.	Implementation date	1 st April 2020
2.	Reference number	WLIJB/NHS/D01-2020R
3.	Integration Joint Board (IJB) authorisation date	30 th June 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"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 3

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2020/21 Direction to NHS Lothian approved by the Board on 10 March 2020 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"> – District nursing – Allied Health Professional services: physiotherapy, occupational therapy – Mental health services – General Medical Services – General Dental Services – General Ophthalmic Services – General Pharmaceutical Services – Primary Care Prescribing – Inpatient services provided at St Michael's Hospital, Tippethill Hospital, Maple Villa – Community Learning Disability services

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		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Kidney dialysis services provided outwith a hospital – Services provided by health professionals that aim to promote public health <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"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed

		<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>West Lothian Health and Social Care Delivery</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>Medium Term Financial Strategy</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 3

10.	2020/21 Resources	<p>Core Budget 2020/21</p> <p>Community Hospitals 2,470</p> <p>District Nursing 4,238</p> <p>General Medical Services 28,199</p> <p>Mental Health 15,907</p> <p>Prescribing 35,596</p> <p>Resource Transfer 10,093</p> <p>Other Core 7,745</p> <p>Total 104,248</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"> 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

Appendix 3

		<ol style="list-style-type: none"> 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
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"> 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. 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. 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. 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. 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

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		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.
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Appendix 3

1.	Implementation date	1 st April 2020
2.	Reference number	WLIJB/NHS/D02-2020R
3.	Integration Joint Board (IJB) authorisation date	30 th June 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"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

Appendix 3

6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2020/21 Direction to NHS Lothian approved by the Board on 10 March 2020 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"> – Dietetics – Art Therapy – Lothian Unscheduled Care Service – Integrated Sexual and Reproductive Health service – Clinical Psychology Services – Continence Services – Public Dental Service including Edinburgh Dental Institute – Podiatry – Orthoptics – Independent Practitioners via the Primary Care Contracting Organisation – SMART Centre

Appendix 3

		<ul style="list-style-type: none"> – Royal Edinburgh and Associated Services – Substance Misuse Ritson Inpatient Unit, LEAP and Harm Reduction
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"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) – How specific needs of localities will be addressed <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 3

		<p>West Lothian Health and Social Care Delivery</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. 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>Medium Term Financial Strategy</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>Hosted Budget 2020/21</td><td>(£'000)</td></tr><tr><td>Hospices</td><td>1,101</td></tr><tr><td>Learning Disabilities</td><td>2,835</td></tr><tr><td>Lothian Unscheduled Care Service</td><td>2,202</td></tr><tr><td>Oral Health Services</td><td>2,511</td></tr><tr><td>Hosted Psychology Service</td><td>1,882</td></tr><tr><td>Hosted Rehabilitation Medicine</td><td>1,700</td></tr><tr><td>Sexual Health</td><td>1,361</td></tr><tr><td>Substance Misuse</td><td>1,048</td></tr><tr><td>Therapy Services</td><td>7,268</td></tr><tr><td>UNPAC</td><td>1,380</td></tr><tr><td>Other Hosted Services</td><td>837</td></tr><tr><td>Total</td><td>24,125</td></tr></table>	Hosted Budget 2020/21	(£'000)	Hospices	1,101	Learning Disabilities	2,835	Lothian Unscheduled Care Service	2,202	Oral Health Services	2,511	Hosted Psychology Service	1,882	Hosted Rehabilitation Medicine	1,700	Sexual Health	1,361	Substance Misuse	1,048	Therapy Services	7,268	UNPAC	1,380	Other Hosted Services	837	Total	24,125
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Appendix 3

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

Appendix 3

		<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"> 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. 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. 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. 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.
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>

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1.	Implementation date	1 st April 2020
2.	Reference number	WLIJB/NHSL/D03-2020R
3.	Integration Joint Board (IJB) authorisation date	30 th June 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"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care – Are personalised and self-directed, putting control in the hands of the service user and their carers

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6.	Does this direction supersede or amend or cancel a previous Direction?	This Direction supersedes the 2020/21 Direction to NHS Lothian approved by the Board on 10 March 2020 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"> 1. Accident and Emergency services provided in a hospital 2. Inpatient hospital services relating to the following branches of medicine: <ul style="list-style-type: none"> – General medicine – Geriatric medicine – Rehabilitation medicine – Respiratory medicine – Psychiatry of learning disability 3. Palliative care services provided in a hospital 4. Services provided in a hospital in relation to an addiction or dependence on any substance 5. Mental health services provided in a hospital except secure forensic mental health services <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 3

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"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) <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>West Lothian Health and Social Care Delivery</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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		<p>Medium Term Financial Strategy</p> <p>An informed approach to future service delivery over the medium term is crucial and must take account of assumptions around available resources. 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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T: 0300 244 4000
E: scottish.ministers@gov.scot

Integration Authority Chief Officers

CC: COSLA
Integration Authority Chief Finance Officers
NHS Chief Executives and Directors of Finance
Local Authority Chief Executives and Directors of Finance

By email

12 May 2020

Thank you for your continued engagement in development of Health and Social Care Mobilisation Plans and supporting due diligence. While further work is required across Partnerships to fully understand the financial implications of responding to Covid-19, I am now writing to confirm initial funding of £50 million, particularly to support immediate challenges in the social care sector.

I have included as an annex to this letter the detail of funding for Integration Authorities that will now be allocated via NHS Boards. This will support sustainability across the sector and ongoing provision of social care, while further work is undertaken to provide me with the necessary assurance for further allocations of funding to support additional costs.

This initial funding allocation will continue to be reviewed in the context of our overall package of financial support and as we consider how best to use totality of resources across the system.

JEANE FREEMAN



Annex A: Shares of funding for community care (based on NRAC/GAE funding formula)

Health & Social Care Partnership	Share of funding (£m)
Aberdeen City HSCP	1.856
Aberdeenshire HSCP	2.266
Angus HSCP	1.080
Argyll and Bute HSCP	0.903
Clackmannanshire and Stirling HSCP	1.312
Dumfries and Galloway HSCP	1.484
Dundee City HSCP	1.429
East Ayrshire HSCP	1.176
East Dunbartonshire HSCP	0.977
East Lothian HSCP	0.947
East Renfrewshire HSCP	0.886
Edinburgh HSCP	4.056
Falkirk HSCP	1.444
Fife HSCP	3.413
Glasgow City HSCP	5.815
Highland HSCP	2.338
Inverclyde HSCP	0.785
Midlothian HSCP	0.820
Moray HSCP	0.860
North Ayrshire HSCP	1.339
North Lanarkshire HSCP	3.191
Orkney Islands HSCP	0.277
Perth and Kinross HSCP	1.373
Renfrewshire HSCP	1.667
Scottish Borders HSCP	1.078
Shetland Islands HSCP	0.298
South Ayrshire HSCP	1.090
South Lanarkshire HSCP	2.976
West Dunbartonshire HSCP	0.898
West Lothian HSCP	1.629
Western Isles HSCP	0.337
	50.000

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 8

CONSIDERATION OF 2019/20 ANNUAL ACCOUNTS (UNAUDITED)

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to request that the Board considers the unaudited 2019/20 Annual Accounts of the West Lothian Integration Joint Board.

B RECOMMENDATION

It is recommended that the Board:-

1. Considers the overall 2019/20 Annual Accounts prior to submission to Ernst and Young (EY) for audit and publication
2. Agrees the letters provided by NHS Lothian and West Lothian Council, along with partner financial ledger reports used throughout the year, provide assurance of the year end spend and funding contained in the unaudited annual accounts
3. Agree to suspend compliance during the coronavirus emergency period with the duty to make hard copies of the annual accounts available for public inspection and copying, noting that copies can be provided instead by electronic means or by post

C SUMMARY OF IMPLICATIONS

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

C2 Resource/ Finance The expected audit fee for 2019/20 is £26,560.

C3 Policy/Legal Under the Local Government (Scotland) Act 1973, the Accounts Commission is responsible for appointing the external auditors of local government bodies including councils, joint boards and bodies falling under section 106 of the Act. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards should be treated as if they were bodies falling within section 106 of the 1973 Act. Coronavirus (Scotland) Act 2020, section 7 and Schedule 6, paragraphs 10 and 11

C4 Risk None

C5 Equality/Health The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

C6 Environment and Sustainability None

C7 National Health and Wellbeing Outcomes None.

C8 Strategic Plan Outcomes None.

C9 Single Outcome Agreement None.

C10 Impact on other Lothian IJBs None.

D TERMS OF REPORT

D.1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that IJBs should be treated as if they were bodies falling within Section 106 of the Local Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under Section 105 of the Local Government (Scotland) Act 1973).

D.2 Draft 2019/20 Annual Accounts

The IJB accounts are proportionate to the limited number of transactions of the Board, and reflect that there are no cash transactions within the IJB.

The Local Authority Accounts (Scotland) Regulations 2014 require the unaudited annual accounts to be submitted to the appointed auditor no later than 30 June each year. Their preparation and submission are responsibilities of the Chief Finance Officer.

Prior to the submission, the Regulations also require that the unaudited accounts must be considered by the Board or a committee whose remit includes audit or governance. In line with the procedure for consideration of the annual accounts approved by the Board on 24 September 2018, it is the responsibility of the Board to consider the unaudited accounts.

The Audit Risk & Governance Committee is responsible for approving the annual governance statement for its inclusion in the accounts. The committee also has responsibility for considering the audited accounts which are then referred to the Board with the committee's recommendations to approve for signature before 30 September each year.

The unaudited annual accounts appended detail the IJB's financial position for 2019/20 taking account of health and social care functions and resources that have been delegated to the IJB. During the year, the IJB worked closely with NHS Lothian to identify measures to mitigate pressures against the NHS Lothian budget contribution and at the year end an additional £1.137 million budget contribution was provided by NHS Lothian through their achievement of operating within their overall Revenue Resource Limit for 2019/20. In terms of council delivered social care services, spend was in line with funding available. In addition to the IJB achieving a balanced 2019/20 budget position, at 31 March 2020, earmarked IJB reserves totalling £63,000 are available to meet spend commitments in 2020/21.

Letters of assurance are appended to this report from the council's Head of Finance and Property Services and NHS Lothian's Director of Finance. These letters set out confirmation of the income and expenditure included in partner financial ledgers that relate to IJB delegated functions, which have been included in the IJB's unaudited annual accounts. The relevant figures are also recorded in both partners' own unaudited annual accounts in relation to IJB functions.

Further assurance to these figures has been provided through more detailed financial reports generated from partner financial ledgers throughout the year and at the year end which are used by the Chief Finance Officer to provide financial reports.

The unaudited accounts include a Management Commentary setting out the purpose and strategic aims of the IJB, as well as the key messages on the IJB's planning and performance for 2019/20. The accounts also note the emergence of COVID-19 in the first quarter of 2020 and set out a number of implications arising from the pandemic.

The unaudited accounts also include the annual governance statement that was approved by the Audit Risk & Governance Committee on 27 May 2020, with some subsequent minor changes made by the Standards Officer under the delegated authority approved by the committee.

The committee first considered the findings of the review of the system of internal control carried out by the Internal Auditor and the Chief Financial Officer's Best Value Compliance Statement. It also received a report with the completed Local Code of Corporate governance for the year. The conclusion reached in the statement and accepted by the committee is that the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2019/20.

The Board has a statutory duty to make hard copies of its unaudited annual accounts available in offices for physical inspection and copying by members of the public. In most cases members of the public exercise their corresponding rights by accessing documents online or by receipt of copies attached to emails. However, the right to come to Board offices to have sight of hard copies and to make photocopies still exists.

Legislation passed by the Scottish Parliament to deal with the coronavirus emergency acknowledged that compliance with those duties during the emergency period might have implications for public health (transmission and contagion) and for Board resources. The Act therefore allows compliance to be waived during the emergency period (initially until 30 September 2020). Public notice must be given of any use of the new powers and of any alternative means by which the public can secure access without visiting council premises. The documents can be made available by electronic means or by post. It is recommended that the Board exercises this discretionary power, noting that there will be no prejudice caused to members of the public as a result.

E CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council

Audit Risk & Governance Committee, 27 May 2020

F REFERENCES/BACKGROUND

Local Government in Scotland Act 2003

G APPENDICES

Appendix 1 – West Lothian Integration Joint Board 2019/20 Annual Accounts (Unaudited)

Appendix 2 – West Lothian Council 2019/20 Letter of Assurance

Appendix 3 – NHS Lothian 2019/20 Letter of Assurance

H CONTACT

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

Tel. No. 01506 281320

E-mail: patrick.welsh@westlothian.gov.uk

30 June 2020

WEST LOTHIAN INTEGRATION JOINT BOARD UNAUDITED ANNUAL ACCOUNTS 2019/20

CONTENTS

Accounts of West Lothian Integration Joint Board (IJB) for the period to 31 March 2020, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom.

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Audit Arrangements

Under arrangements approved by the Accounts Commission for Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of West Lothian Integration Joint Board (IJB) for the year ended 31 March 2020 is:

Stephen Reid, CA CPFA
Partner – Government and Public Sector Assurance
Ernst and Young LLP
10 George Street
Edinburgh
EH2 2DZ

Statement

The audit of the West Lothian IJBs Accounts for 2019/20 is yet to be undertaken. The unaudited accounts will be presented to the IJB on 30 June 2020. The certified accounts will be presented to the IJB for approval on 22 September 2020 following completion of the audit, and review by the Audit, Risk and Governance Committee on 9 September 2020.

MANAGEMENT COMMENTARY

Introduction

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

Functions and associated budget resources for relevant IJB functions, per the approved Integration Scheme, were delegated to the IJB from 1 April 2016.

The Management Commentary outlines the key messages on the IJB's planning and performance for the year 2019/20 and how this has supported the delivery of the IJB's strategic priorities. The commentary also looks forward, outlining the 2020/21 financial plan and future financial considerations over the medium term. In addition, key risks and challenges are set out that will need to be managed to best meet the needs of the West Lothian population going forward. A key aspect of this is the emergence of COVID-19 in the first quarter of 2020 which is having a significant impact on the delivery of health and social care services.

The Role and Remit of the IJB

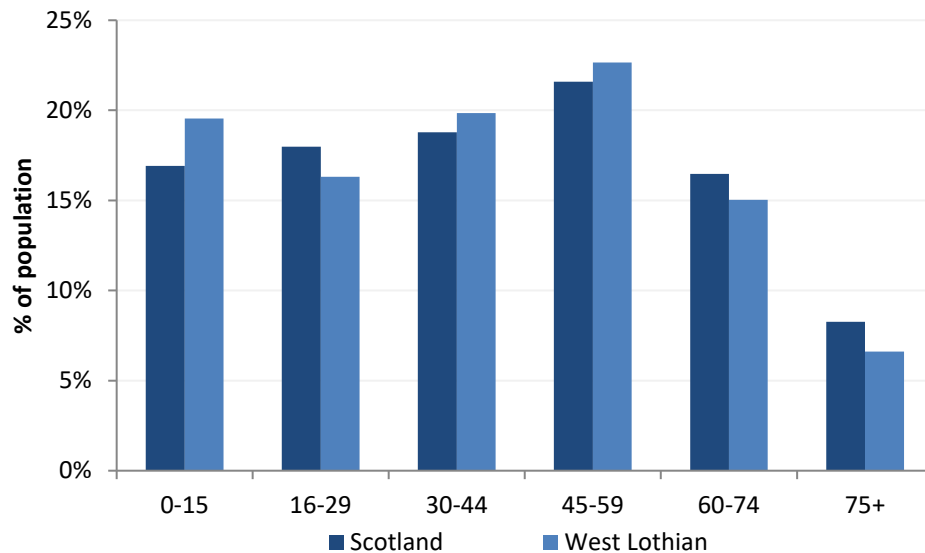
The IJB's primary purpose is to set the strategic direction for the delegated functions through the development of a Strategic Plan. The IJB is delegated relevant health and social care functions and budget resources from the council and NHS Lothian to enable it to plan the delivery of delegated functions at an overall health and social care level and deliver on strategic outcomes. The IJB is responsible for the strategic commissioning of health and social care services across client groups and functional areas, and gives directions to the council and NHS Lothian for the operational delivery of functions and the resources available to them for this. This arrangement recognises that the IJB does not employ any staff directly delivering services or procure services from third parties, and does not hold cash resources or operate a bank account of its own.

Under the legislation and as part of the approved Integration Scheme, the IJB is delegated responsibility for a wide range of health and social care functions including adult social care, primary care and community health services, a range of hosted services including Oral Health and Learning Disabilities. A range of acute hospital services largely relating to unscheduled care are also delegated to the IJB.

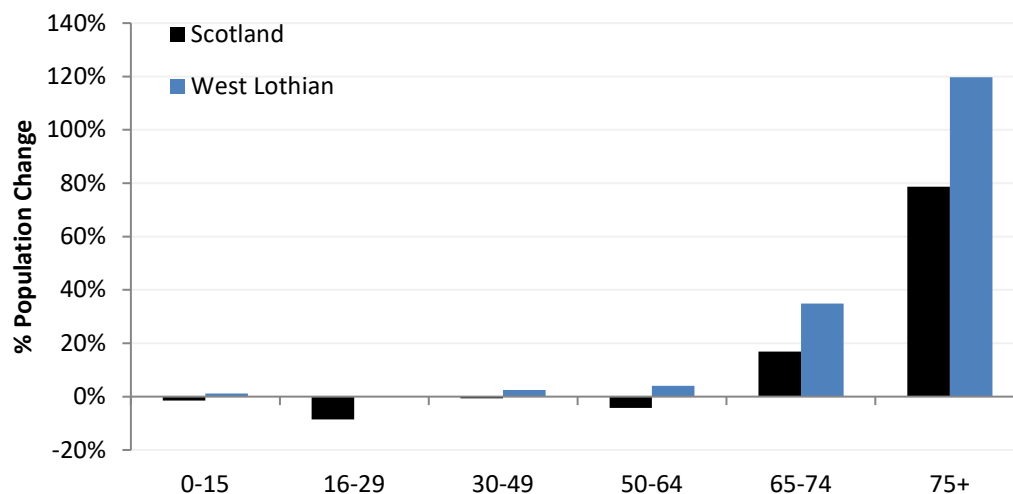
The IJB meets on a six weekly basis and comprises eight voting members, made up of four elected members appointed by West Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. A number of non-voting members of the Board including the IJB Chief Officer and Chief Finance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

West Lothian Information

An important aspect of planning health and social care functions is understanding the needs of the West Lothian population. West Lothian faces a growing and ageing population over the medium to long term. In terms of age, the West Lothian population is broken down below.



West Lothian is facing an ageing population profile that represents a significant challenge. Compared to other local authorities West Lothian will see significantly higher level of growth (2016 to 2041) in number of over 75s and 85s, who will typically have increasing social care needs.



Healthy life expectancy is the number of years an individual is expected to live in good health. The difference between healthy life expectancy and life expectancy highlights the length of time an individual is expected to live in poor health. Although female life expectancy is higher than that of males, more years are spent in poorer health.

Almost one in four (23.3%) of people living in West Lothian report having a limiting long-term physical or mental health condition. A long term condition can have a significant impact on quality of life and ability to carry out day to day activities and is defined as any condition which has lasted or is expected to last at least 12 months.

Almost three quarters (73.8%) of people in West Lothian rate their general health as 'very good' or 'good' and 5.3% rate their general health as 'bad' or 'very bad'. The presence of one or more long term conditions increases significantly with age and has a direct impact on the person's perception of their general health, with only 5.6% of those over 85 years reporting they are in 'very good health'.

The physical, mental and social wellbeing of the local population is influenced by the wider determinants of health, including deprivation, employment, education, housing and the environment. Approximately 41% of the West Lothian population live in the most deprived quintiles and for almost every health indicator there is a clear gradient showing progressively poorer health and decreasing affluence and influence which has a direct impact on demand and complexity across General Practice, unscheduled hospital admissions and community care. It will be important to take account of this through IJB planning for future service delivery.

The Public Bodies (Joint Working) (Scotland) Act 2014 and the West Lothian Integration Scheme stress the importance of the IJB acting as a means of ensuring progress on integration and improved joint working across council delivered social care services and NHS delivered health care services. An effective working relationship and consistent understanding of future care models from planning through to operational delivery is an essential requirement across the IJB, NHS Lothian and West Lothian Council in order to meet future challenges.

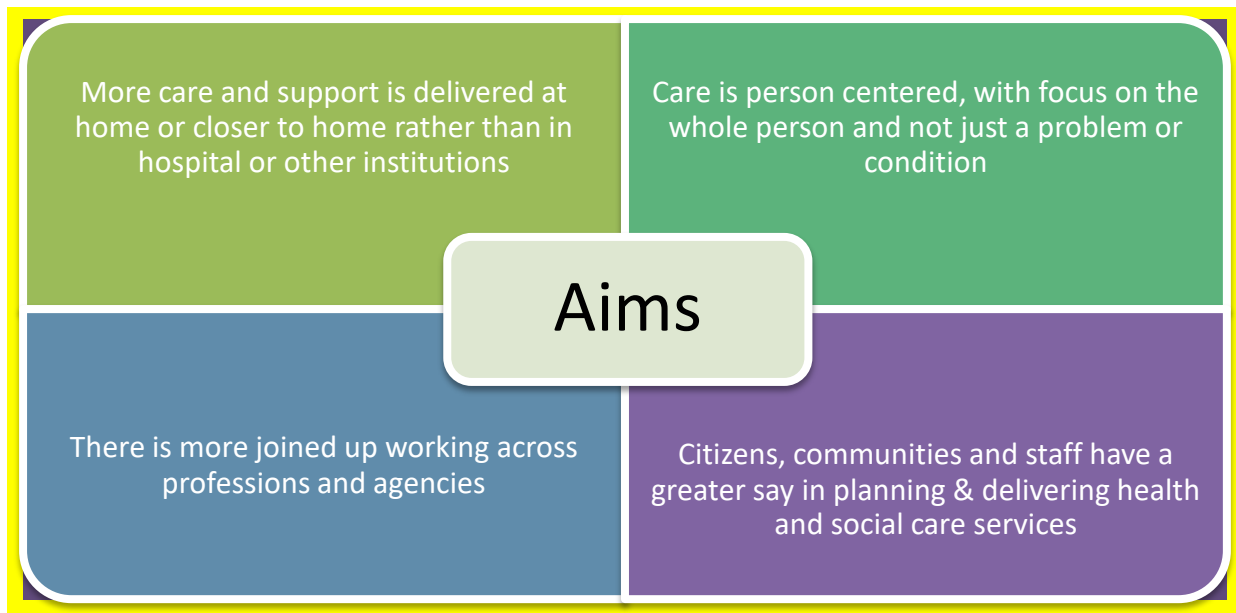
Organisational Developments and Performance

Strategic Planning and Commissioning

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

A new Strategic Plan was approved by the Board on 23 April 2019. This reflected the Board's decision that strategic and financial challenges impacting on service performance and delivery required the existing Strategic Plan to be reviewed. The development of the new Strategic Plan was subject to a two stage consultation process with the public and scrutiny by the Strategic Planning Group before being approved by the Board.

The Strategic Plan covers the period 2019/20 to 2022/23 and sets out how the IJB intends to deliver its vision to increase wellbeing and reduce health inequalities across all communities in West Lothian, and to deliver the nine national health and wellbeing outcomes through agreed strategic priorities and transformational change programmes. The Plan's key strategic vision and aims are set out below.



Based on the strategic intentions outlined in the Plan, updated Strategic Commissioning Plans for Mental Health, Older People, Physical Disability and Learning Disability Services were approved by the Board on 21 January 2020. These plans reflected updated needs assessments based on extensive consultation and engagement with service users, carers and families, service providers, staff and other stakeholders.

Based on this areas of service development have been identified in the plans along with agreed actions that will be undertaken to progress the developments. The Strategic Commissioning Plans take account of the medium term financial planning framework and resource assumptions and provide more detail on future service delivery plans and transformation required to support an informed approach to planning and prioritising future service delivery.

Progress against each plan will be reported to the Board on a regular basis and the implications and learning from COVID-19 will be considered in the ongoing review of commissioning plans.

Performance Management

Integration through IJBs aims to deliver the Scottish Government's nine national health and wellbeing outcomes for integration. These are the high level outcomes of health and social care integration which integration will be measured against, and are noted below.

- People are able to look after and improve their own health and wellbeing and live in good health longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

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

A core suite of integration indicators are used to demonstrate progress in achievement of the national health and wellbeing outcomes above. In addition to this, the IJB uses a Balanced Scorecard approach incorporating the integration indicators as well as relevant Local Delivery Plan indicators and other measures to monitor performance.

The Scottish Government in partnership with COSLA have agreed service delivery areas that will be monitored on a six monthly basis across IJBs to measure performance under integration. The areas that are measured as a means of reviewing progress on integration are:

1. Unplanned Admissions
2. Number of bed days for unscheduled care
3. Accident and Emergency Performance
4. Delayed Discharge Performance
5. End of Life Care
6. Shifting the balance of spend across institutional and community services

Updates on all these areas of performance are reported to the Board on a six monthly basis in an overall West Lothian Health and Social Care performance report.

A key area of challenge in recent years has been performance in respect of delayed discharges with main contributing factors being Care at Home and Care Home capacity. A range of measures implemented have seen a positive impact on reducing delays in 2020. These include the establishment of an Integrated Discharge Hub and additional resources in the Discharge to Assess team. In addition, our community Rapid Elderly Assessment and Care Team (REACT), including Hospital at Home have made a significant contribution to delivering care, treatment and rehabilitation in the community. Through a joined up working approach and the integration of teams there has been a more seamless and streamlined approach to decision making. This has reduced often lengthy referral processes and by April 2020 this had contributed to a significant reduction in delayed discharges and occupied hospital bed days.

Delayed Discharge and Hospital Bed Days Performance			
	April 2019	April 2020	Change
Delays	43	6	Reduction of 37 (86%)
Occupied Bed Days	964	106	Reduction of 858 (89%)

Substantial work was undertaken on developing new Care at Home contract arrangements and the new contract commenced on 1 October 2019. A key objective in developing the new Care at Home contract arrangements was to improve the capacity available to meet West Lothian's increasing elderly population and, following the transitional period, Care at Home capacity has steadily increased with reduction in unmet needs and hospital delays.

Alongside this, good progress has been made during the year in implementing Scottish Government priorities in relation to Action 15 of the Mental Health Strategy to recruit additional mental health workers across a range of settings. The West Lothian Primary Care Improvement plan has also made good progress during 2019/20 in meeting the objective of making General Practice sustainable and creating additional capacity.

The IJB has a strong performance management culture in partnership with NHS Lothian and West Lothian Council. As set out above, a wide range of performance information is used to provide the IJB with regular reports on the delivery of commissioned services and progress against associated targets and outcomes. Close joint working arrangements are in place between the IJB, NHS Lothian and West Lothian Council to ensure robust and accurate information on strategic and operational performance is provided. Performance is reported at a number of levels, including on a quarterly basis to the IJB Strategic Planning Group and the Board, and on a monthly basis to the Health and Social Care Partnership Management Team.

The draft 2019/20 Annual Performance report has been presented to the Board for approval and is anticipated to be published by 31 July 2020.

Financial Performance 2019/20

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of financial performance for 2019/20.

Expenditure on IJB Delegated Functions

Financial management, governance and accountability arrangements for IJB delegated functions are set out in the West Lothian Integration Scheme, and also in the IJB Financial Regulations which were reviewed, updated and approved by the Board during 2019/20.

A financial assurance process was undertaken on the funding contributions for 2019/20 made available by NHS Lothian and West Lothian Council. Through this, baseline pressures of just over £2 million were identified in the Health budget contribution confirmed by the NHS Lothian Director of Finance to the IJB for 2019/20, with the council contribution assessed as representing a balanced budget contribution.

During the year the IJB worked closely with NHS Lothian to identify measures to mitigate the funding shortfall in the NHS Lothian contribution and at the year end the full value of the pressure in Health functions was £1.137 million with this balance being funded by NHS Lothian through their achievement of an overall breakeven position.

In terms of council delivered social care services, spend was in line with funding available. The overall achievement of a balanced budget position was also enabled through the planned use of earmarked IJB reserves relating to 2018/19 Scottish Government funding for 2019/20 spend commitments. In addition, at 31 March 2020 earmarked IJB reserves total £63,000. The

financial impact of COVID-19 was limited during 2019/20 with financial implications being managed within funding contributions provided by partner bodies. The main additional cost area was significant growth in prescribing costs in the weeks leading up to 31 March 2020 but this was managed through funding provided by NHS Lothian.

IJB delegated services saw continued growth in demand during 2019/20. Within community care, elderly care home expenditure increased significantly reflecting a growing elderly population who are living longer with more complex needs. Growth in demands within learning and physical disability care also increased significantly, reflecting increasing needs and a shift in the balance of care from health to community care in line with integration objectives.

Within health delivered services, by far the most significant pressure related to set aside services where there was an overspend of £1.131 million. Nursing staffing pressures were the major contributing factor to the overspend. In addition, difficulties in recruiting and the resulting requirement for agency nursing staff in Accident and Emergency and General Medicine areas has also been a key contributing factor. Substantial work was undertaken during 2019/20 to review the causes of the nursing staffing pressures for West Lothian and the budgetary resources available and this helped to inform the 2020/21 budgeting process and nurse staff budgets. There remain significant risks around prescribing volumes and units going forward, as well as the ongoing impact of COVID-19, and this will require to be closely monitored. Acute drugs are also a key financial risk.

The Health figures include expenditure and income for non-cash limited services such as community opticians, community pharmacists and community dentists. NHS Boards receive non-cash limited budgets for such items, whereby the Scottish Government will adjust the NHS Board budget for any over or under spends at the year end.

These are however still NHS Board budgets and for the purposes of the IJB accounts it has been agreed by the Scottish Government and CIPFA that they should be included in the delegated budget and services within the IJB's remit.

The spend and income associated with West Lothian IJB non-cash limited services in 2019/20 was £20.448 million.

Both West Lothian Council and NHS Lothian have confirmed that there will be no charge to the IJB for central administration functions they provide in support of the IJB.

It will be important moving forward to 2020/21 and future years that expenditure is managed within the financial resources available and this will require close partnership working between the IJB as service commissioner, and NHS Lothian and West Lothian Council as operational providers of services.

Future Financial Plans and Outlook

The 2020/21 budget contributions from NHS Lothian and West Lothian Council have been taken account of in Directions issued to Partners for 2020/21. While the approved council contribution represented a balanced budget position, the approved NHS Lothian contribution represented a funding shortfall compared to forecast expenditure of £1.128 million.

It is important to note however that these budget contributions do not take account of the additional cost implications anticipated to arise as a result of COVID-19. While the financial

implications resulting from COVID-19 remain uncertain, they are anticipated to be significant. Over recent months substantial work has been undertaken to identify the additional costs of COVID-19 through Mobilisation Plans for health and social care. This incorporates joint working across health and social care and at a national level on an agreed approach to capture the additional financial costs.

While there remains significant uncertainty around COVID-19 implications going forward and resulting costs, at this stage additional costs resulting from COVID-19 in relation to West Lothian are estimated to be £6.3 million. Against this, initial additional funding provided by the Scottish Government to date is £1.843 million.

Taking account of this, it will be crucial that the 2020/21 budget position is closely monitored with regular updates being provided to the Board, including options to manage budget pressures and ensure a balanced position is achieved for 2020/21.

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. Plans for this are developed via the health and social care management team and council and NHS Lothian staff supporting the IJB. The IJB's strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process associated with health and social care services. The implications arising from COVID-19 on delivery of care services will need to be taken into account in the ongoing review of strategic commissioning plans

As part of the agreed IJB Directions to NHS Lothian and West Lothian Council, there is a requirement for the Partners to work with the IJB on the preparation of a medium term financial strategy for IJB delegated functions. This reflects that strategic planning of future service delivery and financial planning are intrinsically linked. An informed approach to future service delivery must take account of assumptions around available resources as resource availability will be a key determinant in shaping future service delivery.

With regard to future years, health and social care services will be faced with significant challenges to meet demands and operate within tight fiscal constraints for the foreseeable future. The implications associated with COVID-19 will further increase the financial challenges and may impact on current plans to meet demands. In line with the Board's agreed approach to IJB financial planning, budget plans have been and continue to be developed across IJB health and social care functions with the objective that overall health and social care considerations are taken into account in joint IJB / Partner financial planning.

An updated four year financial plan taking account of funding and expenditure assumptions was reported to the Board on 23 April 2019. At this stage, the level of uncertainty around COVID-19 financial implications makes it extremely difficult to undertake a more detailed update of the medium term financial plan, but a high level financial outlook based on currently available funding assumptions was presented to the Board on 30 June 2020. Based on current planning assumptions, IJB resources are estimated to increase by £6.9 million over the three year period to 2022/23. As funding and cost implications linked to COVID-19 become clearer over the coming months, current future year planning assumptions will be updated accordingly.

The nature of medium to long term financial planning means that identifying expenditure and funding growth for future years is challenging and uncertain under any circumstances and COVID-19 only increases the uncertainty. However, it is widely acknowledged by bodies such as Audit Scotland and CIPFA that a short-term annual budgeting process is not conducive to achieving the aims consistent with planning to meet future demands and prioritising resources to achieve this and therefore the objective will be to further develop the medium term financial plan during 2020/21 as the implications of COVID-19 become clearer.

Significant financial risks over 2020/21 and the medium term can be summarised as follows:

- COVID-19 represents an unprecedented challenge for delivery of health and social care services and, as part of this, it is evident that there will be material financial cost implications and ongoing risks around delivery of health and social care functions
- The wider financial environment continues to be challenging, with a high degree of uncertainty in the economy due to COVID-19. Significant increase in Government debt levels associated with the range of economic measures introduced to support the economy may have implications for public sector funding levels over future years
- Uncertainty around Brexit remains a significant risk particularly around the trade deal negotiations with the European Union and the timescale for agreement of the 31 December 2020. Failure to do so could have a significant impact on the economy and disrupt supply chains and may impact on future levels of funding available to the public sector
- Increased demand and expectations around services alongside constrained resources could impact on delivery of health and social care services
- The impact of demographic changes is particularly relevant to West Lothian, which is forecast to have the highest growth in Scotland in the over 75 years age group
- Additional costs associated with new legislative and policy requirements may not be accompanied with adequate additional funding resources
- Failure to implement new models of care which are necessary to shift the balance of care, and allow effective care to be delivered within the resources available and in line with the IJBs Strategic Plan

IJB Risk Management

In accordance with the Risk Management Strategy approved by the IJB, all agreed risks are reported to the IJB Senior Management Team every two months, to the IJB Audit, Risk and Governance Committee every 6 months, and to the IJB annually. In addition, an update on all risks categorised as high are reported to each meeting of the Audit, Risk and Governance Committee.

Key aspects used in the reporting of IJB risks are the internal controls in place to reduce the level of risk and updates on risk action measures which are intended to further reduce the level of risk.

Conclusion

The fourth year of West Lothian Integration Joint Board having responsibility for delegated functions and resources has seen the approval of a new Strategic Plan and a range of Strategic Commissioning Plans for client care groups. As well as further development of performance reporting and medium term financial planning, the IJB has successfully overseen the delivery of all core services and the development and implementation of major service changes such as those associated with reducing delayed discharges, achieving priorities in relation to Mental Health and continuing to implement the Primary Care Improvement Plan.

There has been increased joint working across health and social care to integrate service delivery including through the Integrated Discharge Hub to support older people to stay in their homes and to return home from hospital as soon as possible. The new care at home contract has been successful in providing additional capacity to help meet community care needs. Prudent financial management and close joint working with NHS Lothian and West Lothian Council has allowed the IJB to successfully deliver on a range of outcomes and manage delegated financial resources within a challenging financial and operating environment.

The pace of change will continue to be challenging and the impact of COVID-19 has created a further unprecedented challenge to health and social care service delivery to the public, the full impact of which is still uncertain. A joined up approach to strategic and financial planning, taking account of the impact of COVID-19 on service delivery, will be key to ensuring that the future delivery of quality care services to the West Lothian population is managed within available resources.

We would like to acknowledge the significant effort of all the NHS Lothian and West Lothian Council staff in supporting the IJB and look forward to building on the progress that has been made during 2019/20.

Harry Cartmill
Chair

Allister Short
Chief Officer

Patrick Welsh
Chief Finance Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts

I confirm that these Annual Accounts were approved for signature at a meeting of the West Lothian Integration Joint Board on 22 September 2020.

Signed on Behalf of West Lothian Integration Joint Board

Harry Cartmill
Chair of West Lothian Integration Board

Responsibilities of the Chief Finance Officer

The Chief Financial Officer is responsible for the preparation of the Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Lothian Integration Joint Board as at 31 March 2020 and the transactions for the year then ended.

Patrick Welsh
Chief Finance Officer
30 June 2020

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit and all other sections of the Remuneration Report will be reviewed by Ernst and Young LLP and any apparent material inconsistencies with the audited financial statements will be considered as part of their audit report.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by West Lothian Council and NHS Lothian. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other Board members relating to their role on the IJB. The IJB does not reimburse the relevant Partner organisations for any voting board member costs borne by the Partner.

The details of the Chair and Vice Chair appointments are shown below.

Name	Post(s) Held	Nominated by
Martin Hill	Chair Apr 2019 to Sep 2019	NHS Lothian
Harry Cartmill	Vice Chair Apr 2019 to Sep 2019 Chair Sep 2019 to Mar 2020	West Lothian Council
William McQueen	Vice Chair Sep 2019 to Mar 2020	NHS Lothian

NHS Lothian remunerates its non-executive members on a notional day basis. That is, they are paid a fixed annual amount which is considered to represent payment for one day per week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week by NHS Lothian in recognition of the additional time required to undertake those roles. Martin Hill and William McQueen, as non-executive members of NHS Lothian Board and also Chair and Vice Chair respectively of West Lothian IJB during 2019/20, have received an additional day's remuneration for the period they held these roles in 2019/20. Martin Hill received remuneration of £4,292 for April 2019 to September 2019 (£8,416 for 2018/19) and William McQueen received remuneration of £4,292 for September 2019 to March 2020 (£0 for 2018/19).

There were no IJB specific expenses recorded for voting members of the IJB during 2019/20. Any expenses claimed by voting members are paid through the relevant IJB Partner organisation. The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair. The other voting members of the IJB during 2019/20 are noted below.

West Lothian Council	NHS Lothian
Dom McGuire	Martin Connor
George Paul	Alex Joyce
Damian Timson	

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the board. Under the terms of the governing legislation the Chief Officer is the Board's only member of staff. Allister Short was appointed to that post in September 2019 after the retirement of Jim Forrest, the previous postholder.

The remuneration of the Chief Officer is set by the employing body. In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the Chief Officer and the Chief Finance Officer are regarded as employees of the Integration Joint Board when undertaking duties for the Board in relation to delegated functions. Both the Chief Officer and Chief Finance officer also have operational roles within NHS Lothian and / or West Lothian Council and it is estimated that approximately 50% of their time is associated with IJB duties. For the purposes of the IJB remuneration report and transparency of their salary costs, their full year or full year equivalent remuneration has been shown.

Total 2018/19 £'000	Senior Employees	Salary, Fees & Allowances £'000	Compensation for Loss of Office £'000	Total 2019/20 £'000	Full Year Equivalent 2019/20 £'000
107	Jim Forrest Chief Officer Apr 2019 to Sep 2019	58	Nil	58	107
N/A	Allister Short Chief Officer Sep 2019 to Mar 2020	46	Nil	46	96
68	Patrick Welsh Chief Finance Officer	71	Nil	71	71
175	Total	168	Nil	168	274

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing Partner organisation. On this basis there is no

pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers. The IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/19 £'000	For Year to 31/03/20 £'000		Difference from 31/03/19 £'000	As at 31/03/20 £'000
Jim Forrest Chief Officer Apr 2019 to Sep 2019	16	4	Pension	1	60
			Lump sum	3	181
Allister Short Chief Officer Sep 2019 to Mar 2020	N/A	10	Pension	N/A	21
			Lump sum	N/A	39
Patrick Welsh Chief Finance Officer	14	15	Pension	2	22
			Lump sum	1	26
Total	30	29	Pension	7	349

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000

Number of Employees in Band 2018/19	Remuneration Band	Number of Employees in Band 2019/20
0	£55,000 - £59,999	1
1	£65,000 - £69,999	0
0	£70,000 - £74,999	1
1	£105,000 - £109,999	0

Allister Short
Chief Officer

Harry Cartmill
Chair

ANNUAL GOVERNANCE STATEMENT

Corporate Governance

Corporate governance is comprised of the systems, processes, culture and values by which the Board is directed and controlled, and the activities through which it is accountable to, engages with and leads the West Lothian community in relation to its statutory functions. It is the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. The Board, Board members and individuals working for and supporting them must try to achieve the Board's objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.

The Board and its members, voting and non-voting, have overall responsibility for good governance arrangements – for establishing the Board's values, principles and culture, for ensuring the existence and review of an effective governance framework, and for putting in place monitoring and reporting arrangements. Corporate governance is an essential back-office corporate service necessary to assist the effectiveness of setting, monitoring, achieving and reporting on priorities and outcomes, both national and local.

Whilst retaining its responsibility and overview of those arrangements, the Board has entrusted the delivery of some of those tasks to committees (especially its Audit, Risk & Governance Committee) and to its Chief Officer and to officers employed by West Lothian Council and NHS Lothian who serve and support the Board. That delegation does not remove or negate the responsibility of all the Board's members for governance.

The statutory relationship amongst the Board, the council and the health board is a complex one. The Integration Scheme contains the agreement reached between the council and the health board in seeking to have the Board established. It cannot be changed without going through a formal statutory review process. The Board's governance arrangements provide the additional guidance and control necessary to make that relationship work for the benefit of service users and other stakeholders. The governance framework is made up of corporate documents, policies and procedures which are designed to guide and assist the Board in doing its business in accordance with the law and with proper standards and principles, so ensuring that public money is safeguarded and used economically, efficiently and effectively, and fulfilling the statutory duty to secure best value.

The conclusion and assurance in this statement is based on the annual review of the system of internal control, the best value assurance statement, the Local Code of Corporate Governance and the progress made on governance areas of concern. Areas of concern where work is required have been identified and the impact of the COVID-19 pandemic is not yet known. However, the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2019/20

Structure and powers

The Board is a statutory body established by the Scottish Parliament. It is responsible for the integrated functions delegated to it by the council and the health board. It makes a strategic plan for delivery of the health and social care services which go along with the integrated

functions. It receives financial contributions from the council and health board, and to a small extent directly from the Scottish Government. It then directs the council and the health board in how they should deliver the integrated functions on its behalf and allocates financial resources to allow them to do so. The Board has responsibility for adult and older people's health and social care services. Those for children and young persons and criminal justice services are delivered directly by the council and the health board through separate voluntary partnership working arrangements.

Legislation requires that the Integration Scheme is reviewed by the council and the health board at least every five years. That review ought to have been concluded by June 2020. The process was started and a timetable was agreed with the Board being a formal consultee. Due to the intervention of the COVID-19 emergency the process could not be progressed and it has been formally abandoned. The current Integration Scheme will remain in place and the operation of the Board will not be affected. The review will be revisited in autumn 2020.

The Board has delegated some of its responsibilities to other internal bodies:

- It established an Appointments Committee to fill the posts of Director, Chief Financial Officer, Internal Auditor and Standards Officer. It met in 2019 to secure the replacement of the retiring Director. A successful process was followed in partnership with the council and the health board and the new Chief Officer took up his position in September 2019
- It established an Audit Risk & Governance Committee with scrutiny powers in relation to risk management, corporate governance and internal and external audit reports. It meets quarterly and the public has access to its meetings and meeting papers
- It established the Strategic Planning Group in accordance with legislation and guidance in relation to development, review and progressing the strategic plan
- It established a Health and Clinical Care Governance Group, chaired by a Board member, to provide a focus for clinical and social care issues and concerns and to advise the Board where appropriate
- In April 2019 the Board approved a revised strategic planning structure. It is designed around Planning & Commissioning Boards with remits designed to ensure delivery of the revised Strategic Plan 2019/23

The remits, powers, operating arrangements and reporting structures of all of these internal bodies were reviewed in 2019/20 and changes were approved by the Board after considering officers' recommendations. The Board decided to amalgamate the Locality Groups into the Strategic Planning Group. It also decided that the Strategic Planning group meetings should not have to take place in public to enable them to become less bound by procedural formalities and to assist the exchange and expression of views. There is though wide stakeholder representation, the minutes of the meetings are however still reported to the Board in public and the Group is now chaired by the Board's Vice-Chair.

All of the Board's activities are carried out within the terms of relevant legislation, guidance and the statutory Integration Scheme. Its decision-making is carried out under Standing Orders and other internal rules and procedures which are reviewed on a three-year cycle. They are principally made up of:

- Standing Orders, governing the way Board and committee meetings are conducted

- Remits and procedural rules for committees, working groups and the new Planning & Commissioning Boards
- Scheme of Delegation to Officers setting out the responsibilities and powers allocated to senior officers
- Financial Regulations which set the rules and procedures for financial, budget and treasury management
- Strategic Plan and its accompanying Annual Financial Statement

Standing Orders, the Scheme of Delegations, Financial Regulations, committee remits were all reviewed with recommended changes approved by the Board. A new Strategic Plan was also approved in the current reporting year.

The Board must publish a statutory performance report within 4 months of the end of any financial year. It requires information from the council and the health board in relation to their performance of the integrated functions which have been specified in Directions issued by the Board. That also means that regular and periodic information is required to allow service performance to be assessed continuously and to inform the annual report. That information is provided with reference to a list of agreed indicators and from that the Board maintains its own performance records against the commitments and outcomes given in its Strategic Plan. Those reports are considered at Board meetings and so all members are aware of performance information and concerns. Performance management and reporting arrangements have been under review during the year. All of the Board's statutory annual performance reports are available on its website.

The Board's Financial Regulations call for quarterly budget monitoring reports to be presented to the Board. They also call for regular periodic budget and financial assurance reports to the Board to enable it to proceed with the budgetary process, the publication of its annual financial statement and issuing Directions to the council and health board. These reports have been and will continue to be made as required.

The Board has adopted a Risk Management Strategy. Risks and the developing Risk Register are periodically reported to and were considered at the Board, the Strategic Planning Group and Audit, Risk & Governance Committee meetings.

The Board

The Board's membership and operating arrangements are controlled by statute. Board decisions are made by eight voting members, four from each of the council and the health board. It also has non-voting members who are senior council or health board professionals or are representatives of the users and providers of health and social care services. A full review of membership of the Board was carried out and renewed during the year.

There have been some changes to the Board's voting members during the year but fewer than in the preceding year. Induction and development sessions have taken place. In accordance with the Integration Scheme, the Chair was taken by a council member in September 2019 with a health board member taking the position of Vice-Chair. At the same time the position of Chair and Vice-Chair of the Audit, Risk & Governance Committee switched between the council and the health board.

The Board continues to meet approximately every six weeks. It maintains a Work Plan which is reviewed at every meeting. That is now accompanied at every meeting by an annual calendar of reporting and review deadlines. The Board's work has been assisted by a series of Board development sessions outside the constraints of a formal meeting when discussions could take place about issues of growing or particular concern and the long-term plans for the Board and its work. The Board deals with significant strategic and financial decisions and monitors and oversees financial and service performance and risk monitoring arrangements. It meets in public except in very strictly defined circumstances. All of its meetings in the year were open to the public apart from meetings of the Appointments Committee.

The Board has developed its participation in the West Lothian Community Planning Partnership. The Board is a statutory community planning partner and is represented on the Community Planning Partnership Board by the Chief Officer. Periodic reports are brought to the Board, or in the Chief Officer's report, to inform Board members of developments within the Partnership.

The Board now also participates in the Strategic Planning Forum, a strategic partnership forum amongst the health board and the integration joint boards within the health board area. It aims to increase cooperation amongst the bodies involved and secure and promote efficient planning where there are common themes and pressures shared by all concerned.

Chief Officer reports are now standing items on the agendas for Board meeting and those enable things like the community planning activities to be brought to the attention of the Board and the public.

Management

Under the terms of the governing legislation the Board only has one member of staff – its Chief Officer. Allister Short was appointed to that post in September 2019 after the retirement of the Director who had held the post since the inception of the Board. He heads the joint management team and staff responsible for delivering the integrated services in accordance with Board directions. He is accountable to the Board, but also to the Chief Executives of the council and the health board. His place and responsibilities are set out in the Board's Scheme of Delegations. The Chief Officer is a non-voting Board member.

The legislation which applies to the Board in relation to accounting and finance matters requires the Board to appoint a Chief Financial Officer. That role is to be performed in accordance with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016). It sets out the requirement for the Chief Financial Officer to be professionally qualified and sets out the criteria for that qualification. The Board has appointed its Chief Financial Officer who fulfils these criteria and operates in accordance with the Board's Financial Regulations, reporting regularly to the Board on budgetary performance and compliance and on financial assurance. The Chief Financial Officer produces the Board's annual financial statement. The role is undertaken in accordance with the relevant statutory rules, guidance and standards. The Chief Financial Officer is a non-voting Board member. His place and responsibilities are set out in the Board's Scheme of Delegations. In accordance with its Best Value Framework adopted during the year, the Chief Financial Officer reports each year on the extent of the Board's delivery of its statutory best

value duty. That informs both the Internal Auditor's review of the system of internal control and this annual governance statement.

The Board is required to operate a professional and objective internal audit service. The council's Audit, Risk & Counter Fraud Manager is appointed as the Board's Internal Auditor. Internal audit is an independent appraisal function which examines and evaluates systems of financial and non-financial control. Internal audit operates in accordance with the "Public Sector Internal Audit Standards: Applying the IIA International Standards to the UK Public Sector" (PSIAS). An annual audit plan is prepared based on an assessment of risk and is approved by the Audit, Risk & Governance Committee. Internal audit reports are issued to the committee in relation to the outcome of all work. There is annual reporting to the committee of internal audit activities and to give assurance about the independence, effectiveness and soundness of the service.

Risk management is supervised on the officer side of the Board by the Internal Auditor. Risk management is also embedded at a service level in the senior management team which is responsible for the delivery of the Board's integrated functions. The management team monitors, assesses and mitigates risk at service level as a matter of routine at their management team meetings. That process continues at lower levels in the integrated management structure.

The Board must appoint a Standards Officer. The Standards Officer is responsible for ensuring the Board and its members meet their obligations under ethical standards legislation and the Board's Code of Conduct. The Board has appointed a Standards Officer who maintains the Board members' Register of Interest and advises on Code of Conduct issues and concerns. His appointment was approved by the Scottish Ministers in 2016. He plays a wider role in supporting the Board in meeting its expected and adopted standards of good corporate governance. He prepares this annual governance statement and reports to the Board when required on governance matters, including compliance with the Board's adopted Local Code of Corporate Governance.

The council has to appoint a senior officer with social work qualifications and experience to the statutory role of Chief Social Work Officer. The post carries the significant responsibility for statutory delivery of social care services and the right to have direct access to the council and its elected members. The Chief Social Work Officer is a non-voting member of the Board and the Board's Standing Orders ensure a similar right of access to the Board and Board members in relation to areas of professional concern. The health board has appointed an officer to a similar post in relation to health care. The holder of that post is also a non-voting member of the Board. The Board's Standing Orders give the same right of access to the Board and Board members as the Chief Social Work Officer has. Each delivers a formal annual report to the Board in connection with the discharge of their duties in relation to health and social care governance and statutory compliance.

Audit, Risk & Governance Committee

The Audit, Risk & Governance Committee monitors the independence and effectiveness of the Internal Audit service provided by the council and its Audit, Risk and Counter Fraud Manager. To ensure the required degree of independence it is given periodic assurance in relation to non-internal audit functions (risk management) through the internal audit manager

of Falkirk Council. The committee approves an annual audit plan and receives reports about its completion. It considers reports brought forward in relation to the work, both programmed and reactive work. It approves the annual governance statement on behalf of the Board before the Board considers it as part of its unaudited accounts and financial and other statements. Its remit and powers were reviewed during the year and minor changes were approved by the Board.

Internal Audit reports are presented to committee for information and scrutiny. They contain a finding as to the soundness of control based on the audit carried out and whether controls are satisfactory or require improvements. They set out improvement actions which have been agreed with officers. Implementation of actions and any other committee recommendations are the responsibility of the Chief Officer.

The committee also receives the external auditors' Annual Plan. Its remit enables it to consider the external audit annual report and audited accounts prior to their consideration and approval by the Board itself.

The committee also receives reports in relation to governance matters, principally reports issued by the Accounts Commission and/or Audit Scotland in relation to the Board or the health and care sector as a whole. The committee also receives the annual report on corporate governance and the annual governance statement. In 2019/20 it also received reports on progress against the governance issues identified for attention in previous annual governance statements.

Formal arrangements have been made and approved for liaison and information sharing with the Internal Auditors for the health board, the council and the other IJBs in the health board area. The Risk Management Annual Reports for council and health board were reported to the committee in 2018/19. No issues of concern arose and committee did not determine that it was necessary that the reports for 2019/20 be presented.

The Internal Audit Annual Report for 2019/20 provides details of the risk based audits undertaken for the Board, and the conclusions arising from that work. Those reports had all been submitted to the committee in the course of the year. No areas of concern or where control was found to require improvement were identified for 2019/20.

System of internal control

A significant part of the Board's governance framework is its system of internal control (financial and other). It is an ongoing process designed to identify risks to the achievement of the Board's objectives; to evaluate the likelihood of those risks occurring; to consider the potential impact of the risks; and to manage them effectively. Those controls can never eliminate risk or failure to achieve objectives entirely – they can only provide reasonable and not absolute assurance. The design, development and management of the system of internal control are undertaken by officers who support the Board and approved where required by the Board or its Audit, Risk & Governance Committee.

The system of internal financial control is designed to provide assurance on the effectiveness and efficiency of operations and the reliability of financial reporting. It is based on a framework, which includes financial regulations and a system of management supervision, delegation and accountability, supported by regular management information, administrative procedures and

segregation of duties. Its key elements include a documented internal control framework relating to financial processes, procedures and regulations; a comprehensive budgeting and monitoring framework; scrutiny of periodic and annual financial and operational performance reports; performance management information; and project management disciplines.

Reporting to the Board on the effectiveness of the system of internal control is a statutory requirement carried out by the Board's Internal Auditor. It is included in his Internal Audit Annual Report in May or June each year. Its consideration precedes and informs this statutory annual governance statement which requires approval by or for the Board and incorporation into the annual accounts and financial statements.

Based on internal audit work and reports throughout the year the Internal Auditor identifies areas where improvements are required and confirms that recommendations will be followed up and reported. The Audit, Risk & Governance Committee is informed of agreed actions and deadlines for completion. It seeks assurances from responsible officers on progress through follow-up reports where so advised.

Following the review for 2019/20 the Internal Auditor's conclusion, reported to and accepted by committee in May 2020, is that the framework of governance, risk management and control is sound.

Code of Corporate Governance

The Board's governance arrangements are assessed and reported in accordance with statutory requirements and under a Framework and accompanying Guidance for Scotland called "Delivering Good Governance in Local Government", produced by CIPFA/SOLACE in 2016. In 2017/18 a new Local Code of Corporate Governance was developed and adopted under that Framework and Guidance. The annual governance statement was produced under that Framework for 2017/18 and has been since.

The Code adopts the seven over-arching principles from the Framework which are: behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law; ensuring openness and comprehensive stakeholder engagement; defining outcomes in terms of sustainable economic, social, and environmental benefits; determining the interventions necessary to optimise the achievement of the intended outcomes; developing the Board's capacity, including the capability of its leadership and the individuals within it; managing risks and performance through robust internal control and strong public financial management; and implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Each of those principles is broken down into sub-principles and then separate elements to allow a more focused approach to the components of each. A list of sources of evidence is included and the Board's actions and performance over the year are assessed to determine where it exceeds, meets or fails to meet the required standards. Areas of concern are picked out and reported on through the annual reporting process. Actions are identified and allocated and progress monitored through reporting to Board and committee. The Code is used to inform the drafting and approval of the annual governance statement. The seven principles and their interaction and some of the key evidence for each are shown in the following diagram.

GOVERNANCE PRINCIPLES



The Code was formally reviewed during the reporting year. The Audit, Risk & Governance Committee and then the Board considered recommendations concerning the standards and evidence included in the Code and the methods by which the Code is populated and monitored throughout the year. The recommendations were accepted and the Code has been produced this year in accordance with the newly-approved arrangements and with the amendments approved by the Board in September 2019.

The fully-populated Code was reported to committee in May 2020. Compliance with the Code's standards has improved significantly. This is the result of work in areas such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures. The most significant non-compliance is the outstanding work on compliance with the Data Protection Act 2018 and the appointment of a permanent Data Protection Officer.

The Chief Financial Officer has again prepared a best value framework annual statement. It is part of the framework approved by the Board in September 2018 to enable it to gain the assurance it requires on the extent of its compliance with its statutory best value duty. That statement was reported to Audit, Risk & Governance Committee in May 2020. Along with the Internal Auditor's review of the system of internal control and the Board's Code of Corporate governance it informs and underpins this annual governance statement. The Chief Financial Officer has concluded and has certified that the Board's best value duties were substantially complied with in 2019/20. He has commented on two areas for improvement (data protection compliance and succession planning) that require improvement. Those are highlighted elsewhere in this statement and in the Local Code of Corporate Governance. The committee accepted the assurances given.

Past and present governance issues

Governance reporting in previous years has identified areas of concern and issues to be addressed by officers and members. In reporting this year, the issues carried forward from previous years have been amalgamated with a view to demonstrating the continuous improvement in governance terms and showing how issues have been dealt with where they cross the ends of the reporting years. Those issues were reported regularly to the Chief Officer's senior management team throughout the year for monitoring. A report against progress was made to the Audit, Risk & Governance Committee in December 2019. Progress made since then has been noted and considered at management team meetings. Issues have been added as they have arisen during this reporting year. Some of those have been pursued already, some are longer-term issues. These past and present matters of concern were reported in detail to the committee in May 2020 as part of the end of year governance cycle.

There was a substantial degree of progress in tackling the governance issues identified in last year's statement. That was the result of concerted efforts in relation to things such as the review of Standing Orders and the Scheme of Delegations; the review of Financial Regulations; approval of the new Strategic Plan; approval of the Communication and Engagement Strategy; review of the Code of Conduct; concluding reporting on workforce planning; refreshment of the clinical and care governance arrangements; and the revised Strategic Planning Group structures.

A report was made to committee in May 2020 showing issues outstanding, progress made and issues remaining for attention. There were 24 issues identified for work in last year's statement arising from the last three reporting years. Of those, 11 had been completed and deleted after interim reporting to committee. The remaining 13 issues were reported to committee in May 2020. Committee accepted officers' recommendation that 9 had been completed and could be deleted. Committee agreed that the remaining 4 matters should be

carried forward and progress be monitored and reported to Audit, Risk & Governance Committee during the year and again at the year end.

The four issues carried forward are

- Ensuring full compliance with GDPR and the Data Protection Act 2018 including securing the appointment of a permanent Data Protection Officer
- Arrangements for succession planning for members and officers
- Continuing with actions agreed arising from consideration of a suite of external reports in 2018 and 2019 on local government, health service and integration joint boards
- Reviewing the new structure of planning and commissioning boards put in place to support the Strategic Plan and the Strategic Planning Group

Of those, the most significant and the one presenting the most risk is the conclusion of work to ensure data protection compliance. However, the Board holds no personal data in relation to service users or carers: that is held by council and health board. In those circumstances the risk presented by any non-compliance is not considered to threaten or materially affect the operations or finances of the Board. while this issue is fully addressed.

Matters to be considered in 2020/21

Based on consideration of progress on the matters of governance concern set out in the appendix, the Internal Auditor's review of the system of internal control, the Chief Finance Officer's Best Value Compliance Statement and information noted in the Code of Corporate Governance these are the issues of concern that the Board is recommended to address in 2020/21:

- The four issues referred to in 8.4, above
- Ensuring Board awareness of the PREVENT agenda, based on UK guidance
- Educating Board members on the Standards Commission's Advice Note on the role of members of integration joint boards
- Taking into account the Scottish Government's long-awaited guidance to integration joint boards, councils and health boards on Directions
- Considering the lessons to be learned from the Accounts Commission report in March 2020 on Fife Integration Joint Board
- Participating in the resumed review by the council and health board of the Integration Scheme
- Carrying out a review of the Board's reaction to the COVID-19 pandemic and the role it played in tackling the emergency
- Reviewing the role descriptions for Board members, due in February 2021
- Reviewing the template for officers' reports, due in February 2021
- Reviewing the Strategic Planning group structure, due in April 2021
- Receiving the first annual report of activity under the Communication and Engagement Strategy
- Ensuring compliance with the refreshed Clinical & Care Governance arrangements
- Returning to the risks posed by the departure of the UK from the European Union, likely to be completed at the end of the transition period in December 2020
- Review of the Best Value Framework as the external audit approach to best value in integration joint boards is developed

Progress will be tracked through senior management team meetings and interim reports to committee. Committee has the power to call for stand-alone reports on individual issues causing particular concern.

COVID-19

The most significant COVID-19 risks and COVID-19 related work occurred after the end of the reporting year. However, the planning for COVID-19 started in early March 2020 and will be ongoing when this statement is approved and considered as part of the audited accounts.

The preparation of the annual accounts and this statement has continued in accordance with the normal statutory timescales. Scottish councils and integration joint boards were not afforded the leeway given to English councils and other public bodies north and south of the border. Their production has not been materially affected by the emergency or the diversion of resources to other areas. Sufficient information has been available to inform this statement and it has not been considered that the assurances given in relation to corporate governance for 2019/20 require to be qualified or restricted at this date.

As stronger guidance and then statutory rules emerged from the UK and Scottish Governments and Parliaments about restrictions on movement, gatherings and business/premises operations a decision was taken to cancel the Board meeting scheduled for 21 April 2020 and all internal meetings until further notice. This decision was made in the context of existing provisions in the Standing Orders and the Scheme of Delegations conferring wide emergency powers on officers. No urgent or temporary changes were required to Standing Orders or the decision-making structure. A record has been kept of the use of those powers, relevant members have been consulted where required, and all actions taken will be reported to members and in public at the first available meeting. Board members have had updates sent to them by email to keep them informed of some of the more significant issues being addressed.

Emergency coronavirus legislation allowed public bodies such as integration joint boards to choose to postpone compliance with statutory duties to publish annual and other reports concerning its functions and services. That power has not yet been used. However, consideration is being given to recommending it be exercised in relation to publication of the statutory annual performance report, normally due by 31 August each year.

In accordance with guidance and then regulations, council and health board facilitated as far as possible working from home, requiring urgent investment by them in IT and temporary modification of HR policies and procedures.

Early information on the impact of COVID-19 on the Board was reported by the Chief Officer and the Chief Finance Officer to the Board at its scheduled meeting in June 2020. That was still at an early stage in assessing the financial cost and impact on services delivered by council and health board and their compliance with Directions. Ongoing costs and service consequences will be incorporated into the regular budget monitoring reports. Additional risks will be identified and the risk register revised and updated as required by the Board's risk management arrangements.

One significant development was the establishment of the Scottish Government-mandated multi-disciplinary Care Home Clinical and Care Professional Oversight Team to coordinate

and oversee arrangements in care homes to contain and tackle the coronavirus. The Chief Officer has responsibilities as a member of the Team along with the council's Chief Social Work Officer (a non-voting Board member). With those responsibilities goes accountability and arrangements will be required to ensure the Board is sighted on its role and its Chief Officer's role. His report to the Board on 30 June 2020 included a brief explanation of the purpose and work of this Team. Further information will be provided at future meetings.

As is good practice after reacting to any form of business continuity event a debrief will be conducted of the Board's reaction to the emergency and that will include consideration of the decision-making and other governance arrangements during the emergency. If required, the statement will be updated at the Audit, Risk & Governance Committee prior to its approval by the Board for signature in September 2020.

Conclusion and assurance

Based on the Board's governance framework described in this statement the Board and the West Lothian community can be assured that the Board's corporate governance standards have been substantially met in 2019/20.

There are however areas for improvement which should be addressed by officers and referred to Audit, Risk & Governance Committee for monitoring and control. Consideration should be given as to whether any of those issues and actions requires formal recognition or reassessment in the Board's Risk Register.

Allister Short
Chief Officer

Harry Cartmill
Chair

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

The figures within the income and expenditure account above take account of all relevant accounting entries to reflect the year end income and expenditure recorded in the ledgers for NHS Lothian and West Lothian Council in respect of West Lothian IJB functions for 2019/20.

The figures have been prepared in line with appropriate accounting policies required to provide a true and fair view in accordance with annual accounts requirements.

2018/19				2019/20		
Gross Expenditure £'000	Gross Income £'000	Net Expenditure £'000		Gross Expenditure £'000	Gross Income £'000	Net Expenditure £'000
188,178	0	188,178	Health Services	199,097	0	199,097
63,515	0	63,515	Social Care Services	69,698	0	69,698
28	0	28	Corporate Expenditure	30	0	30
251,721	0	251,721	Cost of Services	268,825	0	268,825
0	(252,201)	(252,201)	Taxation and Non-Specific Grant Income	0	(268,408)	(268,408)
251,721	(252,201)	(480)	(Surplus) or Deficit on Provision of Services	268,825	(268,408)	417

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

	General Fund Balance £'000
Opening Reserve Balance at 31 March 2019	480
Drawdown of Reserve Balance from 2018/19	(480)
Addition to Reserves from 2019/20	63
Increase or (Decrease) in Reserves in 2019/20	(417)
Closing Reserve Balance at 31 March 2020	63

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2019 £'000		Notes	31 March 2020 £'000
480	Short term Debtors	6	63
0	Current Assets		0
0	Short term Creditors	7	0
0	Current Liabilities		0
0	Provisions	2	0
0	Long-term Liabilities		0
480	Net Assets		63
480	Earmarked Reserves: General Fund	4	63
480	Total Reserves		63

The unaudited accounts will be issued on 30 June 2020 and the audited accounts will be authorised for issue on 22 September 2020.

Patrick Welsh
Chief Finance Officer
30 June 2020

NOTES TO THE ANNUAL ACCOUNTS

1. ACCOUNTING POLICIES

1.1 General Principles

The West Lothian Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Lothian Council and NHS Lothian.

Integration Joint Boards (IJBs) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their Annual Accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2020 and its income and expenditure for the year then ended.

The Annual Accounts summarise the Integration Joint Boards transactions for the 2019/20 financial year and its position at the year end of 31 March 2020.

1.2 Accruals of expenditure and income

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

- All known specific and material sums payable to the IJB have been brought into account.
- Suppliers are recorded as expenditure when they are consumed. Expenses in relation to services received are recorded as expenditure when the service is received rather than when payments are made.
- Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where it is doubtful that debts will be settled, the balance of debtors is written down and a charge made to revenue for the income that might not be collected.

1.3. Going Concern

The Accounts are prepared on a historical cost basis, which provides that the entity will continue in operational existence for the foreseeable future.

1.4 Accounting Convention

The accounts are prepared on a historical cost basis.

1.5 Funding

The Integration Joint Board receives contributions from its funding Partners namely West Lothian Council and NHS Lothian to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by these Partners.

1.6 Post Balance Sheet Events

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified.

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts is adjusted to reflect such events.
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

As the balance sheet date was very early in the COVID-19 lockdown period, there have been numerous developments in relation to the pandemic. This includes changes to service delivery arrangements for delegated functions which were developed and implemented as part of the West Lothian Health and Social Care Mobilisation Plan response to the pandemic. This included the establishment of a West Lothian PPE Centre, GP video conferencing, closure of day care centres with staff teams redirected to provide outreach services and increased support to care homes and care at home providers.

The limited expenditure incurred during 2019/20 in relation to the pandemic is included in the accounts for the year. There will be material financial implications during 2020/21 which will apply to next years annual accounts.

1.7 Material Items of Income and Expense

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the Accounts, depending on how significant the items are to an understanding of the IJB's financial performance.

1.8 Related Party Transactions

Related parties are organisations the IJB can control or influence or who can control or influence the IJB. As Partners in the Joint Venture of West Lothian IJB, both West Lothian Council and NHS Lothian are related parties and material transactions with those bodies are shown in line with the requirements of IAS 24 Related Party Disclosures.

1.9 Support Services

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. This is consistent with VAT advice and means that support services to the IJB are outside the scope of VAT. This arrangement was set out in a report to the IJB on 16 February 2016. The list of support services provided to the IJB by West Lothian Council and NHS Lothian is summarised as follows:

- Human Resources
- Internal Audit and Risk Management

- Information Technology
- Buildings Accommodation
- Property / Facilities Management
- Learning and Development
- Health and Safety
- Committee Services
- Procurement Services
- Financial Services
- Corporate Communications
- Legal Services

1.10 VAT

The IJB is not VAT registered. The VAT treatment of expenditure in the IJB's accounts depends on which of the Partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the Commissioning IJB.

2. PROVISIONS, CONTINGENT ASSETS AND LIABILITIES

2.1 Provisions

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of obligation.

Provisions are charged as an expense to the appropriate service line in the Income and Expenditure Statement in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties. When payments are eventually made, they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less than probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the relevant service.

2.2 Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably. Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material. A review of potential contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2020.

3. PARTNER EXPENDITURE ANALYSIS

The following analysis sets out the expenditure incurred across IJB delegated functions. Information is provided to the Board throughout the year to enable them to review financial performance against budget for delegated functions.

Health Services	2019/20 Expenditure £'000
Core Services	
Community Hospitals	2,512
District Nursing	3,701
GMS	29,537
Mental Health	16,976
Other	7,231
Prescribing	36,829
Resource Transfer	18,869
Therapy Services	6,929
Total	122,584
Hosted Services	
GMS	2,438
Learning Disabilities	3,149
Lothian Unshed. Care Serv.	2,702
Oral Health Services	3,584
Other	1,132
Psychology Service	1,839
Rehabilitation Medicine	816
Sexual Health	1,351
Substance Misuse	874
Therapy Services	2,428
UNPAC	1,005
Total	21,318

Health Services (cont.)	2019/20 Expenditure £'000
Set Aside Services	
Cardiology	1,821
ED & Minor Injuries	5,439
Gastroenterology	1,177
General Medicine	7,651
Geriatric Medicine	5,291
Infectious Disease	1,924
Junior Medical	5,589
Other	3,323
Respiratory Medicine	2,532
Total	34,747
Non Cash Limited Services	
Dental	10,734
Ophthalmology	3,574
Pharmacy	6,140
Total	20,448
Total Health Services	199,097

Adult Social Care Services	2019/20 Expenditure £'000
Learning Disabilities	18,748
Physical Disabilities	7,585
Mental Health	3,944
Older People Assess & Care	33,672
Care Homes & HWC	11,489
Contracts & Commissioning Support	3,724
Other Social Care Services	(9,434)
Total Adult Social Care Services	69,728

TOTAL EXPENDITURE ALL SERVICES	268,825
---------------------------------------	----------------

4. RESERVES

	2019/20 £'000	2018/19 £'000
Alcohol and Drug Partnership Funding	0	290
Action 15 Mental Health Funding	63	190
Total	63	480

5. CORPORATE EXPENDITURE

	2019/20 £'000	2018/19 £'000
Audit Fee	27	25
CNORIS Fee	3	3
Total	30	28

Note – the corporate expenditure is shown within the segmental reporting expenditure and funding table.

6. SHORT TERM DEBTORS

	2019/20 £'000	2018/19 £'000
West Lothian Council	0	290
NHS Lothian	63	190
Total	63	480

7. SHORT TERM CREDITORS

	2019/20 £'000	2018/19 £'000
Central Government Bodies	0	0
Other Local Authorities	0	0
Total	0	0

8. RELATED PARTY TRANSACTIONS

In the 2019/20 financial year the following transactions were made with NHS Lothian and West Lothian Council relating to integrated health and social care functions.

Income – payments for integrated functions	2019/20 £'000	2018/19 £'000
NHS Lothian	(198,970)	(188,368)
West Lothian Council	(69,438)	(63,833)
Total	(268,408)	(252,201)

Expenditure – payments for delivery of integrated functions	2019/20 £'000	2018/19 £'000
NHS Lothian	199,097	188,178
West Lothian Council	69,728	63,543
Total	268,825	251,721



Executive Office

West Lothian Civic Centre
Howden South Road
Livingston
West Lothian
EH54 6FF

Our Ref: DF/TS
Your Ref:

Contact: Donald Forrest
Tel: 01506 281294

e-mail: donald.forrest@westlothian.gov.uk

Private and Confidential

Mr Patrick Welsh
Chief Financial Officer
West Lothian IJB

25 May 2020

Dear Patrick

PREPARATION OF INTEGRATION JOINT BOARD (IJB) ACCOUNTS 2019/20

I can confirm that the charges for the services commissioned by West Lothian IJB reflect the income and expenditure recorded in the West Lothian Council ledger for delegated IJB functions and are complete and accurate. The total expenditure relevant to West Lothian IJB functions for 2020/21 was £69.438 million, which has been fully funded through West Lothian Council budget resources/payment of income to West Lothian IJB.

A reconciliation of this £69.438 million detailing the services charged for, and the income provided is set out in Appendix 1 to this letter.

In addition, I can confirm that the income and expenditure attributed to West Lothian IJB has been prepared in line with appropriate accounting policies required to provide a true and fair view in accordance with West Lothian Council annual accounts requirements.

As agreed, I can formally confirm that there will be no charge to West Lothian IJB for central administration functions provided by West Lothian Council and this should be reflected in the West Lothian IJB annual accounts. A note to this effect will be included in the West Lothian Council annual accounts for 2019/20.

I can also confirm that I am not aware of any events that have occurred after the end of the reporting period that require to be disclosed in the West Lothian IJB accounts.

Yours sincerely

A handwritten signature in black ink that reads 'Donald Forrest'.

Donald Forrest
Head of Finance and Property Services
West Lothian Council

SOCIAL CARE SERVICES DELEGATED TO WEST LOTHIAN IJB

	2019/20 Budget (£'000)	Actual 2019/20 Expenditure (£'000)	2019/20 Variance (£'000)
Learning Disabilities	18,702	18,748	46
Physical Disabilities	7,768	7,585	-183
Mental Health	4,263	3,654	-609
Older People Assess & Care	34,805	33,672	-1,133
Care Homes & HWC	10,412	11,489	1,077
Contracts & Commissioning Support	3,150	3,724	574
Other Social Care Services	-9,662	-9,434	228
Total Adult Social Care Services	69,438	69,438	0

By Email Only

To: Chief Officer & Chief Financial Officer of
West Lothian Integration Joint Board

Date 11 May 2020
Your Ref
Our Ref SB/AWW
Enquiries to Susan Goldsmith
Extension 35810
Direct Line 0131 465 5810
Email susan.goldsmith@nhsllothian.scot.nhs.uk

Dear Colleagues

PREPARATION OF INTEGRATION JOINT BOARD (IJB) ACCOUNTS 2019/20

I can confirm that the charges for the services commissioned by West Lothian IJB reflect the income and expenditure recorded in the NHS Lothian ledger for delegated IJB functions and are complete and accurate. The total expenditure relevant to West Lothian IJB functions for 2019/20 was £198,970k, which has been fully funded through NHS Lothian resources.

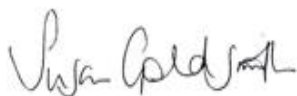
A statement of budgetary performance showing expenditure against resources is set out in Appendix 1. A reconciliation of the £198,970k summarising the budget adjustments over the year is attached at Appendix 2, along with a summary of the partnership transfers.

In addition, I can confirm that the income and expenditure attributed to West Lothian IJB has been prepared in line with appropriate accounting policies required to provide a true and fair view in accordance with NHS Board annual accounts requirements.

As agreed, I can formally confirm that there will be no charge to West Lothian IJB for central administration functions provided by NHS Lothian and this should be reflected in West Lothian IJB annual accounts.

I can also confirm that I am not aware of any events that have occurred after the end of the reporting period that require to be disclosed in the West Lothian IJB accounts.

Yours sincerely



SUSAN GOLDSMITH
Director of Finance

Enc

West Lothian IJB - M12 19/20 - Financial Statement				
	West Lothian IJB Annual Budget '000	West Lothian IJB YTD Budget £'000	West Lothian IJB YTD Actual £'000	West Lothian IJB YTD Variance £'000
NHS Services				
Core	121,567	121,567	122,457	(890)
Hosted	21,541	21,541	21,318	222
Non Cash Limited	20,448	20,448	20,448	0
Acute	33,617	33,617	34,747	(1,130)
Non Recurring Flexibility	1,137	1,137	0	1,137
Sub total NHS Services	198,308	198,308	198,970	(661)
IJB Unallocated Budget	662	662	0	662
Grand Total:	198,970	198,970	198,970	0

			West Lothian IJB - M12 19/20 - Financial Statement				
Status	Allocation	Service	West Lothian IJB Annual Budget '000	West Lothian IJB YTD Budget £'000	West Lothian IJB YTD Actual £'000	West Lothian IJB YTD Variance £'000	
Delegated	Core	Community Equipment	925	925	1,022	(97)	
		Community Hospitals	2,365	2,365	2,512	(147)	
		Complex Care	26	26	98	(72)	
		District Nursing	4,088	4,088	3,701	387	
		GMS	29,673	29,673	29,537	136	
		Hospices & Palliative Care	225	225	211	14	
		Mental Health	16,487	16,487	16,976	(489)	
		Other	1,699	1,699	1,604	94	
		PC Management	953	953	1,319	(366)	
		PC Services	2,543	2,543	2,750	(207)	
		Pharmacy	599	599	599	(0)	
		Prescribing	36,557	36,557	36,828	(271)	
		Rehabilitation Medicine	334	334	234	100	
		Resource Transfer	18,742	18,742	18,742	0	
		Substance Misuse	368	368	415	(48)	
		Therapy Services	5,983	5,983	5,907	76	
		Core Total		121,567	121,567	122,457	(890)
	Hosted	Diabetes & Endocrinology	13	13	14	(1)	
		GMS	2,576	2,576	2,438	138	
		Hospices & Palliative Care	922	922	926	(4)	
		Learning Disabilities	2,836	2,836	3,149	(313)	
		LUCS	2,536	2,536	2,703	(167)	
		Mental Health	263	263	323	(60)	
		Oral Health Services	3,650	3,650	3,584	66	
		Other	8	8	8	0	
		PC Management	12	12	19	(7)	
		PC Services	161	161	120	41	
		Pharmacy	85	85	85	0	
		Prescribing	(715)	(715)	(747)	32	
		Psychology Services	1,783	1,783	1,839	(56)	
		Public Health	392	392	385	8	
		Rehabilitation Medicine	880	880	816	64	
		Sexual Health	1,345	1,345	1,351	(6)	
		Strategic Services	0	0	0	0	
		Substance Misuse	917	917	874	43	
		Therapy Services	2,499	2,499	2,428	71	
		UNPAC	1,379	1,379	1,005	374	
		Hosted Total		21,541	21,541	21,318	222
		Non Cash Limited (blank)		20,448	20,448	20,448	0
		Non Cash Limited Total		20,448	20,448	20,448	0
Delegated Total			163,555	163,555	164,223	(668)	
Set Aside	Acute	Acute Management	926	926	1,026	(99)	
		Cardiology	1,777	1,777	1,821	(44)	
		Diabetes & Endocrinology	729	729	743	(14)	
		ED & Minor Injuries	5,164	5,164	5,439	(275)	
		Gastroenterology	1,296	1,296	1,177	119	
		General Medicine	7,328	7,328	7,651	(323)	
		Geriatric Medicine	5,339	5,339	5,291	48	
		Infectious Disease	1,544	1,544	1,923	(380)	
		Junior Medical	5,471	5,471	5,589	(119)	
		Outpatients	109	109	90	18	
		Rehabilitation Medicine	729	729	750	(21)	
		Respiratory Medicine	2,527	2,527	2,532	(5)	
		Therapy Services	679	679	714	(35)	
		Acute Total		33,617	33,617	34,747	(1,130)
	Set Aside Total			33,617	33,617	34,747	(1,130)
Non Recurring Flexibility			1,137	1,137	0	1,137	
Grand Total (excluding IJB Unallocated Budget)			198,308	198,308	198,970	(661)	
IJB Unallocated Budget			662	662	0	662	
Grand Total (including IJB Unallocated Budget)			198,970	198,970	198,970	0	

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 9

ANNUAL PERFORMANCE REPORT 2019/20

REPORT BY THE DIRECTOR

A PURPOSE OF REPORT

- To present the Integration Joint Board's Annual Performance Report 2019/20 for consideration, approval and publication by 31st July 2020.
- To present to the Integration Joint Board the most up to date performance against the health and social care integration indicators and a summary of performance against national and local indicators which support National Health and Wellbeing Outcomes.

B RECOMMENDATION

- To agree publication of the IJB's Annual Performance Report by 31st July 2020 subject to minor amendments and inclusion of any data updates available by that time
- To note the summary report and performance against the core suite of integration indicators
- To note performance against local and national indicators which support National Health and Wellbeing Outcomes

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	None
C3	Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance

C4	Risk	The risk is captured in the risk register and will be monitored.
C5	Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	Environment and Sustainability	None
C7	National Health and Wellbeing Outcomes	All outcomes apply
C8	Strategic Plan Outcomes	All outcomes in the Strategic Plan apply
C9	Single Outcome Agreement	All outcomes relating to the delivery of health and social care apply
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

D1 Annual Performance Report

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a legal framework for the integration of health and social care services in Scotland. In West Lothian the Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for planning and setting direction for the majority of integrated health and social care services for adults in the area.

- D2** The IJB is required to publish an annual performance report setting out an assessment of performance in relation to the National Health and Wellbeing Outcomes which provide a strategic framework for the planning and delivery of health and social care services. There is a statutory requirement for IJB's to publish Annual Performance Report by 31st July each year.

- D3** Guidance from the Scottish Government explains that performance must be assessed in the context of arrangements set out in commissioning plans and financial statements. It should cover how significant decisions made by the Board over the course of the reporting year have contributed to improving outcomes for the people who use health and social care services.
- D4** The Ministerial Strategic Group for Health and Community Care has agreed a core suite of integration indicators and the IJB is asked to report against those indicators in annual performance reports. The report must also include information on financial performance and Best Value.
- D5** As reported in previous years, the requirement to publish the report by 31st July presents challenges to IJBs across Scotland in securing accurate and complete data for the financial year covered by the report. The data for financial year 2019/20 in not yet finalised across Scotland and agreement has been reached with the Scottish Government that IJBs can publish reports with calendar year data for 2019 at this stage. The intention is that the Board will receive complete data for the full financial year when it becomes available.
- D6** A number of the integration indicators rely on results from the Scottish Health and Care Experience Survey which is undertaken by the Scottish Government every two years. The last survey was undertaken in 2019/20 and the results were due to be published in April 2020. The COVID-19 pandemic, however, has delayed publication and the results are not available for inclusion in the report at this stage.
- D7** Whilst every effort has been made to include as much detail as possible in the Annual Performance Report 2019/20, the format this year has been affected by the impact of the COVID-19 pandemic. Some of the staff who normally contribute to the report have been moved to different roles to support communities as part of the pandemic response and have therefore been restricted in their ability to add to it this year.

Performance Reporting to the IJB

- D8** At the same time as the Annual Performance Report is submitted, the Board normally receives updates with the following reports:
- Overview of core integration indicators
 - Balanced scorecard
 - Benchmarking of core indicators with Local Government Benchmarking Family
- D9** As explained earlier in the report, financial year data is not yet available to allow comparisons to be made with all indicators contained in previous reports. Benchmarking against the performance of the Local Government Benchmarking family is not available at this stage.

D10 The Board is, however, provided with:

- An overview of core integration indicators which use the latest data available including 2019 calendar year data for some indicators (appendix 2)
- A summary of West Lothian indicators which support the National Health and Wellbeing indicators (appendix 3)

Conclusion

D11 The Board is asked to note the content of the draft IJB Annual Performance Report for 2019/20, the overview of the core suite of integration indicators and the summary of indicators which support delivery of the National Health and Wellbeing Outcomes.

E CONSULTATION

- None

F REFERENCES/BACKGROUND

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

West Lothian Integration Joint Board Strategic Plan 2019-2023

G APPENDICES

Appendix 1 – West Lothian Integration Joint Board Annual Performance Report 2019/2020

Appendix 2 – Overview of core integration indicators

Appendix 3 – West Lothian Indicators which support delivery of National Health and Wellbeing Outcomes

H CONTACT

Yvonne Lawton
Yvonne.lawton@nhslothian.sco.nhs.uk
01506 283949

30 June 2020

West Lothian Integration Joint Board

Annual Performance Report

2019/20

Foreword

I took up post as the Chief Officer of the Integration Joint Board in September 2019 following the retirement of Jim Forrest who had been head of the partnership for over 10 years. It was clear from the beginning that there were strong community connections throughout West Lothian developed through a long history of partnership working in the delivery of health and social care services. When I took up post, my aim was to build on the strong foundations already in place and further progress the integration of health and social care services to improve outcomes for the people we support.

At the beginning of the reporting year in April 2019, it would have been difficult to imagine how life would have changed so dramatically almost a year later. The West Lothian community has faced unprecedented challenge as it has adapted and coped with the COVID-19 global pandemic response. The spirit of cooperation that I have observed between health and social care staff, our service users, their families, carers, and the many commissioned services and other stakeholders who make up our health and social care partnership, has been remarkable. People adapted to rapidly changing circumstances, supported each other when times were really tough and remained focused on ensuring that the needs of our service users and their families were at the forefront of the decisions we made.

Life is likely to remain different for some time to come and I am sure there are many lessons to be learned from our pandemic response. Our challenge in the months ahead will be in ensuring that we reflect on what we have done, keep people safe as we restart services and maintain an approach to service delivery which reflects local and national guidance.

Although life has been overtaken to a significant extent by recent events, it's important that we don't lose sight of the good work that was done earlier in the year. Following on from the review of the Integration Joint Board's Strategic Plan during 2018/19, strategic commissioning plans were developed during 2019/20 for services for older people, mental health and those living with learning and physical disabilities. The plans set out ambitious programmes of change to progress our aim to support people at home or in as homely a setting as possible in West Lothian.

A commissioning plan for substance misuse services will be completed shortly and plans are in place to develop strategic plans for palliative and unplanned care. We also report on a regular basis to the IJB on the good progress we are making with our Primary Care Improvement Plan.

We have continued to review our performance during 2019/20. In the Annual Performance Report we have set out progress against the national integration indicators and other local measures we have in place. The report provides insight into the diverse range of supports we offer throughout the partnership and highlights some of the important work we've undertaken over the past year. We know that we still have further work to do and our plans going forward will draw on what we understand about demographic challenges, our performance so far and what people

have told us is important to them.

Whilst we have tried to include as much detail as possible in our report, the format this year has been affected by the impact of COVID-19. Some of the staff who normally contribute have been moved into different roles to support our communities during the pandemic and have therefore been restricted in their ability to add to the report this year.

Moving into next year, our annual performance report will provide a fuller overview of the effect of the pandemic response on our services and communities, and will highlight ways in which integrated partnership working has enabled us to continue to develop care and support services which places the needs of the people of West Lothian at the centre.

Allister Short
Chief Officer
West Lothian Integration Joint Board

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Introduction

Purpose of the Report

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. In West Lothian an Integration Joint Board (IJB) was established on 1st April 2016 and is responsible for planning and setting direction for the majority of integrated health and social care services for adults in the area.

The IJB is required to assess how it has performed in the areas it has responsibility for and to publish an annual performance report. This report sets out an assessment of progress toward the IJB's vision to 'increase wellbeing and reduce health inequalities across all communities of West Lothian'. The report covers:



The Role of the integration Joint Board

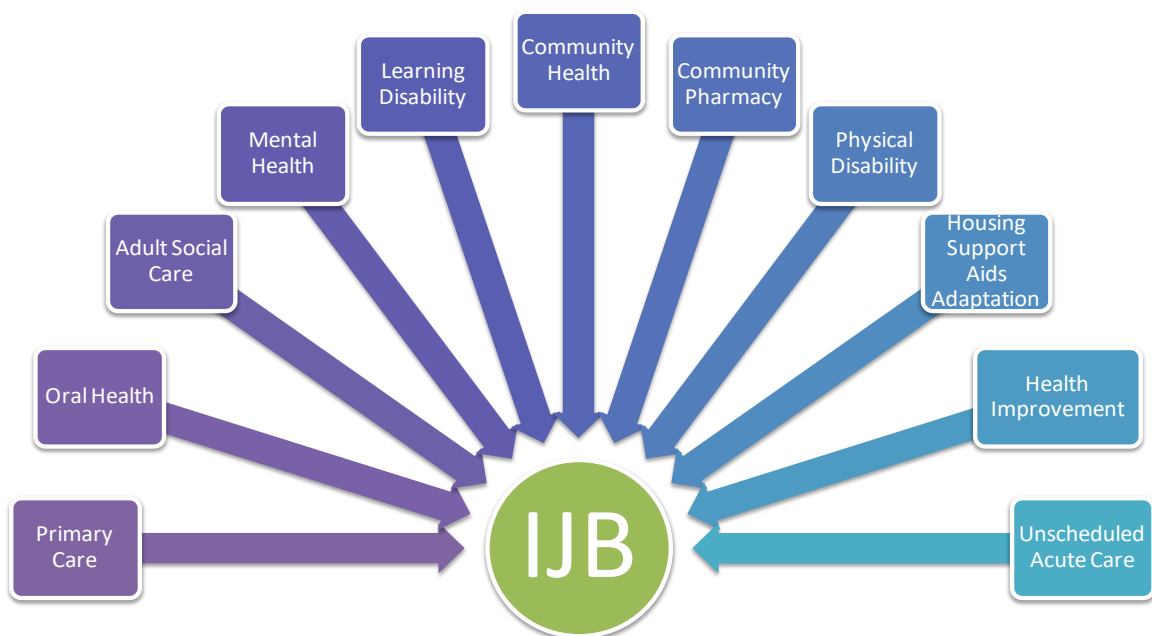
The Integration Joint Board's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. It receives payments from West Lothian Council and NHS Lothian to enable delivery of local strategic outcomes for health and social care. The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan.

The Chief Officer

The legislation requires the IJB to appoint a Chief Officer who has responsibilities to the Board and for the management and operational delivery of delegated functions. A new Chief Officer, Allister Short, was appointed in West Lothian in September 2019.

Integrated Services in West Lothian

The health board and local authority are legally required to delegate some of its functions to the Integration Joint Board. The following provides an overview of the services which are delegated in West Lothian by the local authority and the health board:



Complaints to the IJB

Complaints received by the IJB are reported to its meetings on a quarterly basis, in line with recommendations from the Complaints Standards Authority and the IJB's Complaints Handling Procedure.

Complaints to the IJB may relate to dissatisfaction with:

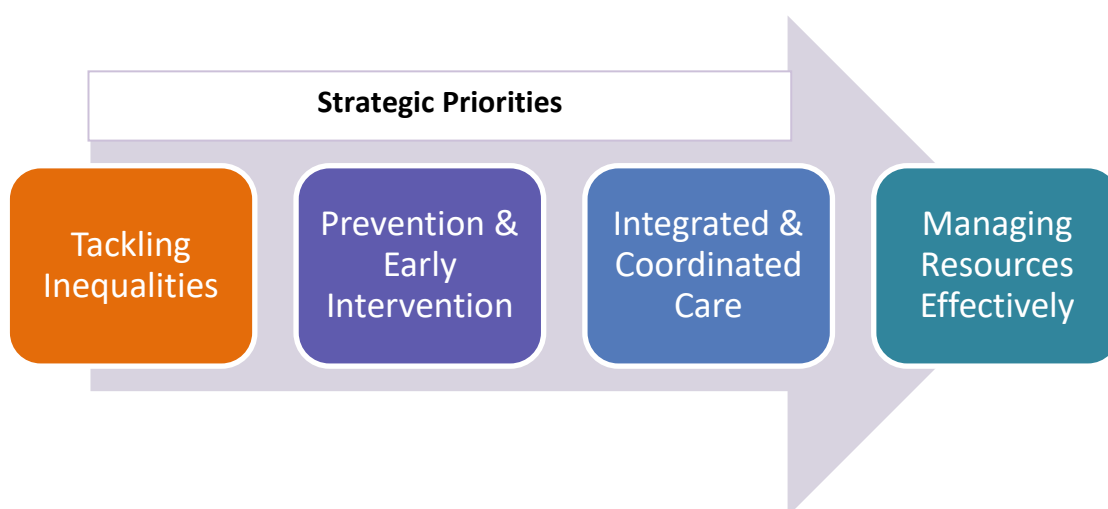
- West Lothian IJB's procedures
- West Lothian IJB's decision
- the administrative or decision-making processes followed by the IJB in coming to a decision

No complaints were received by the IJB in 2019/20.

Strategic Planning

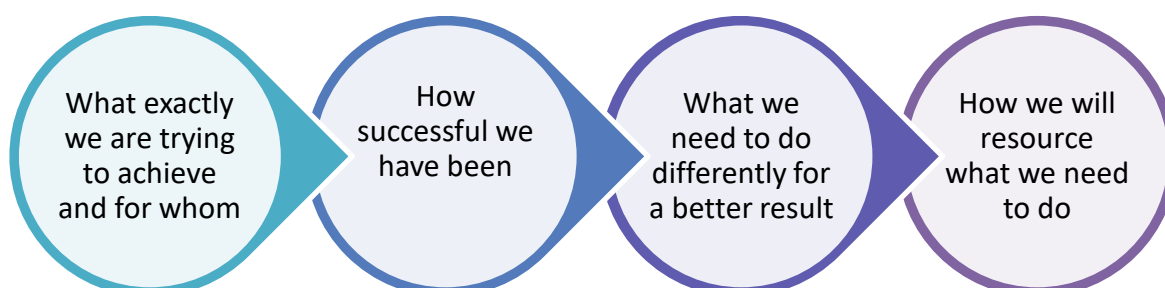
Strategic Plan

The IJB originally developed a long term strategic plan for the period 2016 to 2026 which set out its key priorities. The plan was reviewed during 2018/19 which resulted in a new Strategic Plan being developed and approved by the IJB in April 2019. The priorities in the new plan were identified through extensive consultation with a wide range of stakeholders in the West Lothian community. The strategic priorities outlined in the plan are as follows:

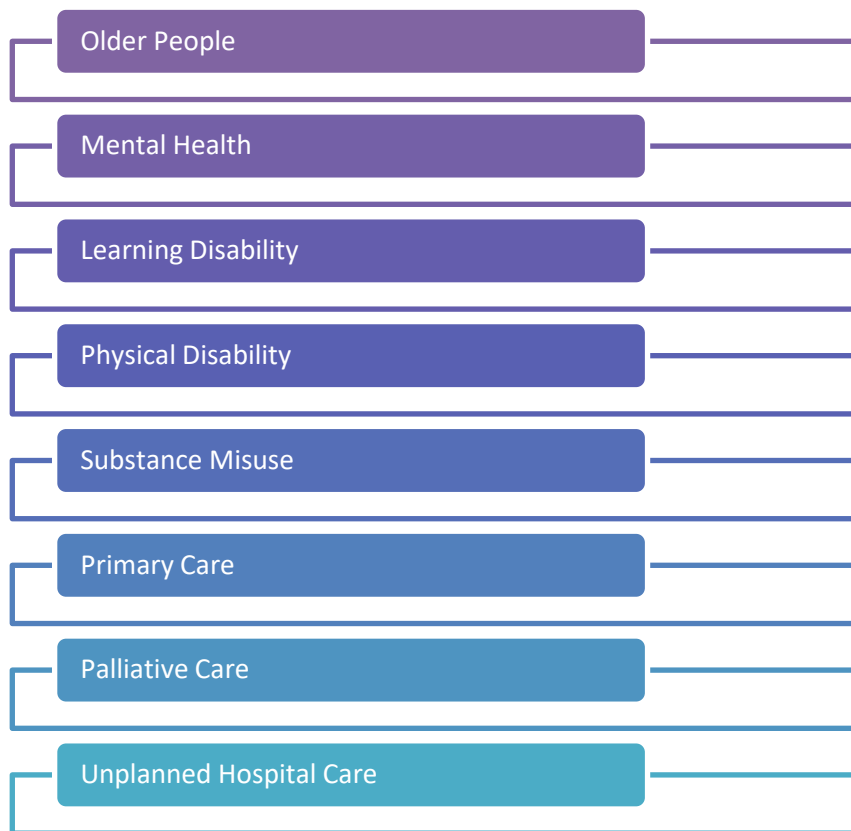


Strategic Commissioning Plans

The new Strategic Plan details how high level outcomes are to be achieved through a process of strategic commissioning. Strategic commissioning is the way in which we identify¹:



The new Strategic Plan included a commitment to developing a series of care group commissioning plans as follows:



In January 2020, the IJB approved new strategic [commissioning plans](#) for services for older people, mental health and people living with learning and physical disabilities. The Primary Care Improvement Plan has been in place since 2018.

The plan for substance misuse services has been developed via the West Lothian Drug and Alcohol Partnership and was due to be approved by the IJB in April 2020 but this approval was delayed as a result of the COVID-19 pandemic. Work has begun to progress commissioning plans for palliative care and unscheduled care but this work too has been delayed as a result of efforts being concentrated on the pandemic response. .

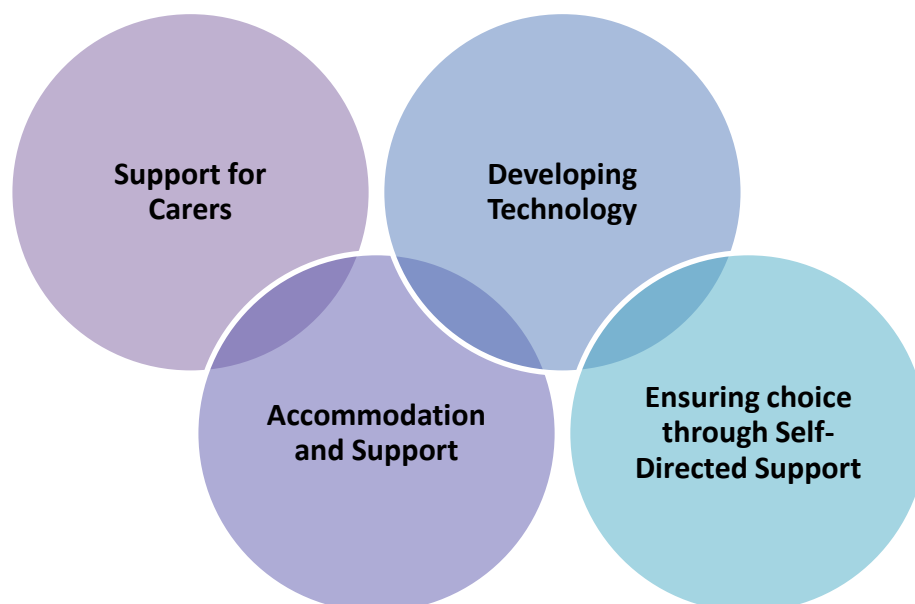
Identifying Planning Priorities

The development of the new strategic commissioning plans began with a review of progress against the priorities identified in the previous plans for the period 2016 to 2019 plans. The review was used to identify where actions set out previously were complete, needed further development or needed to be reviewed. In addition, national and local data and policy developments were used to inform the revised plans.

A crucial part of identifying priority areas for future development was the involvement of services users, carers, care providers, staff and other stakeholders in a wide range of engagement activities which took place from August to November 2019. The views of stakeholders were sought on what was working well and on areas for future development.

Engagement activity was tailored to each care group and involved commissioning leads attending network groups, face to face meetings and workshops. Open public engagement events also took place in Howden Park Centre and Bathgate Academy and further engagement took place via the IJB's Strategic Planning Group.

The themes which emerged from the consultation and engagement were translated into action plans to support new commissioning plans covering the period 2019 to 2023. Whilst many of the emerging themes were specific to individual care groups, some common themes were identified across all sectors:



Planning in Localities

Two localities have been established for planning purposes in West Lothian to ensure strong, local, clinical, professional and community leadership of health and social care services. Locality groups led the development of locality plans for the East and West localities of West Lothian which take account of community plans, regeneration plans and local priorities related to inequality and poverty.

West Lothian - East Locality Profile

103,392

people live in the **East locality**



NRS: Mid-2018 Population Estimates



19,864 19.2%



67,614 65.4%



15,914 15.4%

NRS: Mid-2018 Population Estimates

Life expectancy at birth

81.7

78.9

ScotPHO: 2014-18

13.7%

of the East locality population reside within the **20% most deprived** areas in Scotland



11,780
emergency hospital admissions
per 100,000 population
PHS: 2019



89,777
emergency bed days
for adults
per 100,000 population
PHS: 2019



61%
of home care clients receive a **telecare and/or community alarm** service
PHS: Jan-Mar 2018



18.7 falls
per 1,000 population aged 65+
PHS: 2019



108
emergency readmissions
within 28 days of discharge
per 1,000 discharges
PHS: 2019

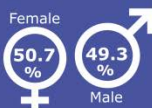


157,529
home care hours
provided between
Jan-Mar 2018
PHS: Jan-Mar 2018

West Lothian - West Locality Profile

78,748

people live in the **West locality**



NRS: Mid-2018 Population Estimates



15,621 19.8%



51,118 64.9%



12,009 15.2%

NRS: Mid-2018 Population Estimates

Life expectancy at birth

80.0

77.1

ScotPHO: 2014-18

19.2%

of the West locality population reside within the **20% most deprived** areas in Scotland



13,188
emergency hospital admissions
per 100,000 population
PHS: 2019



104,095
emergency bed days
for adults
per 100,000 population
PHS: 2019



62%
of home care clients receive a **telecare and/or community alarm** service
PHS: Jan-Mar 2018



21.2 falls
per 1,000 population aged 65+
PHS: 2019



116
emergency readmissions
within 28 days of discharge
per 1,000 discharges
PHS: 2019



112,510
home care hours
provided between
Jan-Mar 2018
PHS: Jan-Mar 2018

Review of IJB Strategic Planning Group and Locality Planning Groups

When the IJB approved its refreshed Strategic Plan in April 2019, it also implemented a new structure to support delivery of the IJB's strategic priorities through a more integrated approach to planning, commissioning and service development. This structure gives the IJB's Strategic Planning Group (SPG) oversight of new Planning and Commissioning Boards with the aim of ensuring that the SPG can influence the strategic direction of service development through more robust discussion and debate.

At the same time, there was consensus that the locality planning process in place had significant overlap with other areas such as community planning and regeneration and it was felt that resources could be better used in developing more cohesive and comprehensive community plans rather than each service developing their own plans with similar priorities. The establishment of the Community Planning Partnership's Health and Wellbeing Partnership provides further opportunity to reflect health and social care priorities in community plans.

At its meeting of 21 January 2020, the IJB agreed a new Terms of Reference for the SPG, adding responsibility for locality planning to its remit. The membership now includes representation from Community Planning, Economic Development and Housing. The SPG is currently seeking service user representatives from both the East and West of West Lothian and the Terms of Reference allow for further representation to be sought from the Third Sector. The SPG is now chaired by a member of the IJB to maintain the important link between the two forums.

Communication and Engagement Strategy

It was agreed at the IJB's meeting of 26 June 2019 that a Communication Strategy would be developed to support better understanding across stakeholders and communities of integration and that the existing Participation and Engagement Strategy would be reviewed in conjunction with this.

A new Communication and Engagement Strategy was approved by the IJB in January 2020. The strategy will be used by Health and Social Care staff when planning and delivering communication and engagement activities associated with its work.

Achieving Positive Outcomes

National Health and Wellbeing outcomes

The nine National Health and Wellbeing Outcomes provide the foundation for the West Lothian Strategic Plan. The outcomes are high level statements by the Scottish Government setting out what health and social care partners are attempting to achieve through integration and how improvements can be made for people. The outcomes framework below has been used to report progress in West Lothian.

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

Performance Reporting

Performance Review

West Lothian IJB has developed a range of performance indicators to allow progress against health and wellbeing outcomes and integration indicators to be measured. Underneath the nine National Health and Wellbeing Outcomes sits a Core Suite of Integration Indicators, which all Health and Social Care Partnerships use to report their performance against. Performance indicators are scrutinised regularly by the Integration Joint Board and the Strategic Planning Group to monitor progress against objectives and identify areas for improvement.

The annual performance report outlines how West Lothian is performing against the main indicators. Data for the financial year 2019/20 is not yet published and the Scottish Government has indicated that calendar year data for 2019 should be used at this stage. Full financial year data for 2019/2020 will be submitted to the IJB when it becomes available.

It should be noted that some of the indicators use results from the Scottish Health and Care Experience Survey which is undertaken by the Scottish Government every two years. This survey is sent randomly to around 5% of the Scottish population. In 2017/18, the survey was sent to 15,457 people in West Lothian and 3,230 responses were received which equates to a response rate of 21%. The response rate across Scotland was 22%. The last survey was conducted in 2019/20. Unfortunately publication of the results of this survey has been delayed by the COVID-19 pandemic response and is not yet available for inclusion in this report.

The table below compares the performance of National Indicators NI1 to NI9 between 2015/16 and 2017/18 as this is the latest data available.

Key



Percentage / rate has decreased. Performance has also decreased



Percentage / rate has increased. Performance has worsened



Percentage / rate has increased. Performance has improved



Percentage / rate has decreased. Performance has improved



Percentage / rate has remained the same. Performance is unchanged

Summary of Core Suite of Integration Indicators

Indicators 1 to 9

Indicator		2015/16		2017/18		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	92%	93%	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	83%	80%	81%	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	79%	77%	76%	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	75%	76%	74%	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	81%	84%	80%	↑	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP	78%	85%	75%	83%	↓	↓
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	83%	82%	80%	→	↓
NI - 8	Total combined % of carers who feel supported to continue in their caring role	36%	40%	42%	37%	↑	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	87%	83%	85%	83%	↓	→

Indicators 11 to 19

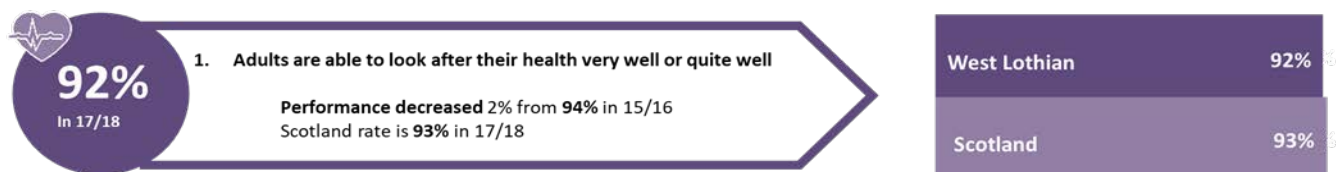
Comparisons are shown in the table below for National Indicators NI11 to NI20. Data has been compared over the two most recent years of available data. For most of the indicators comparisons have been made with calendar year data for 2019* or financial year 2019/20 where this is available. The exceptions to this are the following where the latest data available is for 2018/19:

- Premature mortality rate per 100,000 persons: Compare calendar years 2017 and 2018.
- Percentage of adults with intensive care needs receiving care at home: Compare calendar years 2017 and 2018.

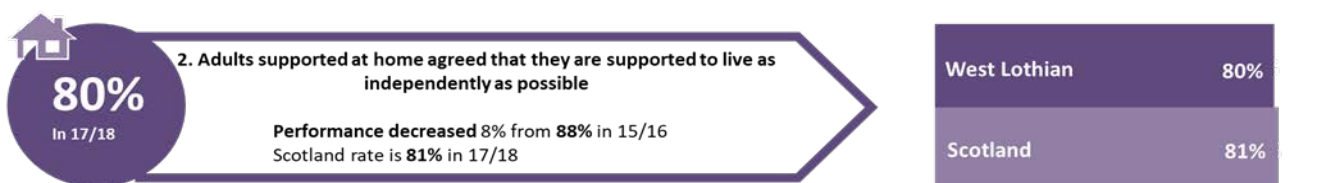
Indicator		2017/18		2018/19		2019*		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 11	Premature mortality rate per 100,000 persons (calendar year)	410 (2017)	425 (2017)	434 (2018)	432 (2018)	N/A	N/A	↑	↑
NI - 12	Rate of emergency admissions for adults (per 100,000 population)	-	-	11,908	12,275	12,387	12,602	↑	↑
NI - 13	Rate of emergency bed days for adults (per 100,000 population)	-	-	106,474	120,177	95,955	117,478	↓	↓
NI - 14	Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	-	-	110	103	112	104	↑	↑
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	-	-	88%	88%	89%	89%	↑	↑
NI - 16	Falls rate per 1,000 population aged 65+	-	-	19.5	22.5	19.8	22.7	↑	↑
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-	-	85%	82%	81% (2019/20)	82% (2019/20)	↓	→
NI - 18	Percentage of adults with intensive care needs receiving care at home (Calendar Year)	66% (2017)	61% (2017)	69% (2018)	62% (2018)	N/A	N/A	↑	↑
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	-	-	1,214	793	964 (2019/20)	793 (2019/20)	↓	↓
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-	-	22%	24%	21%	23%	↓	↓

The next section of the report sets out how delegated functions performed throughout 2019/20 and provides examples of what was done to progress the IJB's priorities and National Outcomes. We use indicators to look at how well we are achieving the National Health and Wellbeing Outcomes and have provided comparisons for each indicator with performance across Scotland.

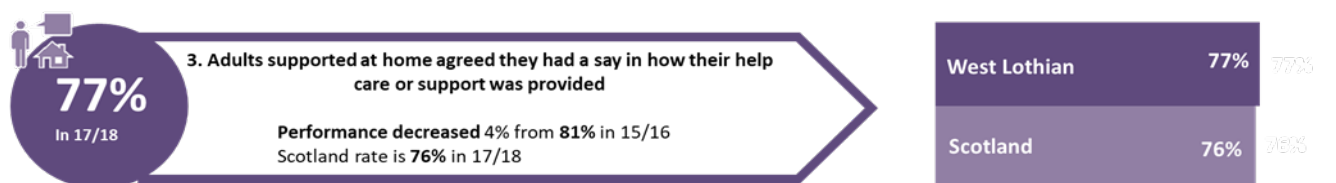
National Indicators Performance at a Glance



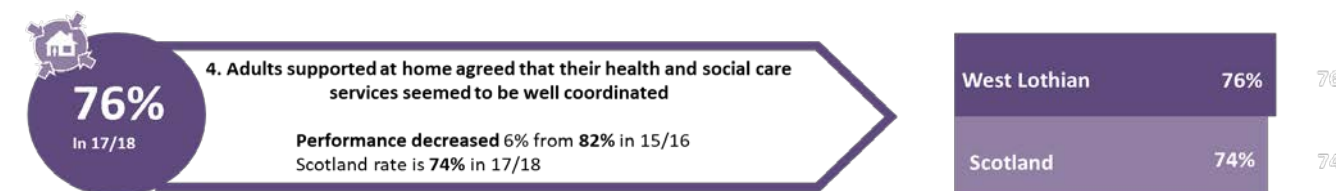
In financial year 2017/18, the percentage of people in West Lothian who thought that they could look after their health very well or quite well was 92%. This is a very positive response, although the percentage has reduced slightly by 2% from 94% in 2015/16. This decrease reflects the Scottish trend where the percentage decreased from 95% to 93%.



The percentage of adults supported at home who agreed that they are supported to live as independently as possible, decreased to 80% in 2017/18 compared to 88% in 2015/16. The result for West Lothian sits closely to the Scottish average which is 81%.



In West Lothian, 77% of people surveyed in 2017/18, agreed that they had a say in how their help, care or support was provided. Although this is a relatively high percentage, this is a decrease of 4% from when the survey was completed in 2015/16. However, the result for West Lothian still sits 1% higher than the Scotland average.



In financial year 2017/18, 76% percentage of adults supported at home, agreed that their health and social care services seemed to be well co-ordinated. The response has decreased by 6% from 2015/16, however, West Lothian still sits above the Scottish average of 74%



The percentage of adults receiving any care or support, who rated it as excellent increased by 2% from 82% in 2015/16, to 84% in 2017/18. The Scottish average reduced by 1% from 81% in 2015/16, to 80% in 2017/18. West Lothian's performance sits above the Scottish average.

**75%**

In 17/18

6. Adults had a positive experience of the care provided by their GP practice

Performance decreased 3% from 78% in 15/16
 Scotland rate is **83%** in 17/18

West Lothian **75%**Scotland **83%**

In 2017/18, the percentage of adults who had a positive experience of the care provided by their GP practice decreased by 3% to 75%. This also reflects the same trend in Scotland where the percentage also decreased from by 2% from 85% in 2015/16, to 83% in 2017/18.

**82%**

In 17/18

7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life

Performance remained at 82% as in 15/16
 Scotland rate is **80%** in 17/18

West Lothian **82%**Scotland **80%**

The percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life remained the same at 82% when comparing 2015/16 to 2017/18. The Scotland response rate reduced by 3% from 83% in 2015/16, to 80% 2017/18.

**42%**

In 17/18

8. Carers feel supported to continue in their caring role

Performance increased 6% from 36% in 15/16
 Scotland rate is **37%** in 17/18

West Lothian **42%**Scotland **37%**

In the 2017/18 survey, 42% of carers responded saying that that they feel supported to continue in their caring role. Although this was an improvement of 6% from 2015/16, it is still a concern. The Scotland rate decreased from 40% to 37%, so West Lothian is outperforming the national average.

**85%**

In 17/18

9. Adults supported at home agreed they felt safe

Performance decreased 2% from 87% in 15/16
 Scotland rate is **83%** in 17/18

West Lothian **85%**Scotland **83%**

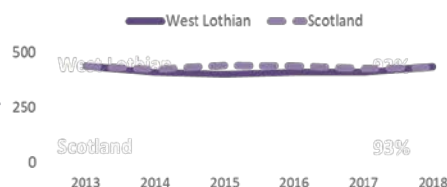
The percentage of adults in West Lothian who responded to the survey, and agreed that they felt safe was 85% in 2017/18. This is higher than the Scottish average which is 83%. However, the West Lothian rate decreased by 2% from 87% in 2015/16, when the Scotland rate remained the same at 83%.

**434**

In 2018

11. Premature mortality rate

Performance decreased by 6% from 410 in 2017
 Scotland rate is **432** in 2018



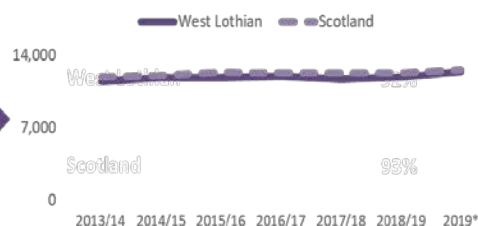
The premature mortality rate, which is the number of people dying before the age of 75, for West Lothian was 434 deaths per 100,000 in 2018. This rate has steadily been worsening since 2015, when the rate was at its lowest value of 402 deaths per 100,000. However, West Lothian's premature mortality rate has consistently outperformed the Scotland average since 2014. Scotland's premature mortality rate was 432 deaths per 100,000 in 2018.



12,387
In 2019*

12. Emergency admission rate

Performance decreased 4% from **11,908** in 2018/19
Scotland rate is **12,602** in 2019*



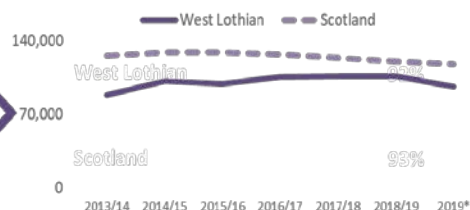
The rate of emergency admissions in adults per 100,000 has been steadily increasing each year from 11,455 emergency admissions in 2013/14, to 12,387 admissions in 2019. West Lothian has seen a large increase to its population, especially in people aged over 75 which will partly account for the increase. This increasing trend is also reflected in the Scottish rate. However, West Lothian has a consistently lower emergency admission rate than Scotland, which was 12,602 in 2019.



95,955
In 2019*

13. Emergency bed day rate

Performance increased 10% from **106,474** in 2018/19
Scotland rate is **117,478** in 2019*



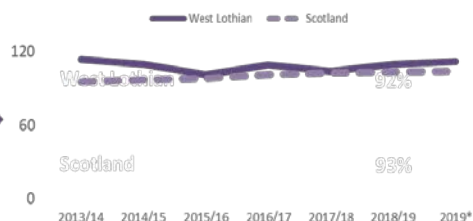
The emergency bed day rate of adults, per 100,000 population, was 95,955 for West Lothian in 2019. This was a decrease of 10,520 bed days compared to 2018/19. This implies that patients are staying for a shorter amount of time in hospital. The Scotland rate in 2019 is 117,478, which was nearly a reduction of 2,700 compared to 2018/19. West Lothian has consistently outperformed Scotland's emergency bed day rate.



112
In 2019*

14. Readmission rate to hospital within 28 days

Performance decreased 2% from rate of **110** per 1,000 in 2018/19
Scotland rate is **104** per 1,000 in 2019*



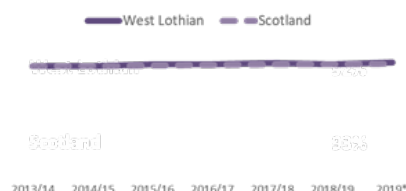
The re-admission rate to hospital for adults within 28 days in 2019 was 112 per 1,000 admissions. The trend has been fluctuating since 2013/14, with the highest rate of 114, and reached as low as 101 in 2015/16. However, the rate has been increasing since then with an increase of 2% between 2018/19 and 2019. The Scotland rate has steadily been increasing from 95 in 2013/14 to 104 in 2019.



89%
In 2019*

15. Of the last 6 months of life is spent at home or in a community setting

Performance increased 1% from **88%** in 2018/19
Scotland rate is **89%** in 2019*



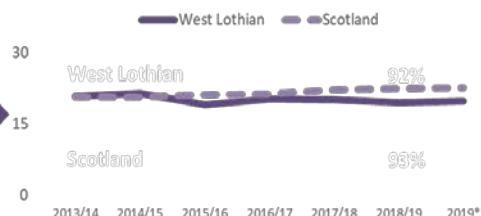
The percentage of time West Lothian residents have spent at home, or in a community setting, during the last six months of their life, has increased from 87% in 2013/14 to 89% 2019. The trend reflects that of Scotland which has also increased from 86% in 2013/14 to 89% in 2019.



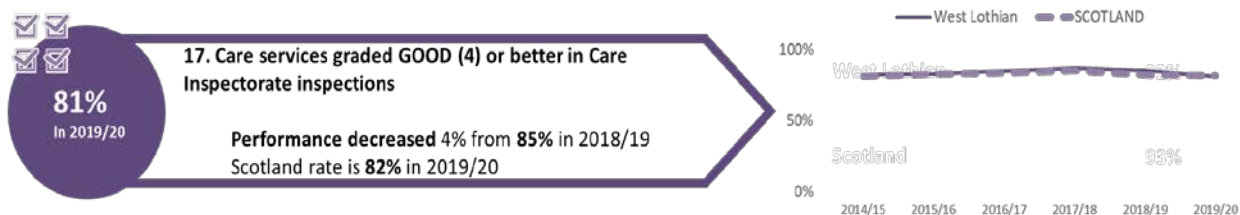
20
In 2019*

16. Falls rate (65+)

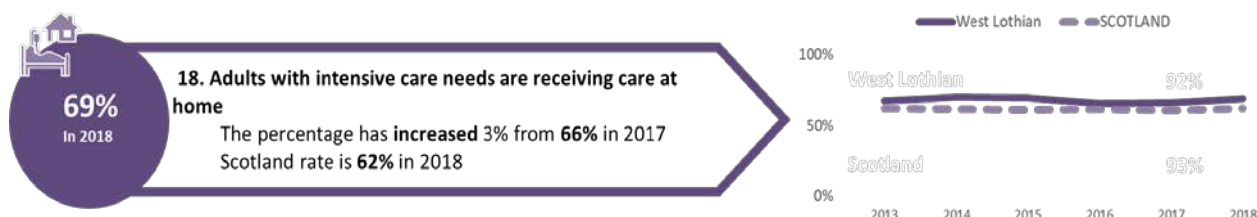
Performance remained at a rate of **20** as in 2018/19
Scotland rate is **23** in 2019*



The falls rate for adults aged 65 years and older has been decreasing from its highest level of 21.5 in 2014/15, to 20 in 2019. Falls are a concern so it is positive to see a continued reduction. It is also good news that West Lothian has been performing better than the Scotland average since 2014/15.



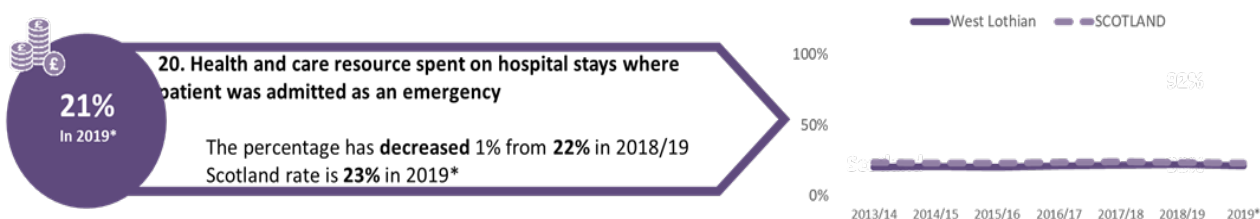
The overall quality of care as good (4) or better in Care Inspectorate inspections was 81% in 2019/20, which is 1% lower than the Scottish average of 82%. Although every other year since 2014/15 West Lothian have outperformed or matched the Scottish average. However, there has been a continued downward trend in the grades from 87% in 2017/18 to 81% in 2019/20. Not all services are inspected each year.



The latest data we have for this indicator is calendar year 2018, where 69% of adults with intensive care needs are receiving care at home. The trend has remained fairly constant, fluctuating between 65% and 70%. The trend for the Scottish average has remained below the West Lothian rate since 2013.



The number of days which people aged 75 and over spent in hospital when they were ready to be discharged in 2019/20 was 964. This is higher than the Scottish average of 793, however, this is a decrease of 21% compared to 2018/19 which is a positive result since this area remains a challenge.



In 2019, the percentage of health and care resources which were spent on hospital stays for emergency admissions was 21%. West Lothian has performed better than the Scottish average which is 23%. The trend for West Lothian has remained relatively constant between 20% and 22% since 2013/14. The Scottish average has fluctuated between 23% and 24% over the same time frame.

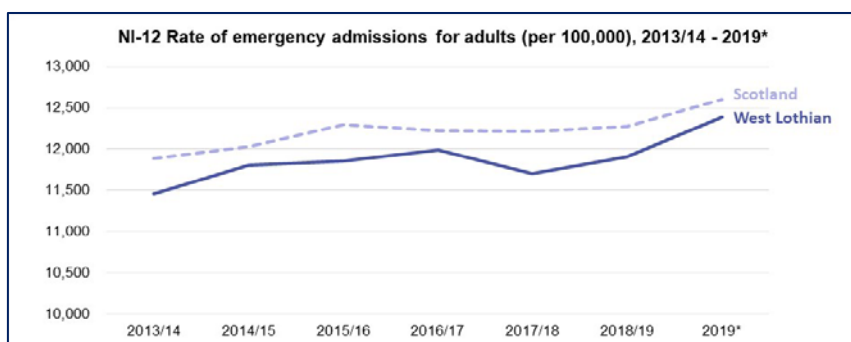
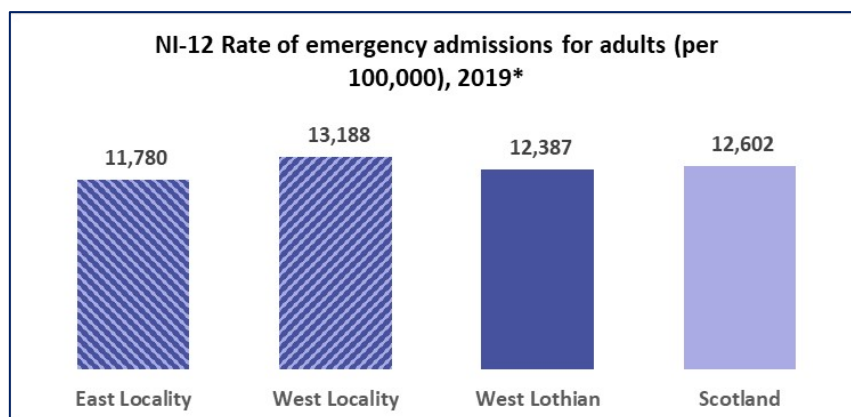
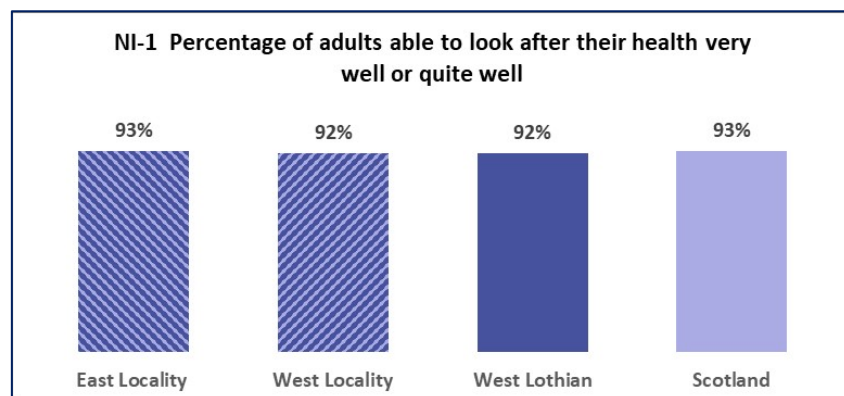
Outcomes and Examples

Outcome 1

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

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults able to look after their health very well or quite well	94%	N/A	92%	N/A	N/A	↓
Rate of emergency admissions for adults (per 100,000 population)	11861	11994	11702	11908	12387	↑



What we have done

Community Wellbeing Hubs

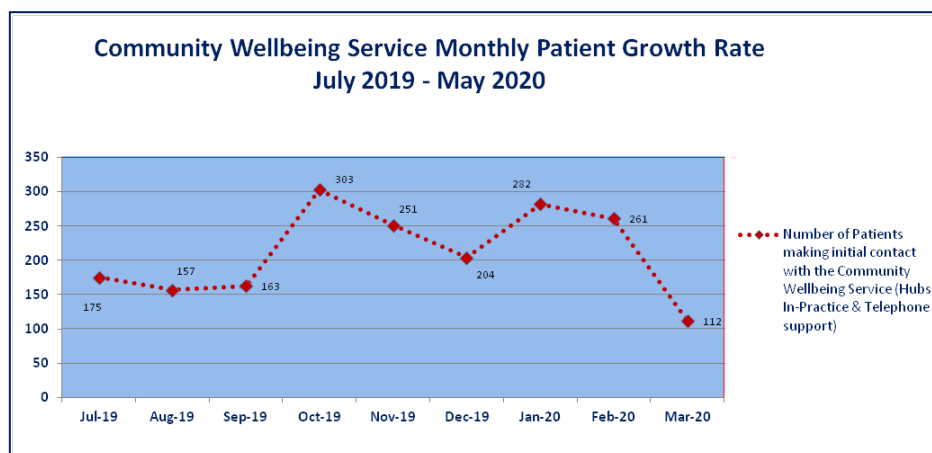
Mental health services have experienced increasing demand and services have been moving towards a more preventative, community based approach. The Primary Care Improvement Plan identified the development of Mental Health hubs as a way of reducing medicalisation of mental health conditions and supporting the move towards early intervention and prevention.

Located in Livingston and Boghall, community wellbeing hubs opened in June 2019 and offer support to adults with mild to moderate mental health problems. Services are provided through a community link worker and well-being service. Support is also available from a multi-disciplinary teams of psychologists, community psychiatric nurses, mental health occupational therapists and mental health link workers. The service offers early intervention through a person-centred approach helping people manage their symptoms and improve their wellbeing.

Graph 1 illustrates the steady growth of the Community Link Worker and Wellbeing Service between July 2019 and March 2020, with anticipated dips in demand during the Festive period. The service became fully staffed in September 2019; the month also witnessed the placement of Link Workers in GP Practices hence the noticeable increase in numbers.

On 23rd March 2020, the Community Link Worker and Wellbeing Service adjusted its service delivery model in light of Covid-19 restrictions. The Service moved away from a face-to-face patient interaction model to providing telephone-only support. Data from March to June 2020 shows significant growth in telephone contacts with the service.

Prevention/Early Intervention



Transformational Change in Musculoskeletal Physiotherapy Service Delivery - Knee Osteoarthritis

Osteoarthritis (OA) is the most common musculoskeletal condition in older people and the knee is the most common site in the body. People with knee OA commonly refer themselves or are referred by their GP or Consultant for physiotherapy to receive help for their condition.

A programme was undertaken to explore better supported self-management and shared decision making where the individual could choose from a range of support options. The programme concluded that when provided with a diagnosis in a meaningful way, with time to discuss a variety of management options in a shared decision making context, patients with knee OA in the majority felt empowered to self manage with advice and signposting.

Class was very helpful and informative. Enjoyed hearing from other patients

Motivated to lose weight and undertake exercise

Back to eat humble pie! I didn't think such a difference could be made with such a simple thing

Class really beneficial, answered all my questions

Very helpful and reassuring

Helpful information, attending the gym has helped so much

Class well explained, understand condition better speaking to people with the same problem

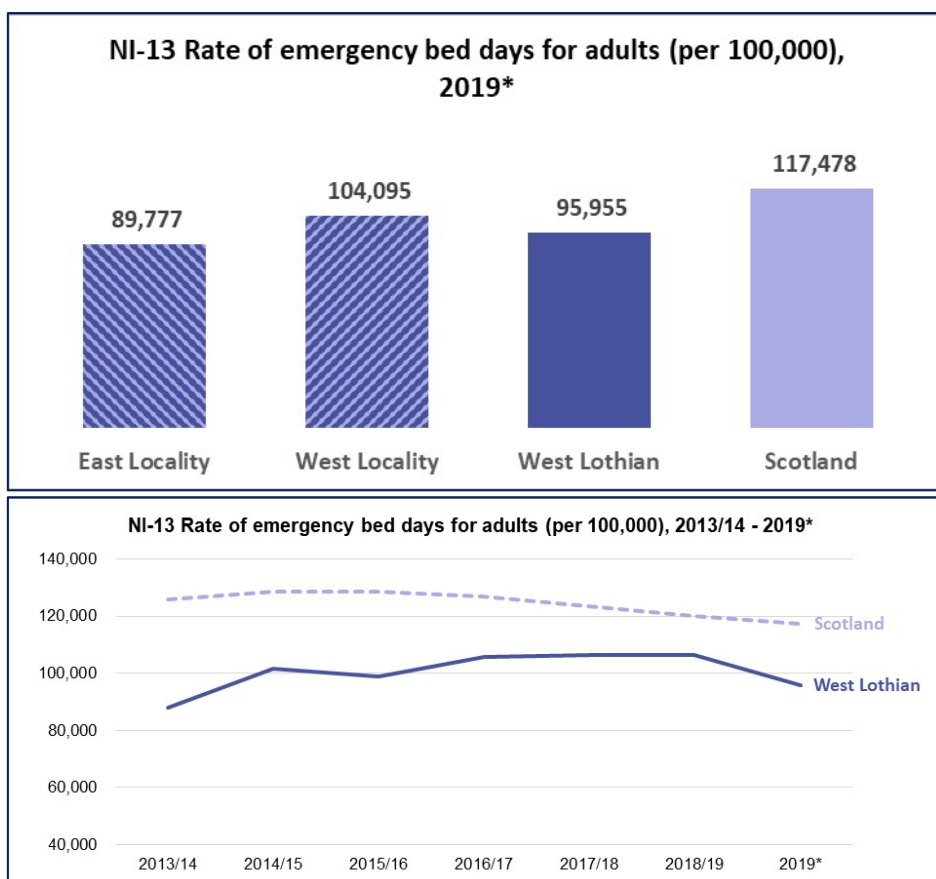
Prevention/Early Intervention

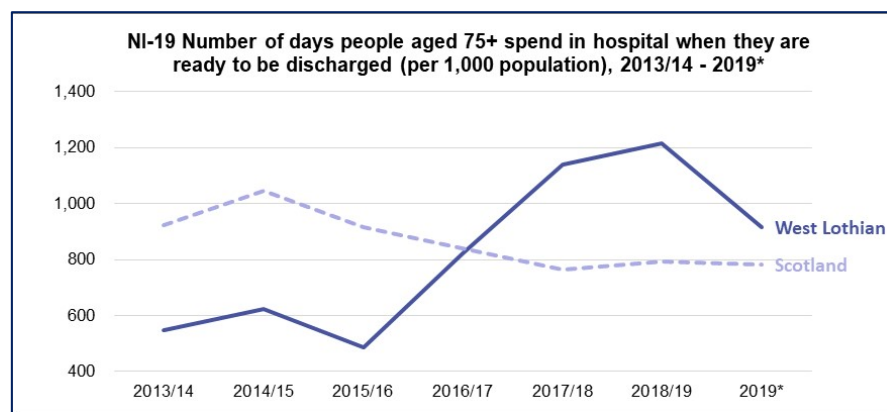
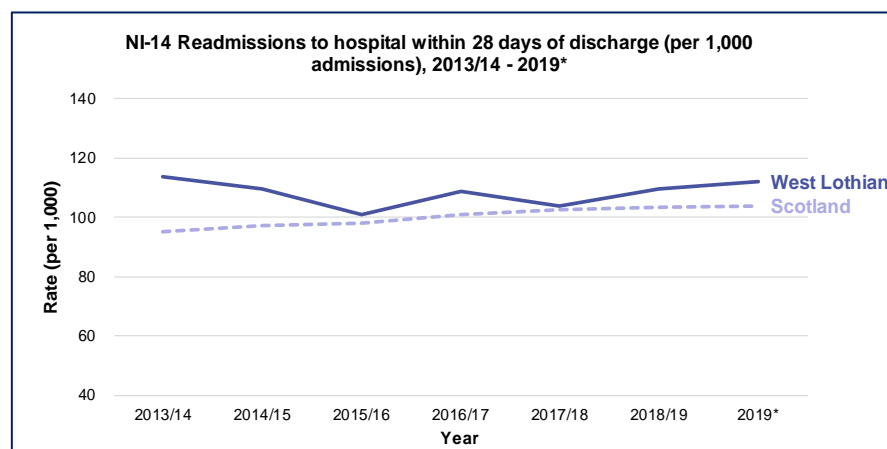
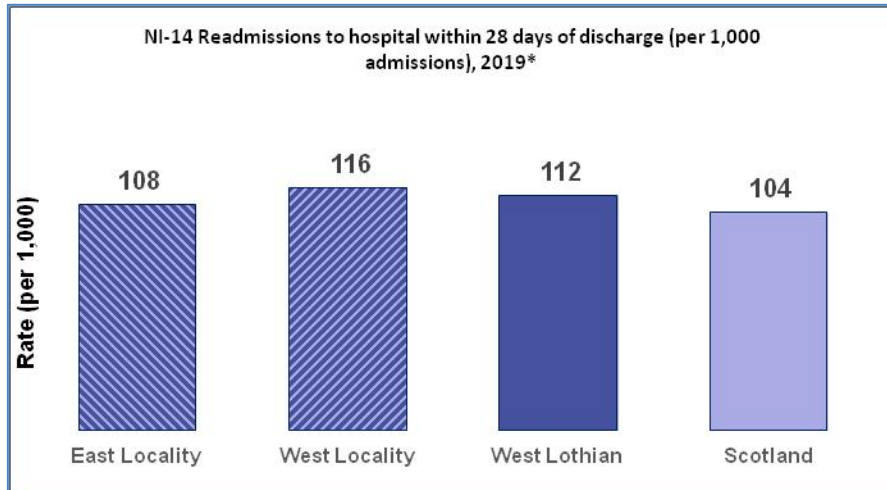
Outcome 2

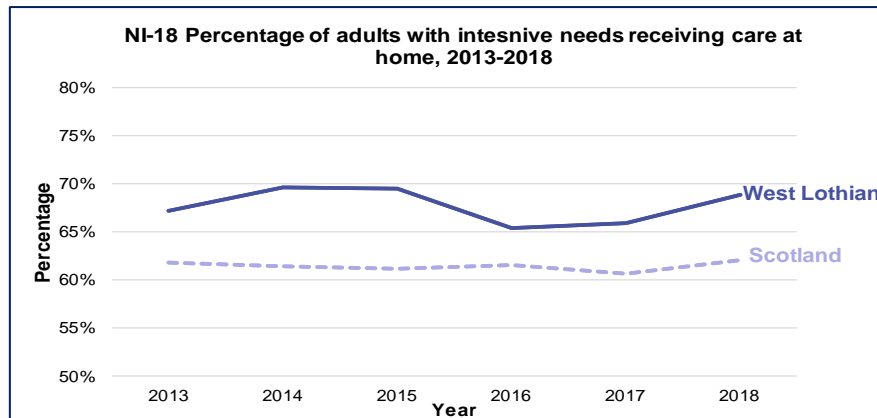
- ❖ People as far as possible including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community.

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Rate of emergency bed days for adults (per 100,000)	98960	105825	106429	106474	95955	↓
Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	101	109	104	110	112	↑
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	485	822	1139	1214	964	↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑
Percentage of adults with intensive care needs receiving care at home	70%	65%	66%	69%	N/A	↑
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of people aged over 75 who live in their own home	92%	92%	92%	92%	N/A	→







What we have done

Home First

Home First is a model of care which provides a step down approach to discharge from hospital to the community. The aim is to ensure people do not wait unnecessarily in hospital for assessment of ongoing care and support needs. Decisions made in a hospital environment often do not reflect someone's ability to cope at home and the Home First model works on the principle of 'discharge to assess' with assessment of ongoing care and support needs taking place at home. Home First involves multi-disciplinary working across the health and social care system to:

- reduce unnecessary delays in hospital
- maximise opportunities for people to return to the community as early as possible
- provide a period of rehabilitation to maximise independence
- assess ongoing care and support needs in the community

Development of the Home First approach has involved a range of staff from hospital and community services and agreement was implemented in West Lothian on 1st September 2019.

Integrated & Coordinated Care

New Complex Care Resource for Adults with Learning Disabilities

Plans were approved in June 2019 for a new £3 million housing project for people with learning disabilities who have complex care needs. It's expected that building work will begin in summer 2020 subject to all approvals being obtained with a completion date expected in the autumn of 2021. The proposed accommodation consists of sixteen one bedroom residences that each provides a main living room, separate double bedroom, galley kitchen, built in storage and toilet/bathroom. All will have their own small separate garden area as well access to the wider garden grounds.

In developing the design for the new build, extensive work took place with leading care providers to learn from their experiences of building similar complexes elsewhere in Scotland. The new plans provide a more integrated, community approach to supporting people with complex needs as part of the West Lothian Health and Social Care Partnership's redesign and modernisation programme which will see a significant shift in the balance of care for adults with learning disabilities from hospital to community settings by 2020/21. The programme focuses on people receiving care, support and treatment within the community wherever possible.

Integrated & Coordinated Care

Managing our Resources Effectively



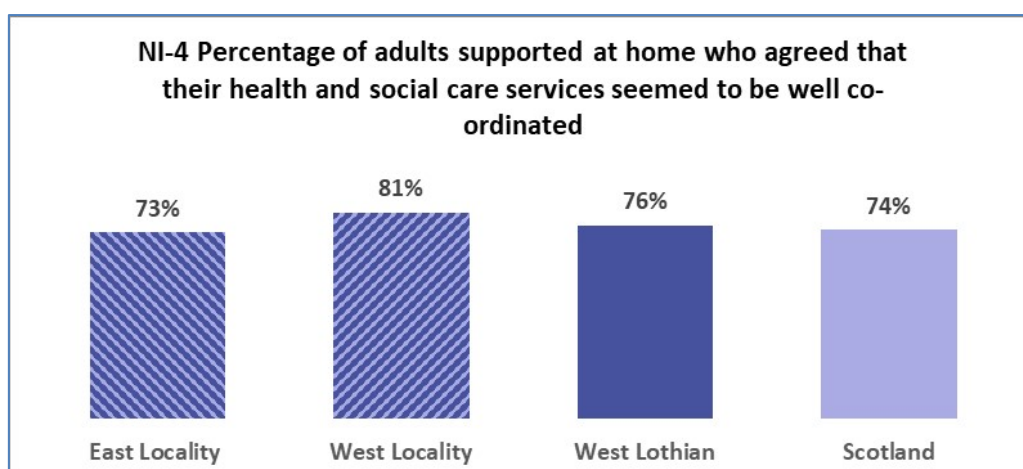
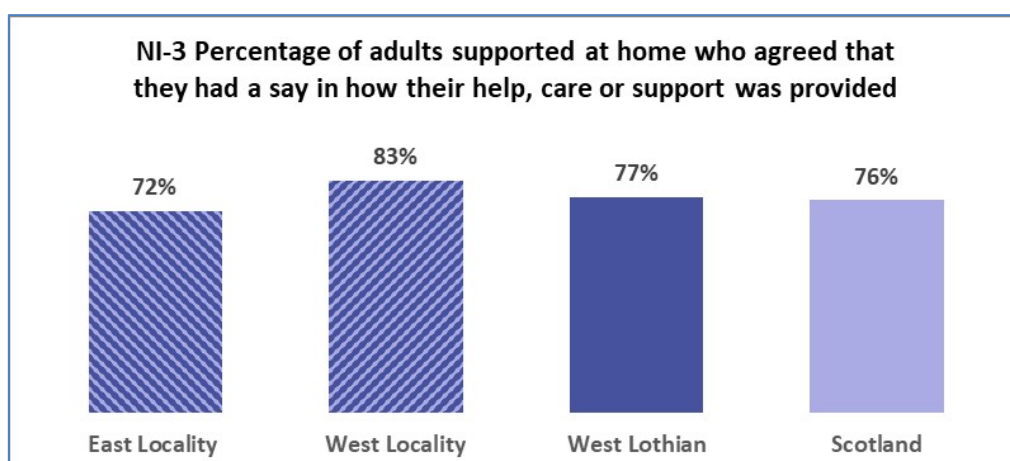
Proposed development site layout

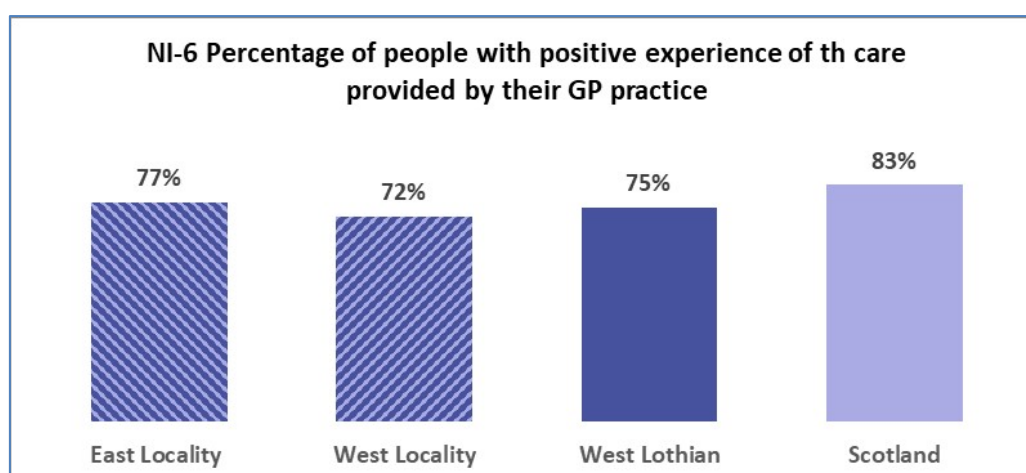
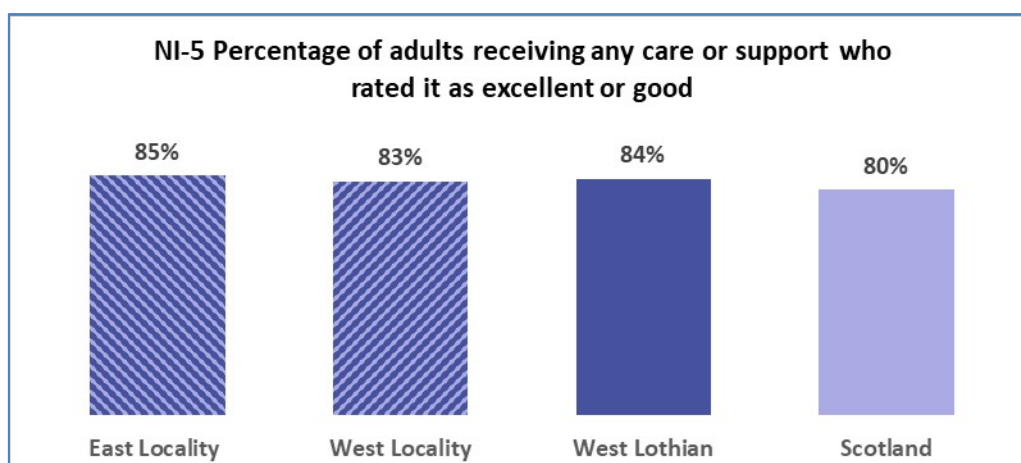
Outcome 3

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

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	81%	N/A	77%	N/A	N/A	↓
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	N/A	76%	N/A	N/A	↓
NI-6 Percentage of people with a positive experience of the care provided by their GP practice	78%	N/A	75%	N/A	N/A	↓
Percentage of people who feel they are listened to	87%	N/A	89%	N/A	N/A	↑
Percentage of people who feel they are treated with compassion and understanding	93%	N/A	91%	N/A	N/A	↓





What we have done

Supporting People with Functional Mental Illness

Ward 3 is a 12 bedded acute mental health admissions unit located on the lower ground floor of St John's Hospital. The ward admits patients with a functional mental illness (such as depression, schizophrenia, bipolar disorder) and/or an organic mental illness (such as dementia). The ward cares for adults over the age of 65 and covers all of West Lothian. There is a multidisciplinary team made up of nursing, medical, physiotherapy, occupational therapy, domestic and nursing staff. Therapy support in the ward includes occupational therapy, Art Therapy, West Lothian Psychological Approach Team for Dementia (WeLPAT), Music in Hospitals and also Therapets (two dogs).

The ward receives lots of thank you notes and letters from patients/relatives and one was recently submitted to the Patient Experience Team. Notes and cards are displayed in a lovely feedback tree on the wall of the visiting room. The tree features lots of compliments including those below:

I cannot thank you all enough for the care you have given to my mum. She was admitted on to the ward and I just cannot believe the difference in her.

Fantastic work getting my mother back to her old self

I can't praise the staff of Ward 3 enough for the care & kindness expressed to my mum

Managing our Resources Effectively

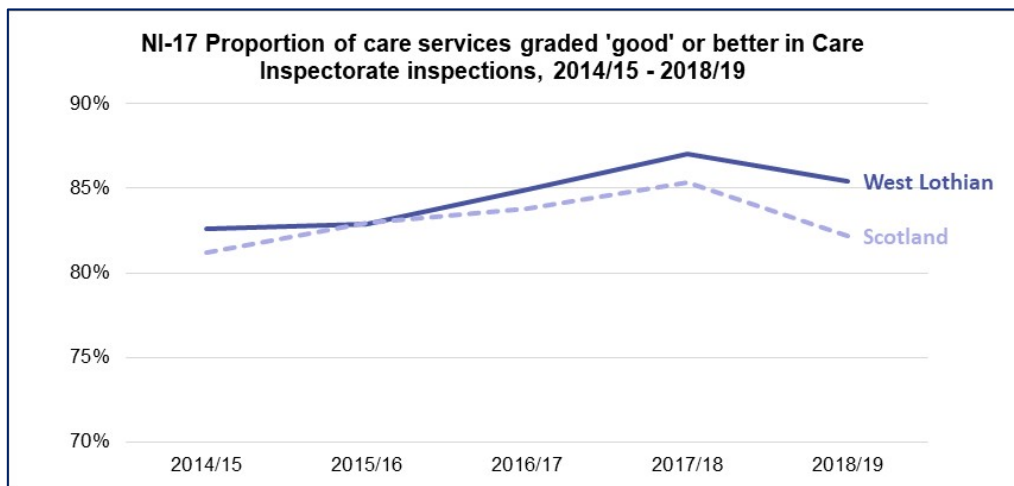
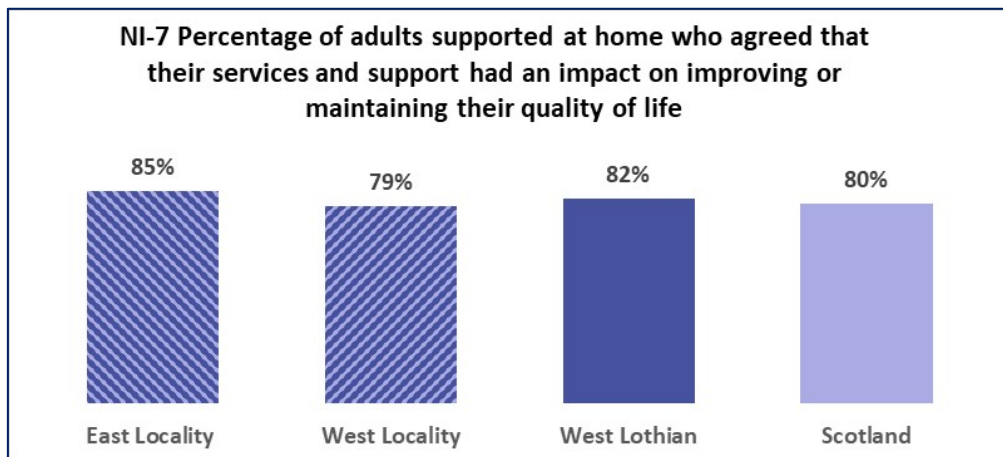
Integrated & Coordinated Care

Outcome 4

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

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	N/A	82%	N/A	N/A	→
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	83%	87%	85%	81%	↓



What we have done

Community Mental Health Team

2019 saw the establishment of West Lothian's Community Mental Health Teams (CMHTs). The two CMHTs work in the two localities of West Lothian: East based in Strathbrock Partnership Centre and West based in Bathgate Partnership Centre. The new teams bring together a range of health and social care staff to work with people with complex mental health problems and associated risks who typically require long term treatment, care and support.

The CMHTs work with service users, families, carers, primary care services and other agencies to design, implement and develop comprehensive care and support packages of health and social care. The teams are made up from the following teams: nursing, psychology, psychiatry, medicine, occupational therapy and social work. Services are delivered in the community, in a suitable environment that best supports the service user. During the initial launch of the CMHT, services and clinics delivered in St John's Hospital were reviewed and transferred into the community. This is in direct response to ensuring that care and support is delivered closer to home.

To ensure effective sustainability of the CMHT model, the Senior Development Manager for West Lothian's Mental Health services has been working closely with the teams to identify opportunities to work with community and 3rd sector partners in the future. Ongoing quality improvement work will be key to ensuring the CMHT meets the growing demand on mental health services in West Lothian. Waiting times for services will also be a key focus of the team going forward.

Since the CMHT launched last year in West Lothian we have seen a great improvement in service user pathways to getting the right support at the right time. As we continue to develop the services we look to better involve our 3rd sector partners to ensure that those using community Mental Health services in West Lothian are given the tools to live well and achieve their personal goals and outcomes – General Manager, Mental Health Services

Integrated & Coordinated Care

Prevention/Early Intervention

West Lothian Rapid Re-housing Transition Programme

The West Lothian Rapid Re-housing Transition Programme (RRTP) addresses homelessness in the West Lothian Community. As part of the RRTP, the West Lothian Health and Social Care Partnership are:

- Involved with work to review and update Health and Homeless Standards for homeless people accessing health services;
- working with information analysts from Public Health Scotland to collate and align homeless data with health and social care data to inform planning;
- quantifying the residential accommodation requirements for adults where housing in the community would not be suitable including addictions, domestic abuse and mental health;
- identifying triggers of homelessness and referral process for people accessing health and social care services

Prevention/Early Intervention

Care Home Team

The West Lothian Care Home Team supports staff working in independent nursing and residential care homes in the delivery of high standards of person-centred clinical care. The team promotes integration, collaboration and partnership working in the provision of high quality healthcare to care home residents. Specific supports available include:

- Advice and guidance on delivery of high quality care
- Sharing of best practice in clinical care delivery
- Provision of clinical advice on the care of people with complex healthcare needs
- Clinical advice to reduce the risk of avoidable harm such as pressure damage, falls and malnutrition by supporting staff to develop their skills and expertise
- Advice to prevent avoidable hospital admissions and out of hours calls to health services where possible
- Support in the development of smooth admission/discharge processes where hospital admission cannot be avoided
- Support in the care of people who are approaching the end of their lives
- Development of expertise in relation to anticipatory care planning
- Education and training on healthcare delivery
- Advice on infection control and use of personal protective equipment (PPE)

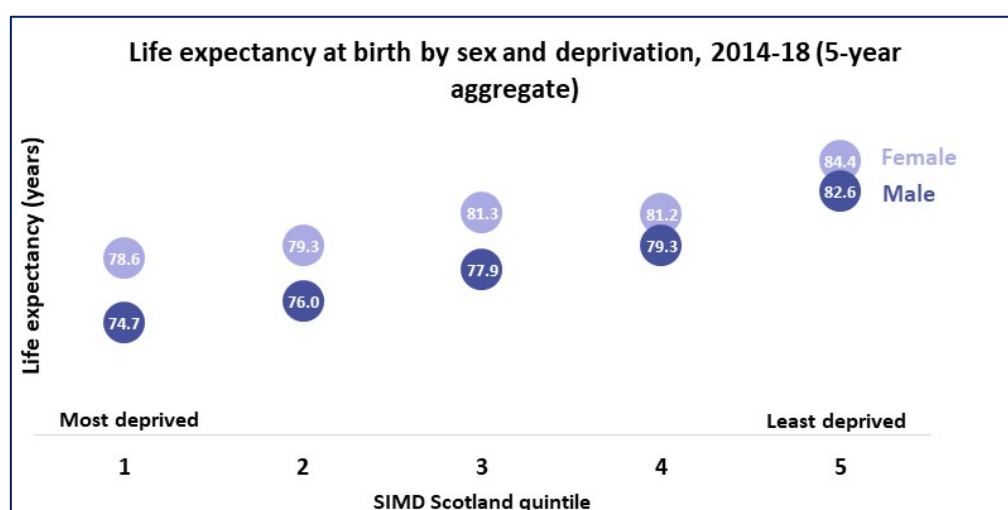
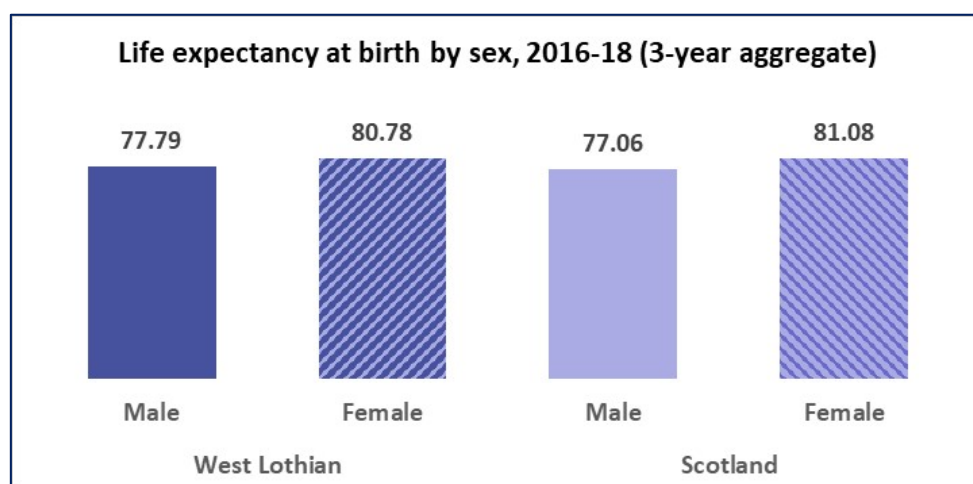
Integrated & Coordinated Care

Outcome 5

❖ Health and social care services contribute to reducing health inequalities

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Premature mortality rate per 100,000 persons (calendar year)	402	411	410	434	N/A	↑
Male life expectancy at birth	78.3	78.3	78.1	77.8	N/A	↓
Female life expectancy at birth	80.5	80.8	80.8	81.0	N/A	↑



Interventions to address the social determinants of ill-health have been identified as a key priority for the HSCP to tackle health inequalities. This means the HSCP leads or is an active participant in a number of projects and partnerships.

The HSCP provides active support for income maximisation and welfare rights in primary

care and hospital settings. Other work led by the WLHSCP, such as the West Lothian Alcohol and Drug Partnership and Community Wellbeing Hubs, takes a similar preventative and partnership approach; the clinical services work closely with community partners to address some of the underlying factors that are the root of health problems. Working closely with community and third sector partners will be a key component of future work that ensures health and social care services are rooted in and responsive to the needs of West Lothian communities.

What we have done

Working in Partnership with NHS Lothian's Public Health Department

Before the COVID-19 outbreak, the NHS Lothian Public Health Department had been reviewing its approach to partnership work. Outline plans had been developed to create a place-based (West Lothian) team which would align more closely with both the West Lothian Health and Social Care Partnership (WLHSCP) and the Community Planning Partnership (CPP) to support work. For example, a new approach to smoking cessation was being developed in conjunction with the NHS Lothian Quit Your Way service.

Public Health colleagues play a key role in supporting the IJB's prevention and intervention work as part of the West Lothian CPP. Public Health and the WLHSCP have both contributed to the review of community planning in West Lothian and the new Local Outcomes Improvement Plan (LOIP). Although this work has been delayed by COVID-19, proposed LOIP key themes around mental wellbeing, reducing community harms associated with alcohol and an emphasis on good quality, local jobs and sustainable communities all contribute to HSCP objectives.

The Anti-Poverty Task Force and the Health and Wellbeing Partnership are CPP sub-groups with clear roles in supporting health and social care priorities. The Health and Wellbeing Partnership has established two nationally supported whole system early adopter programmes both of which have leadership from the HSCP:

- Type 2 Diabetes project based in Whitburn
- A preventive approach to community wellbeing in West Lothian

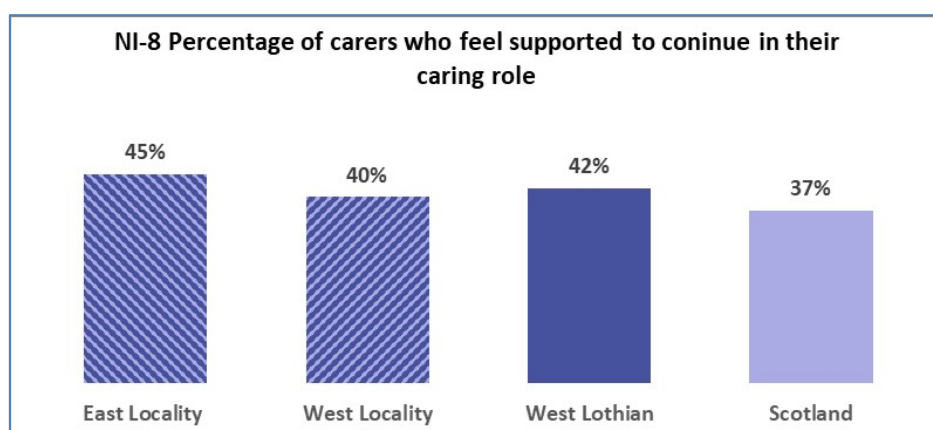
Tackling Inequalities

Outcome 6

- ❖ People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Total combined % carers who feel supported to continue in their caring role	36%	N/A	42%	N/A	N/A	↑
Percentage of carers who feel they have a good balance between caring and other things in their life	65%	N/A	64%	N/A	N/A	↓
Percentage of carers who had a say in services provided for the person they look after	50%	N/A	50%	N/A	N/A	→
Percentage of adults who agreed local services are well coordinated for the person they look after	47%	N/A	45%	N/A	N/A	↓



What we have done

Advice, Information and Support for Carers

Carers of West Lothian is the carers' organisation in West Lothian which has been commissioned to provide support to carers across the Health and Social Care Partnership. Development continues to take place to ensure access to information, advice and support to help carers maintain their health and wellbeing and to have a life alongside their caring responsibilities.

Unpaid carers can benefit from a wide range of support if they live in West Lothian or if they look after someone living in West Lothian. Carers can access advice on a range of topics such as: benefits, Power of Attorney, other services and supports, workshops and training, peer group support, counselling, etc.

Information is available on The Carers Scotland Act 2016 and the support that carers can receive from the Health and Social Care Partnership, including information on eligibility criteria, adult support plans and young carer statements.

Prevention/Early Intervention

Carers of West Lothian Report 2019/20

Carers of West Lothian saw two key changes in personnel in the year with a new Chief Executive Officer and Board Chair appointed.

A total of 1,753 service users were supported including: 659 new adult carers and 129 new young carers. 60 disabled adults accessed services such as one to one support, information and advice, peer support, training or counselling for the first time.

A new self management project was established which aimed to support 35 new carers along with the person they care for through a joint approach. Using digital technology, work was also done to reach people in more rural areas. Funding was secured to buy a smartboard to allow use of videoconferencing to be tested to support people in their homes rather than travelling to an office base. The purchase of this equipment proved very valuable in supporting people during the COVID-19 response and enabled the organisation to move very quickly to an online service during the period.

In January, 'Cuppa and Chat' sessions were held in the organisation's first outreach group in Armadale. Discussion were also held to extend this support to other areas. The organisation engaged with Development Trusts in Fauldhouse, West Calder and Livingston to look further into the types of supports carers in the area would find helpful. Engagement also took place with Black, Minority and Ethnic communities to promote the organisation's services and identify any gaps in current provision.

In early 2020, 'Respitivity' was launched to promote a range of free offerings of respite from local businesses. The programme was first made available in March 2020 with two businesses offering free haircuts, manicures, sewing craft groups and singing groups for carers to enjoy.

2019 was also a year when the Volunteer Strategy was reviewed and was supported by a recruitment campaign to enhance the volunteer team.

Prevention/Early Intervention

Tackling Inequalities

Adult carer support plans carers' needs and outcomes and to inform discussions about levels of support they are eligible for.

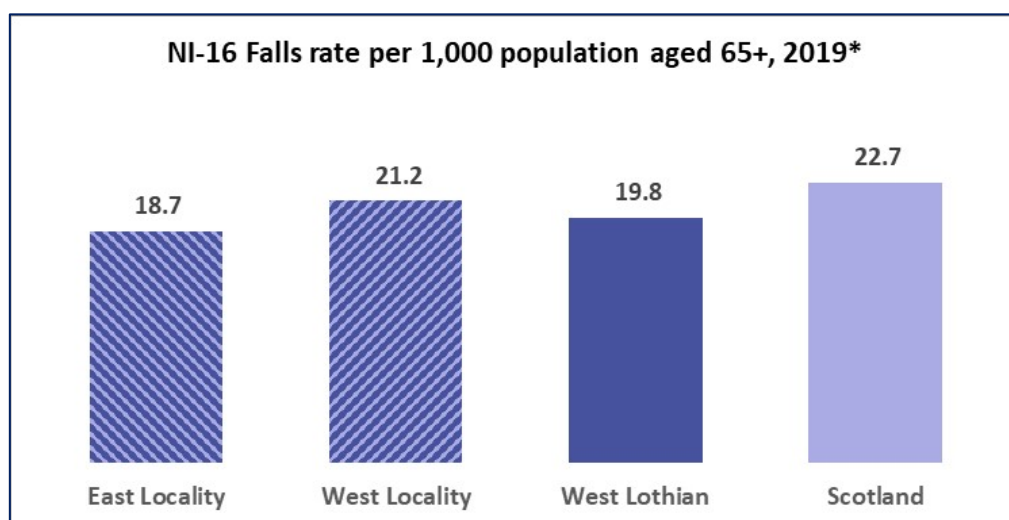
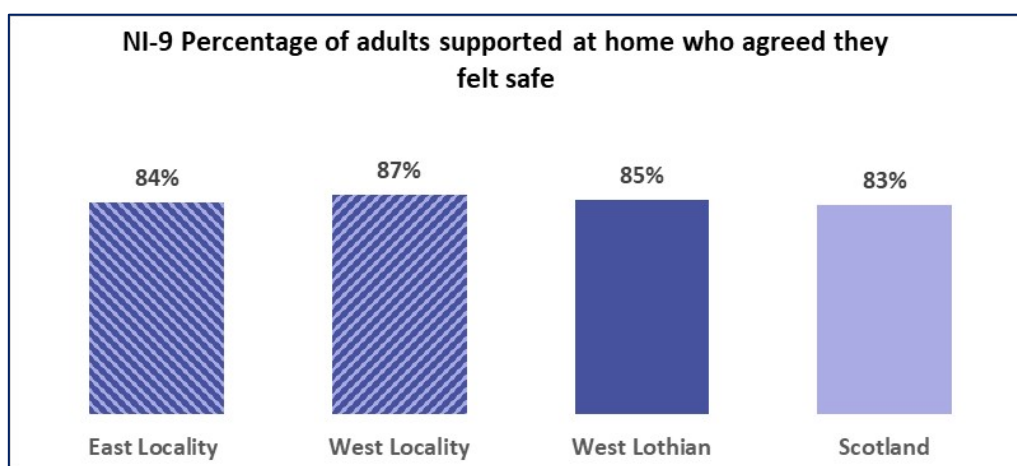


Outcome 7

❖ People who use health and social care services are safe from harm

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agreed they felt safe	87%	N/A	85%	N/A	N/A	↓
Falls rate per 1,000 population aged 65+	19.1	20.3	20.1	19.5	19.8	↑
Number of households receiving telecare	N/A	4360	4380	3708	3703	→
Number of new telecare installations	N/A	780	757	469	561	↑



What we have done

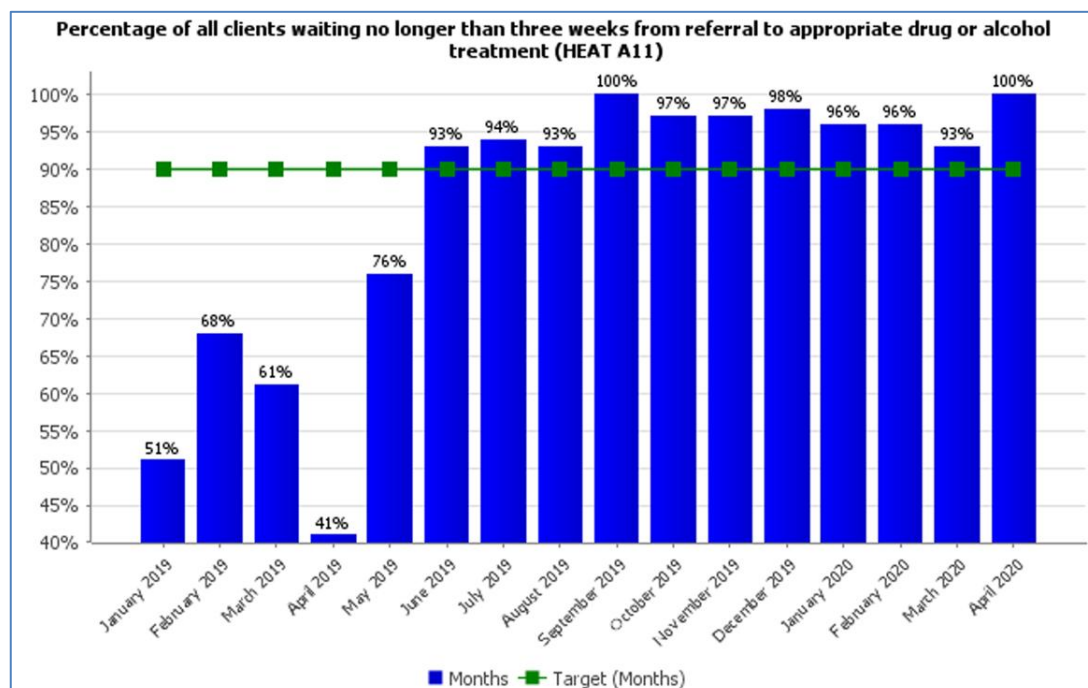
Supporting People with Alcohol and Drug Problems

Support services for people with drug and alcohol problems are commissioned by the Alcohol and Drugs Partnership (ADP). Performance against the Local Delivery Plan (LDP) Waiting Times Standard A11 is set by the Scottish Government - 90% of all clients should wait no longer than 3 weeks for treatment. Historically, the ADP in West Lothian has struggled to meet the target mainly as a result of central funding reductions and staffing vacancies.

In November 2018 funding was restored and there was a drive to recruit additional staff to services. A Recovery Plan was implemented in April 2019 with the aim of improving performance to the required standard by June 2019.

Performance in April 2019 was very low at 41%. Performance began to improve in May 2019 and by June 2019 the 90% target was met. Consistently good performance has been achieved since then including 100% of clients seen within 3 weeks in September 2019 and March 2020. It is expected services will be able to sustain achievement of the waiting time target over the next financial year.

Integrated & Coordinated Care



Outcome 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

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of staff who consider themselves to be well informed		80%	80%	80%	82%	↑
Percentage of staff who say they are appropriately trained and developed		75%	76%	78%	78%	→
Percentage of staff who say they are involved in decision making		72%	73%	72%	74%	↑
Percentage of staff who consider they are treated fairly and consistently with dignity and respect		78%	79%	79%	80%	↑
Percentage of staff who say they are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community		77%	79%	78%	80%	↑

What we have done

Developing Strategic Commissioning Plans

Strategic commissioning plans for services for older people, people with mental health problems and those living with learning and physical disabilities were approved by the Integration Joint Board in January 2020. All staff had the opportunity during the consultation process to comment on what was working well and to suggest areas where improvements could be made. The views of all stakeholders were summarised and used to inform the planning process. A summary of the engagement feedback can be found [here](#).

Managing our Resources Effectively

Mental Health Officer of the Year

Mark McIlwraith, was presented with the Wilma MacDonald Mental Health Officer of the year award at the Scottish Association of Social Work (SASW) Mental Health Officers Conference on 24th October 2019. The event is delivered by SASW in collaboration with the Scottish Government, Social Work Scotland, the Scottish Social Services Council and Learning Network West. The award recognised Mark's excellent work in West Lothian and was very well deserved.



Intensive Psychiatric Care Unit

The Intensive Psychiatric Care Unit (IPCU) at St John's Hospital is a 12 bedded secure unit, providing 24 hour inpatient care for those who present with acute mental health illness. Patients in IPCU are detained under the Mental Health (Care and Treatment) (Scotland) Act or the Criminal Procedures Act and are admitted due to requiring a safe and secure environment with more intensive treatment and support. The unit covers all of West Lothian and the Borders and cares for adults between the ages of 18-65. Length of stay varies between a few days to several weeks, and occasionally a few months.

The ward operates a multi-disciplinary team approach and comprises nursing staff, a consultant psychiatrist, junior doctor, clinical psychologist, occupational therapists, specialist physiotherapist and various other visiting professionals, such as art and music therapists. In January 2020, the team held two half day "Away Day" sessions, giving staff the opportunity to come together to celebrate what's gone well in the unit and discuss potential Quality Improvement ideas, including; improved communication and patient/staff experience.

Keen to encourage a positive and supportive work environment, the team introduced a number of ongoing methods of celebrating success including:

- Values Board – the team mapped what they do well together as a team in relation to each of NHS Lothian's values and how they demonstrate these values in the way they work.
- Monthly Caring Champion – staff anonymously nominate colleagues, with the winner's name displayed in the staff room, surrounded by some of the positive comments made about them
- Team of the Month
- Positive Debriefs – the team is considering holding debriefs that focus on "what went well". This would include a night time Safety Debrief (10 minutes prior to finishing shift) to encourage staff to share positive experiences from their shift

In January 2020, a visit was made to the unit as part of the NHS Lothian Patient Safety Programme when the Chief Quality Officer acknowledged the units excellent approach to MDT working, commending them for their positive and person-centred approach to working together as a team and with their patients. Acknowledging the wealth of good work in the unit, the team were also encouraged to consider sharing their Quality Improvement work both locally at a future Clinical Change Forum and nationally via NHS National Services Scotland.

Managing our Resources Effectively

Workforce Planning

The West Lothian Workforce Planning Development Group was established during 2019 to oversee implementation of the West Lothian IJB's Workforce Development Strategy.

Representation on the group is drawn from across health and social care and includes members with substantial knowledge, experience and commitment to ensuring delivery of the partnership's workforce priorities. Membership is drawn from NHS Lothian, West Lothian Council, the third and independent sectors, education, public health and economic development and regeneration to ensure wide involvement across the sector in developing our current staff and future workforce.

With the development of our future workforce in mind and in recognition of the need to promote jobs in health and social care as careers of choice, a large scale careers event was held at Livingston Football Stadium in February 2020 which was attended by approximately 1000 primary and secondary school pupils. Around 85 health and social care staff were involved showcasing 35 different careers across the health and social care partnership. Positive comments from staff attending included:

Encouraging to see so many young people interested in our technology

Interesting for us to meet kids, great to meet others from different services

Interest from students amazing. Lots of variety of stalls and opportunities. Great day!

Integrated & Coordinated Care

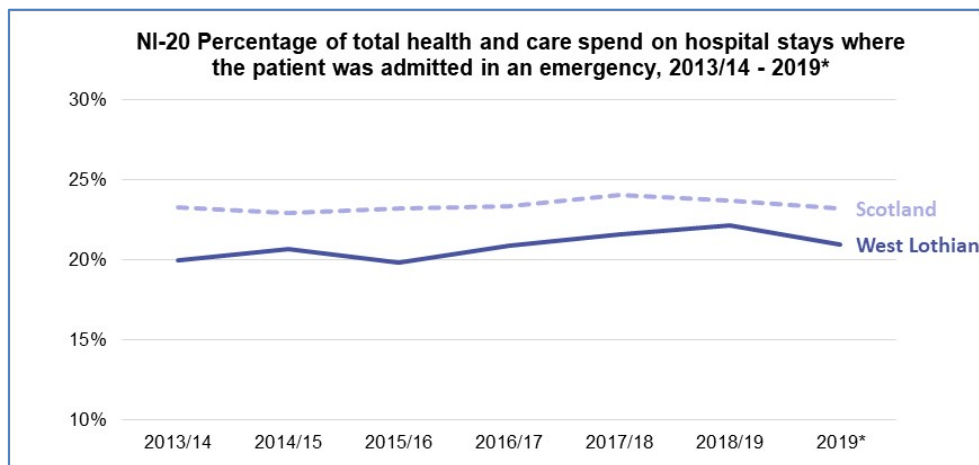
Managing our Resources Effectively

Outcome 9

- ❖ Resources are used effectively in the provision of health and social care services

Our Performance

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	21%	22%	22%	21%	↓
Proportion of last 6 months of life spent in a large hospital (need clarification on this)	8.5%	8.7%	8.5%	9.3%		↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑



What we have done

Winter Planning

There is increased demand for health and social care services through the winter months. However, through learning from previous years, there is a degree of predictability in patterns of demand experienced. Each year the West Lothian Health and Social Care Partnership sets out how it will manage the flow of patients through hospital and community teams to support rehabilitation closest to home wherever possible during the winter period.

The development of the 2019/20 winter plan was overseen by the Lothian Unscheduled Care Committee which has membership from the four Lothian health and social care partnership and from the acute hospital sites. A framework was developed through the committee that encouraged planning against the following criteria:

- Supports joint working between acute services and health and social care partnerships (HSCPs)
- Supports a Home First Approach
- Admission avoidance
- Site and community resilience/flow
- Supports a non bed based Model
- Facilitates 7 Day working and discharging

The focused investment further supported improvement priorities for unscheduled care within the partnership.

Key actions included:

- Enhancement of senior medical and other clinical staffing at critical pressure periods across acute, community and social care services.
- Consistency of 7 day working principles for HSCP Teams
- Equipment delivery over 7 days
- Robust cross-system escalation, coordination and communication through senior leadership at Chief Operating Officer/Chief Officer level.
- Increased capacity to support admissions, transfers and discharges

Managing our Resources Effectively

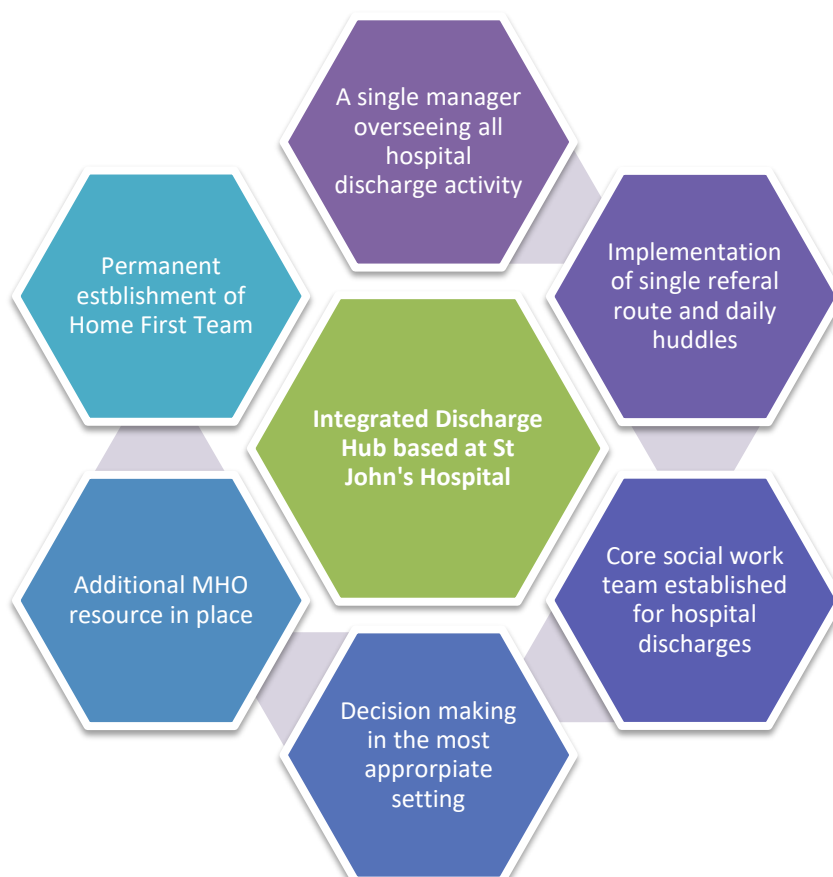
Response to COVID-19 Pandemic

The end of the reporting year 2019/20 saw the West Lothian Health and Social Care Partnership responding to the COVID-19 pandemic in an unprecedented way to ensure that essential health and social care services continued during a period of significant uncertainty. A range of measures were put in place to both continue some services, to safely reduce some services and to develop others to meet the needs of our local population whilst responding to UK wide and Scottish Government policy. The following provides a brief summary of some of this activity:

Optimising Capacity and Reducing Delayed Discharges

A range of activities have been effective in reducing delayed discharges from a baseline of 65 at 1st March 2020.

The Integrated Discharge Hub based at St John's Hospital has been operational since 2018 but some changes were made to the model to improve discharge arrangements for patients to ensure people were able to return home or to another homely setting as quickly as possible with decision making about future care needs taking place in the most appropriate setting. Those developments included:



The focus of recent work has been on ensuring that hospital admission is avoided wherever possible through more effective use of community supports and earlier intervention. Where admission takes place, revised arrangements have been put in place to improve communication and partnership working across all the discharge services with increased staffing capacity now available to support 7 day working and equipment delivery at the weekend. The Hospital at Home service is also providing additional rapid community assessments and has been extended provision over 7 days.

West Lothian Personal Protective Equipment (PPE) Centre

A local PPE hub was established to coordinate supply of essential PPE across health and social care services in West Lothian as part of the pandemic response put in place nationally via NHS Scotland. Using a West Lothian Council warehouse, and operated by staff from across the health and social care partnership, the hub was developed very quickly and has played an important role in the distribution of PPE to local health and social care services. Working in partnership with Carers of West Lothian, the hub also supplied PPE to unpaid carers.

Consideration is being given to the future arrangements for PPE procurement and distribution to ensure that the hub model is sustainable for as long as it's needed. Challenges were experienced with the regular supply of PPE initially but the view is that the hub has been an effective local distribution arrangement during the pandemic response.



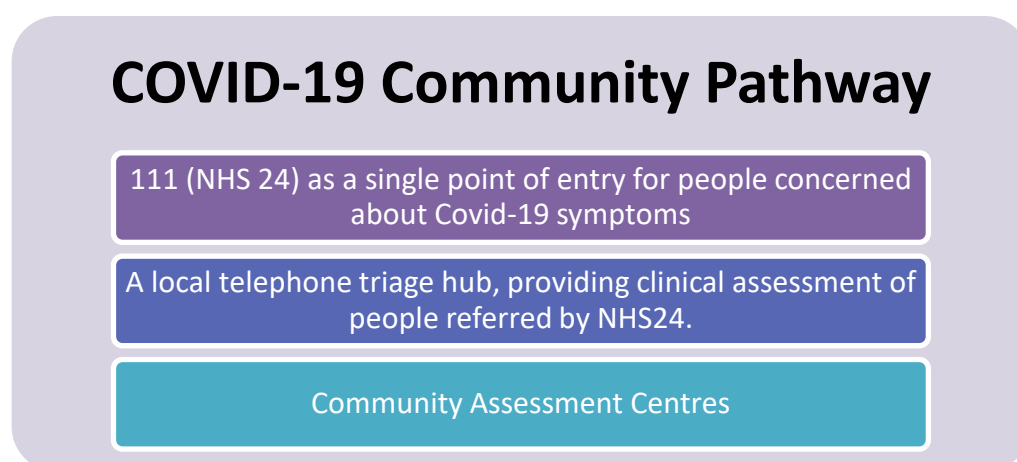
Near Me Video Conferencing

Video conferencing facilities, Near Me, were installed in all GP practices across West Lothian and are being used by GPs to work with patients via video link. Initial feedback on usage has been very positive from GPs and from patients. The Near Me technology was also rolled out to other service areas to reduce face to face

contacts and we are reviewing learning from the use of this technology to inform future service planning.

Community COVID-19 Pathway

The Community Covid-19 Pathway was introduced to manage demand for health care support for people displaying Covid-19 symptoms. The model for the Covid-19 Community Pathway includes:



The Community Assessment Centre provides dedicated and consistent advice, triage and treatment for people with Covid-19 symptoms 7 days a week. Where clinically assessed access to face to face assessment is offered.

Support to Care Homes

As has been widely reported, Covid-19 has had a significant impact on older people and we have sadly seen a number of deaths in care home settings across Scotland. In West Lothian we continue to provide ongoing support to the 16 care homes within the local area. We have developed and implemented a care home action plan to ensure the right support is provided. Daily review meetings are being held with the Chief Nurse, Chief Social Work Officer, Chief Officer and Public Health to identify emerging issues and to determine the appropriate response. Support is being provided in accordance with Public Health and Government guidance to reduce risk of transmission of infection.

Staff Support

A range of supports have been made available to staff across health and social care to provide information in relation to PPE, testing and other general enquiries. A dedicated helpline, *Here For You*, was set up to provide a listening ear for those who are worried, anxious or stressed or who need help with practical concerns such as financial advice or information on supporting an elderly or vulnerable relative.

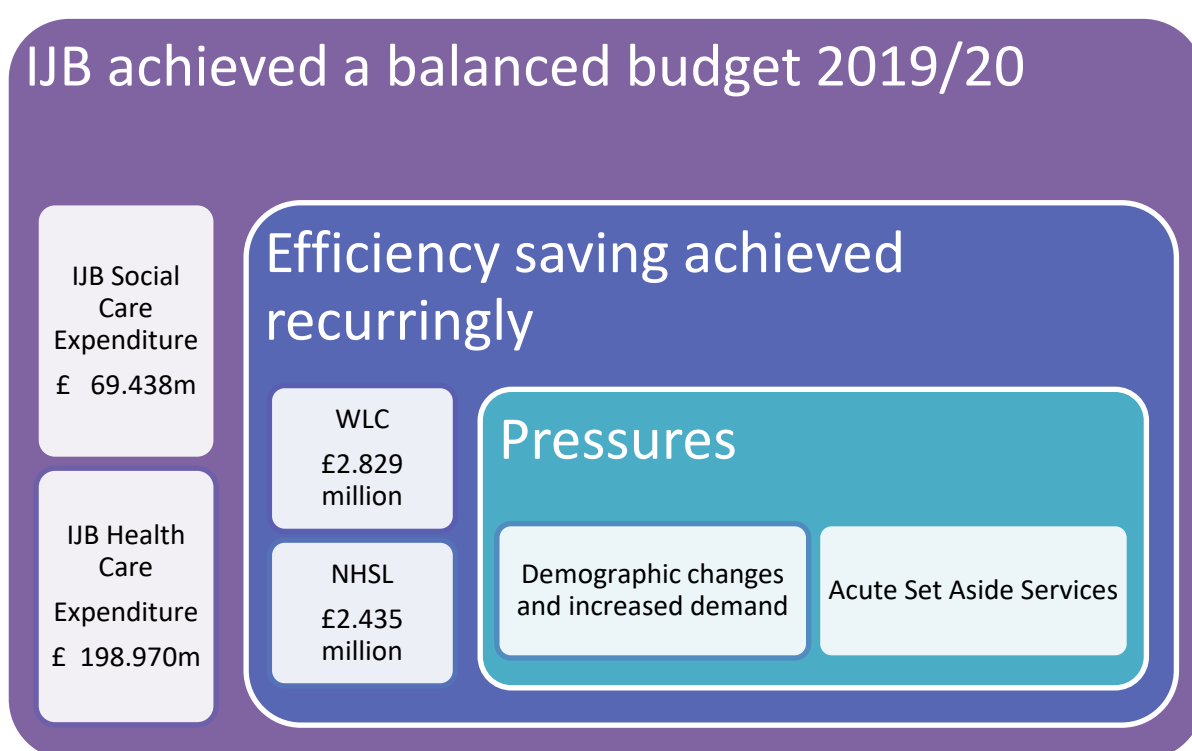
Mobilisation Plans

We are not complacent about the ongoing work that we need to do and life will continue to have a degree of uncertainty for some time to come. We are, however, trying to return to a 'new normal' and are putting remobilisation plans in place to ensure that our services restart in a planned way and that our future actions take account of learning from the local and national response to the pandemic. We are reflecting on what has worked well and what has not and will review our plans with our partners and stakeholders to ensure that we have robust plans in place for the future development of health and social care services in West Lothian.

Financial Planning and Performance

Financial Planning

The Public Sector (Joint Working) (Scotland) Act 2014 requires each Integration Authority to publish an annual financial statement on the resources that it plans to spend in implementing its strategic plan. The total expenditure on IJB delegated functions for 2019/20 was £268.825 million. This was fully funded through contributions from West Lothian Council and NHS Lothian of £69.438 million and £198.970 million respectively. In addition, there was a decrease in reserves of £417,000 with earmarked reserves remaining of £63,000 at 31 March 2020.



Budget Summary

In 2019/20 the IJB has achieved a balanced budget position despite there being many pressures across health and social care services. The Board has worked closely with NHS Lothian and West Lothian Council on the financial management of IJB budget resources and funding required to deliver delegated IJB functions.

IJB delegated services saw continued growth in demand during 2019/20. Within community care, care home expenditure increased significantly reflecting a growing older population who are living longer with more complex needs. Growth in demands within learning and physical disability care also increased significantly, reflecting increasing needs and a shift in the balance of care from health to community care in

line with integration objectives.

The most significant pressure in 2019/20 related to set aside services where there was an overspend of £1.131 million. Nursing staffing pressures were the major contributing factor to the overspend. In addition, difficulties in recruiting and the resulting requirement for agency nursing staff in Accident and Emergency and General Medicine areas has also been a key contributing factor. Substantial work was undertaken during 2019/20 to review the causes of the nursing staffing pressures for West Lothian and the budgetary resources available and this helped to inform the 2020/21 budgeting process and level of nurse staff budgets. There remain significant risks around prescribing volumes and units going forward, as well as the ongoing impact of COVID-19, and this will require to be closely monitored. Acute drugs are also a key financial risk.

During 2019/20, budget savings of £5.294 million were delivered against the productivity and efficiency plan to help ensure spend on IJB functions was managed within budget resources available.

Financial Performance

Reporting on the performance of delegated resources is routinely undertaken by the IJB in line with its approved financial regulations and Integration Scheme. The Integration Scheme details that when resources have been delegated by the IJB via strategic directions, NHS Lothian and West Lothian Council apply their established systems of financial governance. This reflects the IJB's role as a strategic planning body which does not deliver services directly, employ staff or hold cash resources. Budget monitoring of IJB delegated functions is undertaken by finance teams within West Lothian Council and NHS Lothian working with budget holders to prepare information on financial performance. The IJB Chief Finance Officer works closely with these teams to provide information on operational budget performance to the Board in respect of delegated health and social care functions.

Expenditure on services commissioned by the IJB over the period 2016/17 to 2019/20 is shown in the table below.

West Lothian IJB Expenditure on Delegated Functions 2016/17 to 2019/20					
	2016/17	2017/18	2018/19	2019/20	4 YR Total
	£'000	£'000	£'000	£'000	£'000
Core Health Services	104,600	110,443	115,814	122,584	453,441
Hosted Services	20,058	22,453	20,649	21,318	84,478
Acute Set Aside Services	33,647	34,726	32,583	34,747	135,703
Non Cash Limited Services	18,221	18,282	19,322	20,448	76,273
Social Care Services	60,584	64,457	63,833	69,728	258,602
Total	237,110	250,361	252,201	268,825	1,008,497

Future Financial Plans

The 2020/21 budget contributions from NHS Lothian and West Lothian Council have been taken account of in directions issued to partners. While the council contribution represents a balanced budget position, the NHS Lothian contribution represents a funding shortfall compared to forecast expenditure of £1.128 million. However, there are plans in place to bridge this gap.

It is important to note however that these budget contributions do not take account of the additional cost implications anticipated to arise as a result of COVID-19. While the financial implications resulting from COVID-19 remain uncertain, they are anticipated to be significant. Over recent months substantial work has been undertaken to identify the additional costs of COVID-19 through Mobilisation Plans for health and social care. This incorporates joint working across health and social care and at a national level on an agreed approach to capture the additional financial costs.

Taking account of this, it will be crucial that the 2020/21 budget position is closely monitored with regular updates being provided to the Board, including options to manage budget pressures and ensure a balanced position is achieved for 2020/21.

The IJB has a statutory responsibility for delegated health and social care functions in relation to the strategic planning of future health and social care delivery. Plans for this are developed via the health and social care management team and council and NHS Lothian staff supporting the IJB. The IJB's strategic plan and strategic commissioning plans will help inform decisions around prioritisation of resources, new models of service delivery and disinvestment decisions, all of which will be necessary in the medium term financial planning process associated with health and social care services. The implications arising from COVID-19 on delivery of care services will need to be taken into account in the ongoing review of strategic commissioning plans.

With regard to future years, health and social care services will be faced with significant challenges to meet demands and operate within tight fiscal constraints for the foreseeable future. The implications associated with COVID-19 will further increase the financial challenges and may impact on current plans to meet demands. In line with the Board's agreed approach to IJB financial planning, budget plans have been and continue to be developed across IJB health and social care functions with the objective that overall health and social care considerations are taken into account in joint IJB / Partner financial planning.

An updated four year financial plan taking account of funding and expenditure assumptions was reported to the Board on 23 April 2019. At this stage, the level of uncertainty around COVID-19 financial implications makes it extremely difficult to undertake a more detailed update of the medium term financial plan, but a high level financial outlook based on currently available funding assumptions was presented to the Board on 30 June 2020. Based on current planning assumptions, IJB resources are currently estimated to increase by £6.9 million over the three year period to 2022/23. As funding and cost implications linked to COVID-19 become clearer over the coming months, it is intended that the IJB medium term financial plan will be updated later in 2020/21.

Best Value

The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As a Section 106 body under the 2003 Act, Integration Joint Boards have the same statutory duty to secure best value.

The statutory duties of the 2003 Act are:

- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development;
- The duty to achieve break-even in trading accounts subject to mandatory disclosure
- The duty to observe proper accounting practices
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions

The above duties apply to the IJB other than the duty to secure a break-even in trading accounts which is not relevant to the IJB as it does not have trading accounts.

Best Value Framework and Compliance

A Best Value Framework was agreed by the Audit, Risk and Governance Committee on 12 September 2018 and approved by the Board on 24 September 2018.

Taking account of all the relevant factors including Legislation, Ministerial Guidance and Audit Scotland Guidance, the agreed area relevant in assessing the achievement of best value for the IJB are shown below.

- Management of Resources
- Effective Leadership and Strategic Direction
- Performance Management
- Joint Working with Partners
- Service Review / Continuous Improvement

It was agreed for each of these areas there would be an annual assessment of how the IJB has demonstrated best value in the delivery of delegated functions. This is achieved through an Annual Statement of Compliance produced by the Chief Finance Officer, considered by the IJB senior management team and reported to the IJB Audit, Risk and Governance Committee for consideration. The Annual Statement of Compliance is used to inform the Governance Statement within the annual accounts and the Annual Performance Report. The 2019/20 [Best Value Annual Statement of Compliance](#) can be accessed from the link.

Inspection and Regulation of Services

The annual performance report requires Integration Joint Boards to report on inspections by: Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland (The Care Inspectorate), Audit Scotland, Accounts Commission and the Scottish Housing Regulator which relate to delegated functions.

Inspections by the Care Inspectorate

The Care Inspectorate grades services as part of fulfilling its' duty under section 4(1) of the Regulation of Care (Scotland) Act 2001 and publishes inspection reports to provide information to the public about the quality of care services. Full inspection reports for all services can be accessed via the Care Inspectorate's website <http://www.careinspectorate.com>

Services Inspected During 2019/20

Not all services are inspected by the Care Inspectorate annually. The services inspected in West Lothian in 2018/19 were:

- Limecroft Care Home
- Whitdale Care Home
- Housing with Care Service

Requirements, recommendations and improvements were made as follows following those inspections:

- Limecroft Care Home – one requirement in relation to medication administration and 2 recommendations in relation to residents' participation in activities and the recording of healthcare needs

Improvement plans were put in place for all requirements, recommendations and areas of improvement identified.

Other Scrutiny Bodies

There were no other inspections carried out during the year by the other scrutiny bodies listed.

Joint Strategic Inspection

The Care Inspectorate and Healthcare Improvement Scotland undertook a joint strategic inspection of the IJB functions of the West Lothian Health and Social Care Partnership which involved onsite scrutiny during January and February 2020. The focus of the inspection was on how well the partnership had:



A report on the inspection was due to have been published in early June 2020 with graded evaluations of the areas inspected and feedback. Unfortunately the COVID-19 pandemic meant that inspection activity by the Care Inspectorate and Healthcare Improvement Scotland had to be suspended and the report of the inspection had not been received at the time of publication of approval of the annual performance report by the IJB.

Significant Decisions and Directions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service out with the context of the Strategic Plan.

Decisions made by the Integration Joint Board during the year 2019/20 are set out in the IJB's papers which are hosted on West Lothian Council's website.

Towards the end of the reporting year 2019/2020, the West Lothian Health and Social Care Partnership required to respond to the COVID-19 pandemic which meant making a range of adjustments to the operation of services across the partnership during March 2020 and beyond. Those decisions will be reviewed by the Board in the course of the reporting year 2020/21 and adjustments made to the IJB's Strategic plan where this is considered necessary.

The Board issued four overarching Directions during 2019/20 to NHS Lothian and West Lothian Council. Additional strategic Directions were developed during 2019/20 to reflect strategic decisions made by the IJB and held with IJB papers hosted on the West Lothian Council website.

Key Priorities for 2020/21



ⁱ The Scottish Government – Strategic Commissioning Plans Guidance, 2015

Appendix 2

Summary of Core Suite of Integration Indicators for West Lothian

The table below provides a summary of performance against the core suite of integration indicators and is compared with the Scottish position. The summary uses the latest published data available. For indicators 11 to 20, data is used for calendar year 2019* as financial year data is not yet finalised across Scotland. The IJB will be updated with 2019/20 data as soon as it becomes available.

Indicator		2015/16		2017/18		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	92%	93%	↓	↓
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	88%	83%	80%	81%	↓	↓
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	81%	79%	77%	76%	↓	↓
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	75%	76%	74%	↓	↓
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	81%	84%	80%	↑	↓
NI - 6	Percentage of people with positive experience of the care provided by their GP	78%	85%	75%	83%	↓	↓
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	83%	82%	80%	→	↓
NI - 8	Total combined % of carers who feel supported to continue in their caring role	36%	40%	42%	37%	↑	↓
NI - 9	Percentage of adults supported at home who agreed they felt safe	87%	83%	85%	83%	↓	→

Indicator		2017/18		2018/19		2019*		Change and performance against previous year	
Number	Description	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland	West Lothian	Scotland
NI - 11	Premature mortality rate per 100,000 persons (calendar year)	410 (2017)	425 (2017)	434 (2018)	432 (2018)	N/A	N/A		
NI - 12	Rate of emergency admissions for adults (per 100,000 population)	-	-	11,908	12,275	12,387	12,602		
NI - 13	Rate of emergency bed days for adults (per 100,000 population)	-	-	106,474	120,177	95,955	117,478		
NI - 14	Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	-	-	110	103	112	104		
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	-	-	88%	88%	89%	89%		
NI - 16	Falls rate per 1,000 population aged 65+	-	-	19.5	22.5	19.8	22.7		
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-	-	85%	82%	81% (2019/20)	82% (2019/20)		
NI - 18	Percentage of adults with intensive care needs receiving care at home (Calendar Year)	66% (2017)	61% (2017)	69% (2018)	62% (2018)	N/A	N/A		
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	-	-	1,214	793	964 (2019/20)	793 (2019/20)		
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-	-	22%	24%	21%	23%		

Key



Percentage / rate has decreased. Performance has also decreased



Percentage / rate has increased. Performance has worsened



Percentage / rate has increased. Performance has improved



Percentage / rate has decreased. Performance has improved



Percentage / rate has remained the same. Performance is unchanged

Summary of West Lothian Performance Indicators

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

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults able to look after their health very well or quite well	94%	N/A	92%	N/A	N/A	↓
Rate of emergency admissions for adults (per 100,000 population)	11861	11994	11702	11908	12387	↑

Wellbeing Outcome 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Rate of emergency bed days for adults (per 100,000)	98960	105825	106429	106474	95955	↓
Emergency readmissions to hospital within 28 days of discharge (per 1,000 discharges)	101	109	104	110	112	↑
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	485	822	1139	1214	964	↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑
Percentage of adults with intensive care needs receiving care at home	70%	65%	66%	69%	N/A	↑
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of people aged over 75 who live in their own home	92%	92%	92%	92%	N/A	→

Wellbeing Outcome 3: People who use health & social care services have positive experiences of those services, and have their dignity respected

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that they are supported to live as independently as possible	88%	N/A	80%	N/A	N/A	↓
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	81%	N/A	77%	N/A	N/A	↓
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	82%	N/A	76%	N/A	N/A	↓
NI-6 Percentage of people with a positive experience of the care provided by their GP practice	78%	N/A	75%	N/A	N/A	↓
Percentage of people who feel they are listened to	87%	N/A	89%	N/A	N/A	↑
Percentage of people who feel they are treated with compassion and understanding	93%	N/A	91%	N/A	N/A	↓

Wellbeing Outcome 4: Health & social care services are centred on helping to maintain or improve the quality of life of people who use those services

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	N/A	82%	N/A	N/A	→
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	83%	87%	85%	81%	↓

Wellbeing Outcome 5: Health & social care services contribute to reducing health inequalities

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Premature mortality rate per 100,000 persons (calendar year)	402	411	410	434	N/A	↑
Male life expectancy at birth	78.3	78.3	78.1	77.8	N/A	↓
Female life expectancy at birth	80.5	80.8	80.8	81.0	N/A	↑

Wellbeing Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Total combined % carers who feel supported to continue in their caring role	36%	N/A	42%	N/A	N/A	↑
Percentage of carers who feel they have a good balance between caring and other things in their life	65%	N/A	64%	N/A	N/A	↓
Percentage of carers who had a say in services provided for the person they look after	50%	N/A	50%	N/A	N/A	→
Percentage of adults who agreed local services are well coordinated for the person they look after	47%	N/A	45%	N/A	N/A	↓

Wellbeing Outcome 7: People who use health and social care services are safe from harm

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of adults supported at home who agreed they felt safe	87%	N/A	85%	N/A	N/A	↓
Falls rate per 1,000 population aged 65+	19.1	20.3	20.1	19.5	19.8	↑
Number of households receiving telecare	N/A	4360	4380	3708	3703	→
Number of new telecare installations	N/A	780	757	469	561	↓

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

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of staff who consider themselves to be well informed		80%	80%	80%	82%	↑
Percentage of staff who say they are appropriately trained and developed		75%	76%	78%	78%	→
Percentage of staff who say they are involved in decision making		72%	73%	72%	74%	↑
Percentage of staff who consider they are treated fairly and consistently with dignity and respect		78%	79%	79%	80%	↑
Percentage of staff who say they are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community		77%	79%	78%	80%	↑

Wellbeing Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Indicator	2015/16	2016/17	2017/18	2018/19	2019	Compared to previous result
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	21%	22%	22%	21%	↓
Proportion of last 6 months of life spent in a large hospital (need clarification on this)	8.5%	8.7%	8.5%	9.3%		↓
Proportion of last 6 months of life spent at home or in community setting	88%	88%	89%	88%	89%	↑

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 10

SELF-ASSESSMENT – SURVEY QUESTIONS

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To consider arrangements for carrying out periodic self-assessment of the Board's administrative arrangements and activity.

B RECOMMENDATION

It is recommended that the Board:

1. Consider carrying out a self-assessment of the Board's effectiveness by the use of the questionnaire in the appendix
2. Consider using the questionnaire to assess communication with the Board during the COVID-19 outbreak and to consult the Board on formalising induction and member support arrangements
3. Agrees to the questionnaire being issued to Board members and the results reported to a future meeting

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	No implications
C3	Policy/Legal	See Section F
C4	Risk	None
C5	Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

C6	Environment and Sustainability	No environmental impacts have been identified.
C7	National Health and Wellbeing Outcomes	There is no direct relevance to the National Health and Wellbeing Outcomes, but good governance leads ultimately to good outcomes
C8	Strategic Plan Outcomes	There is no direct relevance to the Strategic Plan, but good governance leads ultimately to good outcomes
C9	Local Outcomes Improvement Plan	There is no direct relevance to the Local Outcomes Improvement Plan, but good governance leads ultimately to good outcomes
C10	Impact on other Lothian IJBs	No implications

D TERMS OF REPORT

- 1 The CIPFA Framework under which the Board's Code of Corporate Governance was developed suggests that committees involved in scrutiny and internal control should periodically conduct a self-assessment of their effectiveness and operation. The aim is to involve members in close consideration of the role of the committee and its members, its administrative arrangements and the context in which it operates.
- 2 A questionnaire was developed for the Board's Audit Risk and Governance Committee (ARGC). It is based on examples used in other public bodies and councils. The health board has utilised this sort of tool for some time and the council has used it for its Audit Committee and Governance & Risk Committee. This was approved for circulation on 28 March 2018 and the results were reported back to committee on 12 September 2018. No actions were identified from the results itself.
- 3 The Annual Governance Statement was considered at the IJB ARGC on 27 June 2018 and as part of the Annual Accounts on 12 September 2018. This approved for signature and publication by the Board on 24 September. The recommendations of the External Auditor were that "building on the process carried out by the Audit Risk & Governance Committee, the Board should assess its own effectiveness and areas for improvement and those for its committees and other bodies". A similar self-assessment questionnaire was therefore developed for the Board.
- 4 It is proposed that the finalised questionnaire will be circulated to Board members electronically for completion. The results will be confidential and will be summarised and reported to a future meeting of the Board.
- 5 In contrast to previous questionnaires agreed and issued to members, it is further proposed that this questionnaire be employed to ask questions around the communications in relation to COVID-19, and to request input from members on what should be included in any formal induction or support available to members in future. The additional questions are at section F of the appendix.

E CONSULTATION

IJB Audit, Risk & Governance Committee
Standards Officer

F REFERENCES/BACKGROUND

Audit, Risk & Governance Committee meetings of 27 June, 12 September 2018

Integration Joint Board meeting of 29 January 2019

“Delivering Good Governance in Local Government - Framework (CIPFA/SOLACE, 2016)

“Delivering Good Governance in Local Government - Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)

G APPENDICES

Appendix 1: Draft Questionnaire

H CONTACT

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30 June 2020

APPENDIX 1

INTEGRATION JOINT BOARD – SELF-ASSESSMENT QUESTIONS

The first four sections are in generic terms and may be used for other committees. The fifth section is relevant to this Board. The sixth (last) section is relevant to current and upcoming events or activities.

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
A	Purpose and status						
1	Board's role and powers are set out in Standing Orders						
2	Board's role and powers are clear and understood						
3	Board is regarded by stakeholders as a positive influence						
4	Board's decisions are respected and acted upon by the partners						
5	There is adequate communication amongst officers and Board members						
B	Administrative arrangements & support						
1	Board is of an appropriate size and composition						
2	Board is provided with adequate officer support (professional and administrative)						
3	Meetings are sufficiently frequent and at appropriate times of the year						
4	Board maintains a work plan balancing forward planning with flexibility for reactive work						
5	Meeting papers are distributed appropriately (timeliness and format) to enable proper preparation						
6	Reports and minutes provide relevant, appropriate and sufficient information						

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
7	Start times and time allowed for meetings provide sufficient time for business to be done						
8	Public access to reports and meetings is maximised and excluded only where legally justified						
9	Board is able to secure the attendance and assistance of appropriate senior officers						
10	Board is able to secure appropriate professional advice when required						
C	Members						
1	Board members understand their role						
2	Board has an appropriate mix of knowledge, expertise, experience and skills						
3	Board members receive sufficient and appropriate training and briefings						
4	Board members undertake personal development relevant to their role and responsibilities						
5	Chair promotes and encourages effective and efficient meetings including input from officers and members						
6	Members prepare, attend meetings and actively contribute						
D	Effectiveness						
1	Board functions in a positive and constructive manner, including interaction amongst members and with officers						

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
2	Scrutiny is encouraged and accepted as a means to improve						
3	Board provides constructive challenge to officers						
4	Board receives adequate responses from officers to questions						
5	Board members feel comfortable asking candid questions and pursuing full answers						
6	Decisions and recommendations are captured to enable them to be recorded accurately						
7	Decisions are executed properly and in a timely manner and are followed up by Board						
8	There is evidence from meeting papers and minutes of impacts or improvements from Board activity						
9	Board has good working relations with key officers, members and organisations						
10	Stakeholders (including other members and the public) are made aware of and understand Board's activity						
E	Matters specific to Board remit and activities						
1	Interaction with Board's committees and groups is defined and understood						
2	Meetings are attended by external representatives where appropriate						

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
3	Board's role in relation to the Board's annual accounts and audit of those accounts is defined and understood						
4	Board's role in relation to performance monitoring is defined and understood						
5	Board's role in relation to risk management is defined and understood						
6	Members consider fully the contents and conclusions of the Strategic Plan or associated Commissioning Plans before its approval						
7	Strategic planning arrangements are defined and appropriate controls are in place						
8	Board contributes to effective accountability to the public through challenge of strategic planning process and controls						
9	Locality Planning arrangements are defined and appropriate controls are in place						
10	Board contributes to effective accountability to the public through challenge of locality planning process and controls						
F	Additional Matters Arising						
1	Board members have been kept well informed of the response to COVID-19						
2	Board members have been kept well informed of changes to meeting arrangements as a result of COVID-19						
3	Board members feel comfortable asking questions or challenging officers in relation to the COVID-19 response						

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Comments
4	What would you like to see included in a formalised induction package for new Board members?	N/A					
5	What support would you like to see formalised and made available to Board members?	N/A					

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 11

ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

The purpose of this report is to present a draft revised Records Management Plan to the IJB for approval to submit to the Keeper of Records for agreement.

B RECOMMENDATION

It is recommended that the Board:

1. Note that the Records Management Plan is required to be reviewed annually
2. Note that a new element is included in the revised model records management plan and that guidance for IJBs will be provided
3. Agree the recommended changes to the Plan and its submission to the Keeper of Records for agreement
4. Agree that a Progress Update Review will not be submitted this year

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	Activities will be carried out within existing budgets.
C3	Policy/Legal	Public Records (Scotland) Act
C4	Risk	Minimal if compliance with legislation is regularly reviewed.
C5	Equality/Health	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	Environment and Sustainability	No environmental impacts have been identified.

C7	National Health and Wellbeing Outcomes	None
C8	Strategic Plan Outcomes	None
C9	Local Outcomes Improvement Plan	None
C10	Impact on other Lothian IJBs	No new issues. The IJBs will continue to share best practice on all related matters.

D TERMS OF REPORT

D1 Records Management Plan

- 1.1 The Integration Joint Board (IJB) creates new information and records as a consequence of strategic planning and the decision-making process. Effective management of this information ensures that the IJB meets its statutory requirements in relation to managing and sharing information under the Public Records (Scotland) Act, as well as maintaining public confidence and best practice.
- 1.2 All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a Records Management Plan (RMP) for his agreement that provides clear evidence that the authority is complying with its statutory records management obligations.
- 1.3 The IJB agreed its RMP on 24 September 2018, which was subsequently approved by the Keeper of Records on 21 May 2019. The RMP states that it should be reviewed annually by the IJB. Should any changes be agreed, the revised RMP should be resubmitted to the Keeper for approval. Submitting a revised RMP to the Keeper can be done at any time.

D2 Records Management Support

- 2.1 The council provides support to the Board by way of Committee Services, the Standards Officer and the Project Officer, therefore, most new information and records are held on council systems. In line with guidance from the Keeper, this information is managed in accordance with the records and information management policies and procedures of the council. At its meeting of 26 September 2017, the Board agreed to adopt West Lothian Council's Information Security Policy, Records Management Policy and Data Protection Policy to ensure ongoing compliance with legislation and regulation.

3 Review of Records Management Plan

- 3.1 The RMP has been reviewed and it is recommended that several amendments are made and that the RMP be resubmitted to the Keeper of Records for approval. A draft revised RMP is attached as Appendix 1 with the proposed changes tracked in red. To summarise, the proposed changes are:

- 3.2 Element 6 – updated to reflect change of provider commissioned by the council for the destruction of paper records.
- 3.3 Elements 8 and 9 – updated to reflect revised West Lothian Council policies and procedures for information governance.
- 3.4 It should be noted that the IJB's adoption of council policies and procedures in relation to information governance and its wider Data Protection arrangements, including the appointment of a permanent Data Protection Officer, still required to be reviewed to ensure compliance with GDPR. The result of this review may require further amendments to be made to the RMP.

4 New Model Records Management Plan

- 4.1 In 2018 the Keeper established a new Stakeholder Forum to develop and produce a revised version of the Model Plan. The most significant change to the plan came from the forum recommendation to include an additional element, Element 15: Public records created or held by third parties.
- 4.2 Element 15 covers “public records created by third parties” but does not add to the existing requirements of authorities under the Act. It merely emphasises the importance of this responsibility.
- 4.3 An authority's plan must include reference as to what public records are being created and held by a third party carrying out a function of the authority and how these are being managed to the satisfaction of the authority. This does not mean the authority must impose its own arrangements on the third party.
- 4.4 The guidance on incorporating Element 15 into RMPs has not yet been published and a surgery for IJBs scheduled for April 2020 was cancelled due to COVID-19.

5 Invitation to Submit a Progress Update Review

- 5.1 The IJB has received an invitation to submit an optional Progress Update Review (PUR) by 31 August 2020. The PUR mechanism was announced in the Keeper's 2016 Annual Report and has been developed in partnership with a Stakeholder Forum. The PUR mechanism is intended to help authorities demonstrate their continuing compliance with s.5(1)(a) of the Public Records (Scotland) Act 2011 and to keep their RMPs under review. It is also an opportunity for authorities to receive impartial feedback and advice on any advances by the Assessment Team.
- 5.2 It is a wholly voluntary scheme; there is no obligation under the Act for authorities to submit a PUR and the assessment provides an informal indication to officers of what marking an authority might expect should it submit a revised RMP to the Keeper under the Act.
- 5.3 Given this report recommends a revised RMP be submitted to the Keeper, it is further recommended that a PUR not be submitted this year.

- 5.4 However, additional evidence will be provided on behalf of the IJB to satisfy the Keeper that progress has been made. The original agreement report from the Keeper is attached as Appendix 2. It has an Amber rating at Element 7: Archiving and Transfer due to there being no formal agreement between the IJB and council for the use of archive and transfer services. A draft Memorandum of Understanding has been drawn up and this will be progressed before the revised RMP is submitted.

E CONSULTATION

None

F REFERENCES/BACKGROUND

Integration Joint Board Meetings 26 September 2017, 27 September 2018

Public Records (Scotland) Act

General Data Protection Legislation GDPR

G APPENDICES

Appendix 1: Draft Revised Records Management Plan

Appendix 2: Records Management Plan Agreement Report – 21 May 2019

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30 June 2020

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West Lothian Integration Joint Board

Records Management Plan

Document Control Sheet

DOCUMENT CONTROL SHEET

AUTHOR(S): Roberto Riaviz (Information Strategy and Security Manager)
 Carol Dunn (Records Manager)
 Lorna Kemp (Project Officer)

DOCUMENT TITLE: West Lothian Integration Joint Board Records Management Plan 2018

Review/Approval History

Date	Name	Position	Version Approved
24/09/2018	Integration Joint Board	N/A	2.0
21/05/2019	The Keeper of Records	N/A	2.0

Change Record Table

Date	Author	Version	Status	Reason
12/05/2017	Roberto Riaviz	1.0	Draft	Initial draft
30/03/2018	Carol Dunn	1.1	Draft	Minor updates
03/09/2018	Lorna Kemp	2.0	Final	Minor updates

Status Description:

Draft - These are documents for review and liable to significant change.

Final - The document is complete and is not expected to change significantly. All changes will be listed in the change record table.

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1. Overview

1.1. Background

The Public Records (Scotland) Act 2011 (hereafter referred to as 'the Act') came fully into force in January 2013. The Act obliges West Lothian Integration Joint Board (hereafter referred to as 'the Board') and other public authorities to prepare and implement a records management plan (RMP). The RMP sets out proper arrangements for the management of records within the Board.

The Board is fully committed to compliance with the requirements of the Act. The Board will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the board, or manage public records held by the board, are fully aware of and abide by this plan's arrangements.

1.2. About the Public Records (Scotland) Act 2011

The Act came into force on the 1st January 2013, and requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of West Lothian Integration Joint Board.

The Records Management Plan has 14 Elements.

1. [Senior management responsibility](#)
2. [Records manager responsibility](#)
3. [Records management policy statement](#)
4. [Business classification](#)
5. [Retention schedules](#)
6. [Destruction arrangements](#)
7. [Archiving and transfer arrangements](#)
8. [Information security](#)
9. [Data protection](#)
10. [Business continuity and vital records](#)
11. [Audit trail](#)
12. [Competency framework for records management staff](#)
13. [Assessment and review](#)
14. [Shared information](#)

1.3. About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

1.4. About West Lothian Integration Joint Board

West Lothian Integration Joint Board is responsible for the planning and oversight of delivery of health and social care integrated functions for West Lothian.

The [West Lothian Integration Joint Board Integration Scheme](#) sets out the functions which are delegated by NHS Lothian and West Lothian Council to the Board.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Lothian and West Lothian Council. The Board consists of six voting members appointed in equal number by the NHS Lothian and West Lothian Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Medical Director, Nurse Director and Chief Social Work Officer.

The key functions of the Board are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles.
- Allocate the integrated budget in accordance with the Plan.
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Board make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

1.5. Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose. The plan is agreed with the Keeper of the Records of Scotland (the Keeper) and reviewed by the Board on an annual basis.

1.6. Records Management in West Lothian Integration Joint Board

West Lothian Integration Joint Board has provided the Keeper with evidence of policies, procedures, guidance and operational activity on all elements of the plan.

The plan was agreed with the Keeper ~~XXXXXX~~21/05/2019 and will be reviewed annually.

The Board's Records Management Plan relates to records throughout their lifecycle, from creation and acquisition to archive and destruction. It encompasses all records across all Board service areas.

For more information about the Public Records (Scotland) Act 2011, visit the website of the National Records of Scotland:

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

A copy of the Act can be viewed online via the National Archives website:

<http://www.legislation.gov.uk/asp/2011/12/part/1/enacted>

The records of the Board constitute an auditable account of the authority's activities, which provides evidence of the business, actions, decisions and resulting policies formed by the board.

Records represent a vital asset, which support the daily functions of the Board and protect the interests and rights of staff, and members of the public, who have dealings with the board. Effective record keeping supports efficiency, consistency and continuity of work and enables the Board to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

1.7. Records management principles

The following principles will drive activities relating to records management:

- Records are a **valuable resource** and must be managed as such;
- Records are maintained in accordance with **legislation**;
- Records are stored within **record keeping systems**, rather than in personal filing;
- Records are **shared** and **not duplicated**;
- Records are stored in a **consistent** manner that reflects the functions of the Board;
- Records are appropriately **secured**;
- Records are easily **accessible** for as long as they are required;
- Records that are identified as **vital** are **protected**;
- Records that are identified as of **historical significance** are **preserved**;
- Records are **disposed of** in accordance with approved Records Retention Schedules;
- Records management procedures are understood by all staff and staff are appropriately **trained**;
- Records are created, stored and managed **electronically** within West Lothian Council's EDRMs unless specifically required in paper format;
- Records management is a **responsibility** of all staff;
- Records management practices **adhere to policy, procedures and standards**;
- Records keeping systems are compliant with the requirements to **manage records throughout their lifecycle**;
- Records management practices will **support the Board's values** and making best use of resources.

1.8. Records covered by this plan

In line with the Act, **all** records created in the carrying out of the Board's functions (whether directly or by third parties) are public records. Part 1, section 3.1 of the Act states that:

"... "public records", in relation to an authority, means—

(a) records created by or on behalf of the authority in carrying out its functions,

(b) records created by or on behalf of a contractor in carrying out the authority's functions,

(c) records created by any other person that have come into the possession of the authority or a contractor in carrying out the authority's functions."

1.9. Records Management systems in the Board

The Board will primarily utilise West Lothian Council's Electronic Document and Records Management System (EDRMs). Other information relating to the Board is managed within West Lothian Council's [Committee Information System](#).

All records of the Board are identified within the business classification scheme and are subject to West Lothian Council's [Records Management Policy](#), procedures and guidelines.

2. Elements of the Plan

2.1. Element 1: Senior Management Responsibility

Senior Management responsibility for the Records Management Plan lies with **Jim Forrest, Director of West Lothian Health and Social Care Partnership**. For enquiries relating to the Records Management Plan please contact:

The Customer Service Centre
West Lothian Council
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian EH54 6FF
Tel: 01506 280000
Email: customer.service@westlothian.gov.uk

2.2. Element 2: Records Management Responsibility

The point of contact for the operation of records management within the council is **Carol Dunn, Records Manager**. For enquiries relating to the operational aspects of Records Management please contact:

The Customer Service Centre
West Lothian Council
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian EH54 6FF
Tel: 01506 280000
Email: customer.service@westlothian.gov.uk

2.3. Element 3: Records Management Policy Statement

The Board has committed to the effective management of records and has adopted West Lothian Council's [Records Management Policy](#) as the basis to its records management policy arrangements. This is subject to ongoing monitoring and annual review.

West Lothian Council's guidelines and procedures are adopted as the standard for the management of Board records and are made readily available to all staff. This is supported by online training in the management and handling of records.

2.4. Element 4: Business Classification

The Board have adapted the Local Government Classification Scheme (LGCS) as a basis to its business classification scheme. The LGCS is developed in a structure that supports the business activities of the authority. The LGCS hierarchy is structured in three tiers:

- Level 1: functions
- Level 2: activities
- Level 3: transactions

This has been expanded to include further levels (levels 4-6) detailing sub-groupings of records types and years. The deployment of EDRMs has required that file plans are developed to accommodate strict security models, whilst facilitating information sharing and the application of disposal schedules. The Board have implemented a file plan for the capture and management of electronic records in West Lothian Councils Electronic Documents and Records Management System (EDRMs). The EDRMs is compliant with the European

MoReq2 standard for the collection of information within records management systems. Read more about MoReq2 at <http://www.moreq2.eu/faqs>.

The Board is supported by an 'Project Officer' who manages and maintains the Board's local file plan.

2.5. Element 5: Retention Schedules

The Board have adopted the Scottish Council for Archives Records Retention Schedule (SCARRS) model as the basis to their approved retention schedules. These retention schedules are endorsed by the Board and applied to all records.

More information on SCARRS can be found on the Scottish Archives website: <http://www.scottisharchives.org.uk/projects/toolsstandards/retentionschedules>

The Archives service of West Lothian Council provides a centralised resource for long-term storage of both operational records (non-current) and preservation of historical records. This resource manages the retention and disposal of these records and works with the Board to identify records for archival, preservation or destruction.

Standards for records retention are built into contracts and agreements with third parties who share or process information on the Board's behalf.

2.6. Element 6: Destruction Arrangements

Where required, the Board use the contracts of West Lothian Council for the bulk destruction of paper records and IT equipment containing electronic records.

~~Data Solutions 2016~~ [Haven Products](#) Ltd - Provides a confidential shredding service for paper records

CCL North Ltd – Provides a secure hardware destruction service (to UK Government standards). Company website: <http://www.cclnorth.com/secure-data-destruction.html>

In addition, the Board use on site shredders which ensure that paper and optical media is destroyed to European security standards (2 x 15 mm particles).

Standards for records destruction arrangements are built into contracts and agreements with third parties who handle or process records on the ~~Board's~~ [council's](#) behalf.

2.7. Element 7: Archiving and Transfer Arrangements

The Board utilise West Lothian Council's in-house archive facility that provides for preservation of both historical and long-term operational records. Archiving and transfer arrangements are detailed within Council policies, procedures and guidelines and within the Boards approved records retention schedules.

More information on the council's Archives service is available on the council's website:

<https://www.westlothian.gov.uk/article/2052/Archives>

Link to the council's Archives and Records Management Policy on the council's website:

<https://www.westlothian.gov.uk/media/4292/Archives-and-Records-Management-Policy/pdf/archivesandrecordsmanagementpolicy.pdf>

2.8. Element 8: Information Security

The Board have adopted West Lothian Council's ~~Information Security Policy~~[Information Governance Policy](#), procedures and processes, ~~including, the councils Information Handling Procedure.~~ These are in place to deal with threats, risks and breaches of security.

Field Code Changed

The council operate an Information Security Management System (ISMS) in accordance with the international standard ISO27001. The council's Information Security Policy complies with this standard and provides a framework for all services.

All staff receive information security awareness training and are reminded of the importance of security via direct emails and local awareness sessions.

Compliance with security requirements is assessed and reviewed as per the governance model described in Element 13.

More information on ISO27001 can be found on the British Standards Institute website.

<http://www.bsigroup.co.uk/en-GB/iso-27001-information-security/>

2.9. Element 9: Data Protection

Data Protection law regulates the processing of personal data by the Board. Data Protection law gives individuals the right to be advised of and receive copies of any personal data relating to them which is held by the Board.

Data Protection law is enforced and promoted by the Information Commissioner's Office. The ICO provide guidance and advice on complying with the terms of the law and investigate complaints regarding possible breaches of the obligations contained within the law.

The Information Commissioner maintains a register of fee payers listing all Data Controllers in the UK. Every organisation that processes personal information are required to pay a fee to the ICO, unless they are exempt. The Board's registration can be viewed on the Information Commissioner's Office website, registration number ZA256125.

Data Protection law sets out data protection principles which must be complied with when the council is processing personal data. The principles require that personal data is:

- processed lawfully, fairly, and in a transparent manner;
- collected for specified, explicit and legitimate purposes;
- adequate, relevant and limited to only what is necessary;
- accurate and, where necessary, kept up to date;
- kept for no longer than is necessary;
- processed in a manner that ensures appropriate security, including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures.

The Data Protection Act 2018 regulates the processing of personal data by the Board. The act gives individuals various rights over how their data is gathered and used by the Board.

The Board has put a number of safeguards in place to ensure that:

- we only gather as much information as we need, and no more;
- the information is accurate and up to date;
- the information is only used for the purpose intended;
- we only keep the information only as long as we need to.

The Board holds and maintains limited information relating to officer positions and Board Members including the register of interests. The Board may also process personal records of other individuals to:

- oversee the provision of delegated health and social care services in our area,
- maintain accounts and records,

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- promote services,
- undertake research,
- support and manage employees,
- administer the Board

The Board has adopted West Lothian Council's [Data Protection Policy](#) and associated procedures and guidance for the management and handling of personal data. The Policy is subject to regular review. All officers are required to undertake data protection and information security training to ensure that personal data is processed in accordance with the data protection principles.

Field Code Changed

Lorna Kemp, Project Officer, will act as the Board's [interim](#) Data Protection Officer and has responsibility for data protection compliance.

2.10. Element 10: Business Continuity and Vital Records

The Board have identified their vital records through the business classification schemes (file plans) and, where required, the paper inventory. West Lothian Council's business continuity arrangements apply to records of the Board.

Business Continuity arrangements are in place in both parent organisations, West Lothian Council and NHS Lothian.

2.11. Element 11: Audit Trail

West Lothian Council's EDRMs (Electronic Documents and Records Management System) provides electronic audit trails as evidence of viewing, modifying, and deletion of records.

IT systems and databases provide audit logs that record usage and updates to records.

Where paper records of an operational nature are maintained on site these are identified within the paper records inventories. Movement of these paper records are controlled through a method of check-out/in deployed by the Board.

In addition, archiving procedures ensure that paper records are tracked from local storage to long term archive/preservation.

2.12. Element 12: Competency framework for Records Mgt Staff

Data Label: Public

The Board is supported by staff who have specific responsibilities for information Management and Records Management. Role descriptions are available for West Lothian Council's Records Manager and Archivist and Records Manager(s), and the Board's Project Officer.

All council staff supporting the Board must complete the council's mandatory online training in Information Security Awareness, Data Protection, Freedom of Information and Records Management. Access to record keeping systems is revoked for staff who do not complete this training.

2.13.Element 13: Assessment and Review

The Boards Records Management Plan is subject to standard governance, monitoring and review processes. The plan is formally audited and reviewed on an annual basis.

Formal governance over this plan is set out in the table below.

Governance		
Group	Governance/Scrutiny Role	Reporting Frequency
West Lothian Integration Joint Board	The Board will review the Plan annually. Integration Scheme	Annually

The Board monitor, audit and, where required, make improvements on an ongoing basis. Plans are put in place for the continued development and improvement of records management practice in each area.

2.14.Element 14: Shared Information

The Board have identified all instances of information sharing requirements and where information is shared with or processed by a third party. This is governed by agreements with third parties such as Data Sharing Agreements, Data Processing Agreements and Data Processing Information Handling Standards.

Public Records (Scotland) Act 2011

West Lothian Integration Joint Board

The Keeper of the Records of Scotland

21st May 2019

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of West Lothian Integration Joint Board by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 7th November 2018.

The assessment considered whether the RMP of West Lothian Integration Joint Board was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of West Lothian Integration Joint Board complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

Legislation to implement health and social care integration came into force on April 1, 2016, following the Public Bodies (Joint Working) (Scotland) Act 2014. Under these new arrangements the West Lothian Council and NHS Lothian delegated some functions to a new body; the West Lothian Integration Joint Board (IJB). The West Lothian IJB is a separate and distinct legal entity from West Lothian Council and NHS Lothian. The IJB is responsible for local joint strategic commissioning of delegated health and social care services and for overseeing the delivery of services on its behalf. The arrangements for the operation, remit and governance of the IJB are set out in the Integration Scheme for West Lothian.

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether West Lothian Integration Joint Board's RMP was developed with proper

regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
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West Lothian Integration Joint Board
(Referred to as 'The IJB' in the assessment below)

5. Model Plan Elements: Checklist

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>West Lothian Integration Joint Board (the IJB) have identified Jim Forrest, Director of West Lothian Health and Social Care Partnership, as the individual with overall responsibility for records management in the authority.</p> <p>Mr Forrest responsibility for the operation of the IJB generally is confirmed by the <i>Terms Of Reference For West Lothian Integration Joint Board</i> which are publically available at: http://www.westlothianchcp.org.uk/hsci</p> <p>The Keeper notes that West Lothian IJB have chosen to use the term 'Director' rather than the more common 'Chief Officer'. He acknowledges that the roles are the same and, therefore:</p> <p>The Keeper agrees that West Lothian Integration Joint Board have identified an appropriate individual to this role as required by the Public Records (Scotland) Act 2011(the Act).</p>
2. Records Manager <i>Compulsory element</i>	G	G	<p>West Lothian Integration Joint Board have identified Carol Dunn, West Lothian Council Records Manager as the individual responsible for the implementation of the <i>Plan</i>.</p>

			<p>The records of the IJB are held entirely on the records management systems of West Lothian Council (see element 4) so it is appropriate for Ms Dunn to be identified in this role.</p> <p>The Keeper has already agreed that the West Lothian Council Records Manager is an appropriate individual to implement the Council RMP and therefore:</p> <p>The Keeper agrees that West Lothian Integration Joint Board have identified an appropriate individual to this role as required by the Act.</p>
3. Policy <i>Compulsory element</i>	G	G	<p>As explained in the IJB <i>Plan</i> (page 9), West Lothian Integration Joint Board have adopted the <i>Records Management Policy</i> of West Lothian Council. This is available at http://www.westlothian.gov.uk/media/1599/Records-Management-Policy/pdf/InfoRecordsManagementPolicy.pdf</p> <p>The Keeper has already agreed that the Records Management Policy of West Lothian Council is appropriate.</p> <p>Furthermore, the IJB Plan contains a detailed explanation of the purpose of robust records management in the introduction (pages 6 – 8). The principles outlined are entirely suitable and are supported by the <i>West Lothian Council Records Management Policy</i>.</p> <p>The Keeper agrees that West Lothian Integration Joint Board have a records management policy statement as required by the Act.</p>
4. Business Classification	G	G	<p>The introduction to the <i>Plan</i> (page 6) commits the IJB to “...managing...information effectively and legally.”</p>

		<p>West Lothian Integration Joint Board's public records are managed on the systems of West Lothian Council.</p> <p>The Keeper has been provided with a screen-shot showing how the IJB records sit on that system.</p> <p>West Lothian Council employ an EDRMs as the corporate records management system for the council.</p> <p>The Keeper agrees that this arrangement supports the IJB's records management principles explained in the plan at section 1.7 (page 7): "Records are stored within record keeping systems, rather than in personal filing" and "Records are stored in a consistent manner that reflects the functions of the Board".</p> <p>In principle, the public records the IJB are maintained in electronic format. Where paper records are required, these are logged within paper records inventories and maintained against approved records retention schedules.</p> <p>Monitoring and compliance is detailed within the council's <i>Records Management Policy</i> (see element 3).</p> <p>The Keeper has already agreed that the 'business classification' provision of West Lothian Council is appropriate and his assessment team acknowledges that they have been regularly updated as the EDRM has developed.</p> <p>The IJB section of the EDRM is maintained by an IJB Project Officer (see under General Comments below). The Keeper commends the use of local staff in developing records management provision (see also element 5).</p>
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			The Keeper agrees that West Lothian Integration Joint Board have arrangements in place to ensure that public records are managed within a business classification scheme, a file plan or an information asset register and that this structure includes all records and information managed by the authority.
5. Retention schedule	G	G	<p>Although managed on West Lothian Council systems, retention decisions are allocated by the IJB Project Officer (see under General Comments below). The Keeper commends the involvement of local staff in the design of records management provision. In particular the Project Officer's understanding of IJB business requirements is liable to be relevant to the creation of the retention schedule.</p> <p>The Keeper agrees that this arrangement supports the IJB's records management principles explained in the plan at section 1.7 (page 7): " Records are disposed of in accordance with approved Records Retention Schedules "</p>
6. Destruction Arrangements <i>Compulsory element</i>	G	G	<p>The introduction to the <i>Plan</i> (page 3) commits the IJB to "...disposing...information effectively and legally."</p> <p>West Lothian Integration Joint Board use the records management systems of West Lothian Council.</p> <p>Records held in digital format will be destroyed by imposing the retention decisions (see element 5) on the West Lothian Council EDRM.</p> <p>West Lothian Council also provide bulk paper-records destruction under contract although the Plan explains that the IJB itself has access to an on-site shredder. The specifications of this shredder have been supplied.</p>

			<p>Hardware is destroyed through a third party under contract to West Lothian Council.</p> <p>Back-ups of digital records are taken by West Lothian Council and destroyed under a pre-determined lifecycle.</p> <p>The Keeper has previously agreed that the destruction processes of West Lothian Council are suitable and can furthermore agree that the IJB shredding process for paper-records seems appropriate.</p> <p>The Keeper agrees that these arrangement support the IJB's records management principles explained in the plan at section 1.7 (page 7): " Records are disposed of in accordance with approved Records Retention Schedules "</p>
7. Archiving and Transfer <i>Compulsory element</i>	G	A	<p>In the introduction to the <i>Plan</i> West Lothian Integration Joint Board identify that: "Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help.....Preservation of vital and historical records."</p> <p>To this end the IJB plan to utilise the archive facility of West Lothian Council as a repository for records selected for permanent preservation.</p> <p>As the majority of the public records of the IJB are 'born digital' it is unlikely that an operational archiving system is in place. Digital archiving functionality is in very early stages in Scotland. As the IJB is a relatively new body, with no legacy material, it is also unlikely that there is an immediate requirement to transfer public records to archive.</p> <p>The IJB notes that a formal agreement is required between the authority and the archive service and will pursue this.</p>

			<p>The arrangements to permanently accession IJB public records in West Lothian Archive supports statements elsewhere in the <i>Plan</i> (such as under section 2.11 page 13) and particularly the records management principle explained in the plan at section 1.7 (page 7): "Records that are identified as of historical significance are preserved".</p> <p>The Keeper agrees that West Lothian Integration Joint Board have identified a suitable repository for the permanent preservation of public records. He agrees this element of the Records Management Plan under an improvement model awaiting sight of a formal agreement between the authority and the archive.</p>
8. Information Security <i>Compulsory element</i>	G	G	<p>The introduction to the <i>Plan</i> (page 3) commits the IJB to "...protecting...information effectively and legally."</p> <p>As explained in the IJB <i>Plan</i> (page 11), West Lothian Integration Joint Board have adopted the <i>Information Security Policy</i> of West Lothian Council. This is available at https://www.westlothian.gov.uk/media/1598/Information-Security-Policy/pdf/InfoSecurityPolicy1.pdf</p> <p>This policy is supported by a suite of guidance including the Council's <i>Information Handling Procedures</i>: https://www.westlothian.gov.uk/media/1597/Information-Handling-Procedure/pdf/infohandling1.pdf</p> <p>"The council operate an Information Security Management System (ISMS) in accordance with the international standard ISO27001. The council's Information Security Policy complies with this standard and provides a framework for all services." (<i>Plan</i> page 11).</p>

			<p>The Keeper has already agreed that the information security procedures in West Lothian Council are appropriate.</p> <p>The Keeper agrees that the adoption of West Lothian Council's security procedures supports the IJB's records management principle explained in the plan at section 1.7 (page 7): "Records are appropriately secured"</p> <p>The Keeper agrees that West Lothian Integration Joint Board have arrangements in place to properly ensure that their public records are protected against unauthorised access, destruction, alteration or removal.</p>
9. Data Protection	G	G	<p>As explained in the IJB <i>Plan</i> (page 12), West Lothian Integration Joint Board have adopted the <i>Data Protection Policy</i> of West Lothian Council. This is available at: https://www.westlothian.gov.uk/dataprotectionandprivacy</p> <p>The Keeper has already agreed that the data protection procedures in West Lothian Council are appropriate.</p> <p>The IJB's named Data Protection Officer is the Project Officer, Lorna Kemp (see under General Comments below).</p> <p>The Keeper agrees that Midlothian Integration Joint Board have appropriately considered their responsibilities under the Data Protection Act 2018.</p>
10. Business Continuity and Vital Records	G	G	<p>"West Lothian Council's business continuity arrangements apply to records of the Board". In light of the majority of the IJB's public records being held in the Council's EDRM (see element 4), the Keeper agrees this is appropriate.</p>

			<p>The IJB also note that vital records have been identified, including when they exist in paper format.</p> <p>To carry out their functions, the IJB utilise records belonging to partner organisations. These records are not managed by the IJB and are not covered by the submitted <i>Plan</i>. However, the IJB takes the opportunity (page 13) to reassure the Keeper that these records are also covered by business continuity arrangements. The Keeper has previously agreed that the business continuity arrangements of West Lothian Council and of NHS Lothian are appropriate.</p> <p>The Keeper agrees that this arrangement supports the IJB's records management principle explained in the plan at section 1.7 (page 7): "Records that are identified as vital are protected".</p> <p>The Keeper agrees that there are appropriate procedures in place to resume business in the event of a disaster and that consideration has been given to vital records.</p>
11. Audit trail	G	G	<p>(see element 4)</p> <p>West Lothian Integration Joint Board's public records are managed on the systems of West Lothian Council.</p> <p>The Keeper agrees that managing the public records of the IJB through the EDM of West Lothian Council supports the records management principle explained in the plan at section 1.7 (page 7): "Records are easily accessible for as long as they are required".</p>

			<p>The IJB also manages a limited number of paper records. The <i>Plan</i> states: “Where paper records of an operational nature are maintained on site these are identified within the paper records inventories. Movement of these paper records are controlled through a method of check-out/in deployed by the Board.”</p> <p>Specifically on the subject of hard-copy records the IJB have explained to the Keeper, separate from their <i>Plan</i>, that there is currently only one confidential record series (containing special category personal information) that is held hard-copy. This series has access limited to one senior officer in the authority. They are confident that this record series is controlled and securely held. The IJB have described the security measures for this record series to the Keeper and he is content that they are adequately managed.</p> <p>The Keeper agrees that the Board have procedures in place to locate and identify records when necessary.</p>
12. Competency Framework for records management staff	G	G	<p>The Keeper has already agreed that West Lothian Council's Records Manager (see element 2) has the appropriate skills and access to training to allow her to take day-to-day responsibility for the implementation of the Council's <i>Records Management Plan</i>. By extension, he can also agree that Ms. Dunn has the required attributes to implement the IJB <i>Plan</i>.</p> <p>The IJB <i>Plan</i> goes on to confirm the availability of training for other IJB staff members:</p> <p>“All staff receive information security awareness training and are reminded of the importance of security via direct emails and local awareness sessions.” (<i>Plan</i> page 11).</p>

			<p>“All officers are required to undertake data protection and information security training to ensure that personal data is processed in accordance with the data protection principles.” (page 12)</p> <p>Online training modules have been developed and rolled out to all staff covering:</p> <ul style="list-style-type: none"> • Data Protection Act 1998, • Freedom of Information (Scotland) Act 2002 • End User Security Awareness • IT Staff Security Awareness <p>These modules are mandatory and access permissions can be withdrawn for non compliance.</p> <p>The Keeper agrees that the individual identified at element 2 has the proper training, responsibilities and support to fulfil the role. Furthermore he acknowledges that West Lothian Integration Joint Board properly consider information governance training for all staff as appropriate.</p>
13. Assessment and Review	G	G	<p>The Act requires a scheduled public authority to “keep its records management plan under review” (part 1 5.1 (a)).</p> <p>The <i>Plan</i> commits to an annual review using West Lothian Council's ‘standard governance, monitoring and review process’ (<i>Plan</i> section 2.13, page 13). The Keeper has already agreed that West Lothian Council’s monitoring and review procedures are appropriate.</p> <p>The Project Officer is responsible for the annual review, supported by the council's Records Manager. The Reporting structure is explained.</p> <p>The Project Officer’s <i>Job Description</i> has been supplied in evidence.</p>

			Therefore the Keeper can agree that that West Lothian Integration Joint Board have processes in place to review their <i>Plan</i> as required by the Act and have determined a time when this will take place. The responsibility for undertaking the review and the review reporting procedure are also clearly laid out.
14. Shared Information	G	G	<p>As part of its function an IJB must utilise the records of other partners and, therefore, information sharing is a key part of its business. In the case of West Lothian Integration Joint Board the record of the Board itself are managed by a third party (the Council). For these reasons the Keeper must be satisfied that robust data sharing agreements are in place.</p> <p>The Plan commits the IJB to pursuing all data sharing exercises using formal documentation such as Memoranda of Understanding, Data Sharing Agreements or Data Processing Agreements.</p> <p>As an example of this, the Keeper has been provided with a copy of the West Lothian Council/West Lothian Integration Joint Board Memorandum of Understanding (MOU) on “Sharing of information for the purposes of the integration of health and social care services in West Lothian area.”</p> <p>The Keeper agrees that this MoU considers information governance throughout. For example 'Role of Data Controller' (section 1.9) or 'Records Management and Publication Scheme' (8.7)</p> <p>The Keeper can agree that West Lothian Integration Joint Board properly considers records governance when undertaking information sharing programmes.</p>

West Lothian Integration Joint Board
(Referred to as 'The IJB' in the assessment below)

General Notes on RMP, Including Concerns:

Version

This assessment is on the *Records Management Plan* of the Midlothian Integration Joint Board version 2.0 approved on 24th September 2018 and submitted to the Keeper of the Records of Scotland for his agreement on 7th November 2018 (the *Plan*).

The *Plan* contains a detailed introduction/summary and records management statement (pages 1 – 8).

The *Plan* explains the purpose and principles of records management (pages 6 and 7).

The IJB acknowledge records as a business asset (for example *Plan* Foreword page 7). The Keeper commends this recognition.

The *Plan* mentions the Act and is based on the Keeper's, 14 element Model Plan <http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>.

Third Parties

The Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered 'public records' - PRSA Part 1 3 (1)(b). The authority has stated that, currently, it does not contract out any of its functions to third-parties.

Project Officer

The liaison between the IJB and the Council appears to be a Project Officer. The *Plan*/evidence sheet indicates this person has day-to-day responsibility for the management of the 'fileplan' and acts as the named Data Protection Officer for the IJB. The Project Officer is responsible for ensuring the appropriate design, approval and application of appropriate retention schedules for IJB records. The Project Officer is also responsible for ensuring IJB staff have undertaken the appropriate training (*Model Records Management Plan Evidence List* supplied with *Plan* page 30). The Keeper notes that the Project Officer is currently the 'Key Contact' in the IJB for all matters concerning the Act. The Keeper thanks the IJB for explaining this officer's role as it relates to the *Plan*.

6. Keeper's Summary

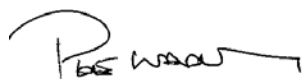
Elements 1 - 14 that the Keeper considers should be in a public authority records management plan have been properly considered by West Lothian Integration Joint Board. Policies and governance structures are in place to implement the actions required by the plan.

7. Keeper's Determination

Based on the assessment process detailed above, the Keeper **agrees** the RMP of **West Lothian Integration Joint Board**.

- The Keeper recommends that West Lothian Integration Joint Board should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



.....
Pete Wadley
Public Records Officer



.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by West Lothian Integration Joint Board In agreeing this RMP, the Keeper expects West Lothian Integration Joint Board to fully implement the agreed RMP and meet its obligations under the Act.



.....
Paul Lowe
Keeper of the Records of Scotland

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 12

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

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	None
C3	Policy/Legal	None
C4	Risk	<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>
C5	Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
C6	Environment and Sustainability	None

- | | | |
|------------|---|--|
| C7 | National Health and Wellbeing Outcomes | All apply |
| C8 | Strategic Plan Outcomes | All apply |
| C9 | Single Outcome Agreement | We live longer healthier lives and have reduced health inequalities

Older people are able to live independently in the community with an improved quality of life |
| C10 | Impact on other Lothian IJBs | No new impacts identified. |

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 Review of Commissioning Plans

In January 2020, the IJB approved new [strategic commissioning plans](#) for services for older people, mental health and people living with learning disabilities and physical disabilities. The commissioning plan for substance misuse services was developed via the West Lothian Drug and Alcohol Partnership and was due to be submitted to the IJB in April 2020 but this approval was delayed as a result of the COVID-19 pandemic. Work had also begun to progress commissioning plans for palliative care and unscheduled care but this work too was delayed as a result of efforts being concentrated on the pandemic response.

We are currently reflecting on learning from recent events and thinking about how we remobilise our services over the coming months. We will need to think about how remobilisation impacts service delivery both over the short and medium term, consider whether any agreed strategic priorities have changed and agree revised actions in refreshed plans where necessary. For those reasons, all Planning and Commissioning Boards have been asked to review their commissioning plans and update them with any proposed changes. Consultation will take place with members of the IJB's Strategic Planning Group before revised plans, where required, are submitted to the IJB in September 2020.

D2 Review of Integration Scheme

On 21 January 2020 Council Executive approved a review process and an indicative timeline. Both have also been agreed by the health board. Stage 1 of the process was to be concluded by 31 March 2020 and reported to Council Executive on 21 April 2020. Stage 2 was to be concluded by 25 May 2020 and reported to committee on 9 June 2020. The revised scheme was to have been submitted to the Ministers for their approval by 16 June 2020.

Due to the risks and actions arising from COVID-19 it has not been possible to progress the review as agreed. It will not be possible to conclude it before the statutory

deadline. There can be no certainty as to when it may be possible to embark on the review again. In the circumstances it is proposed that the current review process is abandoned. As a result the council and health board will not have fulfilled a statutory duty. No penalty applies. No risk is involved in terms of finance or service delivery or performance since the current scheme will continue in operation. The Integration Joint Board will continue to function under the present arrangements.

The Ministers have indicated their acceptance that reviews underway during the current COVID-19 emergency cannot be completed. They have indicated that councils and health boards may leave current schemes in place but undertake to revisit the reviews at the earliest practicable opportunity.

On 22 April 2020, a decision was taken on behalf of Council Executive, under SO31, to halt the current review process and return to it in the autumn. NHS Lothian also agreed to pause the review at their Board meeting of 13 May 2020.

D3 NHS Lothian Remobilisation Plan

In line with the wider approach to mobilisation outlined within the Scottish Government briefing document “Re-mobilise, Recover, Re-design The Framework for NHS Scotland”, NHS Lothian has produced a Remobilisation Plan that sets out their approach around the key areas noted below:

- Cancer treatment and diagnostics
- Transplant
- Urgent elective care
- Urgent primary care
- Scheduled urgent care
- Expansion of alternatives to face-to-face delivery
- Staff wellbeing
- Impact of physical distancing
- Test/trace

The Plan also included a summary from each of the 4 Health and Social Care Partnerships and information relating our plans for remobilisation within West Lothian – it is noted that these are iterative documents that need to adapt to the changing situation as we progress through the stages of the route map. The current Plan is in excess of 100 pages so has not been included with the papers however if IJB Members would like to receive a copy of the Remobilisation Plan, then these can be circulated.

D4 Complaints and Information Requests – Quarter 4 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 4, 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 were no requests for information in Quarter 4.

D5 Alcohol and Drug Partnership Update

Background

In August 2018, the Scottish Government wrote to the Chief Officer of the IJB increasing the West Lothian Allocation of investment to tackle problem alcohol and drug use by £522, 823. The IJB in November 2018 allocated the funding for 2018/19 and 2019/20 based on the priorities consistent with the ADP Commissioning Plan.

A new Strategic Commissioning Plan for Alcohol and Drug Services in West Lothian 2020- 23 was due to be finalised and has been delayed due to COVID-19. This has been supported by a Health Needs Assessment completed by Public Health. A new timescale of being complete by mid-September 2020 has been set for the new Plan.

The Scottish Government wrote to the Chief Officer of the IJB on 29 May 2020 advising of the new funding allocation for drug and alcohol services for 2020-21. The Ministers make clear that we face a public health emergency in relation to drug related deaths and drug and alcohol services are essential and must be maintained for this high risk group including during COVID-19.

The following allocation is in the letter:

Baseline Funding – The Scottish Government direct funding to support ADP projects in 2020-21 has been transferred to NHS Board via their baseline allocations for onward delegation by Integration Authorities (IAs) for ADP projects

Programme for Government – The additional £522, 823 first allocated to West Lothian in 2018 has been made available in 2020/21.

Drug Death Taskforce Funding – A total of £ 68,027 has been identified to this Integrated Authority for 2020/21. To receive this funding ADPs are required to submit a proposal.

Budget Allocation

The ADP is proposing that the budget allocation remains in line with the agreed 2019/20 allocations, which is based on the previous ADP Commissioning Plan and Scottish Government areas of priority.

For noting, the majority of spend in the ADP budget allocation is committed to commissioned services. In light of Covid-19, the contracts that were due to end this financial year March 2021 were given a 12 months increase to contract term.

Two modest increases have been made to the 2020/21 allocation. The first is the service Children Affected by Parental Substance Misuse Service delivered by Circle Scotland which receives match funding by the CORRA Foundation. The CORRA Foundation could not continue to fund the full additional funding of £17,848 for the contract extension. The ADP increased the contract by this amount to safeguard this service at existing level of outputs outcomes. Circle did not receive any increases in the last 2 financial years. The second increase is to the CHIN team which was a new team set up by Public Health Lothian to support public health surveillance in drugs, alcohol and sexual health. The team have conducted the West Lothian Health Needs Assessment 2019. This modest increase of £1,760 is to cover staff incremental and inflation increases. The time limited funding to support the A11 activity will end as outcome has been achieved.

Drug Death Task Force Funding

The primary role of the Drugs Death Taskforce set up in 2018 is to co-ordinate and drive action to improve the health and wellbeing outcomes for people who use drugs, reducing the risk of harm and death. A total of £3 million has been identified for Spend by ADPs and the West Lothian allocation is £68,027. The application process for this allocation is to provide services where they are not already in place for all those at risk in the local area. All the bids must be developed in partnership through ADPs to ensure they are aligned to existing approaches across the local alcohol and drug strategy. The application asks for ADPs to analyse gaps and how the proposals will address the gaps.

These 6 evidence-based priorities are:

1. Targeted distribution of Naloxone;
2. Implement immediate response pathway for Non Fatal Overdoses;
3. Optimise the use of Mediation Assisted Treatment;
4. Target the people most at rest;
5. Optimise Public Health Surveillance;
6. Ensure equivalence of support for people n the Criminal Justice System.

The completed WL ADP application was submitted to the Scottish Government by the Friday 26th June deadline. In summary the ADP proposed 3 avenues for the funding:

- A Naloxone Outreach Worker from the third sector with a focus on increasing Naloxone outlets and distribution.
- To replace an existing nursing vacancy with a higher Grade to enable the post to be filled with an Advance Nurse Practitioner to support the delivery on same day OST prescribing. This additional staff cost is the amount requested
- To increase CHIN funding yet further to support local data management and data surveillance.

Decisions will be communicated to ADP Chairs and Chief Officers by Friday 24th July 2020.

D6 Mental Health in Law Review

In February 2020 the Mental Health in Law Review was launched by the Scottish government. This was an independent review hosted by the Scottish government lead by John Scott QC. Stage 1 of the review aims to hear about the experiences of individuals involved with mental health law in Scotland. These experiences are to involve both individuals that have been detained under the Mental Health (Scotland) Act 2003 and those that use it as part of the professional role in Health and Social Care. Through consultation and engagement with Social Work, Mental Health Officer (MHO) teams, Consultant Psychiatry and Psychiatric inpatient services, a response was submitted on behalf of the WL HSCP on 29 May 2020. The response was generally supportive of the Mental Health (Scotland) Act 2003 however did make comment and offer suggestion of improvement on areas such as the use of 'named persons', overlaps with the adults with incapacity (Scotland) Act 2000, use of T2/T3 forms when assessing and applying medication changes and how the act supports patients to use supported decision making and advocacy services to make their views known to support their care planning. WL HSCP will continue to engage with the review as it moves into stages 2 and 3.

E CONSULTATION

None

F REFERENCES/BACKGROUND

None

G APPENDICES

None

H CONTACT

Allister Short – 01506 281002 allister.short@westlothian.gov.uk

30 June 2020

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 13

COVID-19 RESPONSE

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

- A1** The purpose of this report is to provide an update to the West Lothian IJB on how services within the West Lothian Health and Social Care Partnership have responded to the COVID-19 pandemic.

B RECOMMENDATION

- B1** To note the partnership response to the COVID-19 pandemic and the work to be undertaken to remobilise services as the pandemic eases

C SUMMARY OF IMPLICATIONS

- | | | |
|-----------|--|---|
| C1 | Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| C2 | Resource/ Finance | Mobilisation plan has been developed in response to the pandemic with funding sought from the Scottish Government to support of circa £6.67m |
| C3 | Policy/Legal | Standing Orders and Scheme of Delegation |
| C4 | Risk | The risk is captured within the existing risks on the risk register and will be monitored. |
| C5 | Equality/Health | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report. |

C6	Environment and Sustainability	None
C7	National Health and Wellbeing Outcomes	All are relevant
C8	Strategic Plan Outcomes	All are relevant
C9	Local Outcomes Improvement Plan	All are relevant
C10	Impact on other Lothian IJBs	Some dependencies for mutual aid and joint working

D TERMS OF REPORT

D1 Background

COVID-19 is a new strain of Coronavirus which was first identified in Wuhan, China. Clinical presentation may range from mild to moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020. Communities across the United Kingdom have experienced spread of COVID-19 and extensive measures were implemented to slow the transmission. In Scotland the recommendations for everyone to stay at home as much as possible and severely restrict their interactions with others outside the household have helped to reduce the spread of the virus.

D2 Throughout the pandemic the partnership has responded to the guidance issued by Health Protection Scotland and the Scottish Government to develop services and respond appropriately to this rapidly evolving situation. This report provides a summary of the key actions undertaken across the partnership in response.

D3 Personal Protective Equipment

Infection prevention and control measures and provision of personal protective equipment (PPE) are essential to protect staff and patients and limit the spread of infection. To coordinate supply, a PPE Hub was set up in Livingston which offered an effective model for the distribution of PPE across health and social care services 5 days a week.

D4 In addition to supporting services, the Hub is working closely with Carers of West Lothian to ensure that unpaid carers and Personal Assistants are able to access appropriate PPE. Work continues with NHS Lothian's procurement service and National Services Scotland to determine the most effective supply routes and the outcomes of this will inform the operational requirement for the hub going forward.

D5 Community COVID-19 Pathway

The Community Covid-19 Pathway is a national pathway which has been introduced to manage Covid-19 demand in a separate stream from other conditions requiring clinical assessment to maximise the number of symptomatic people who can be cared for in the community, thereby reducing demand on primary and secondary care and minimising transmission of Covid-19 infections via healthcare settings.

D6 The model for the Covid-19 Community Pathway includes:

- 111 as a single point of entry for people concerned about Covid-19 symptoms. NHS24 have three dispositions; self-care advice, 1 hour call-back and 4 hour call-back.
- A local telephone triage hub, providing clinical assessment of people referred by NHS24. This is located within the Flow Centre and Out of Hours Hub at Astley Ainslie Hospital
- If clinically indicated, access to face to face assessment within dedicated community assessment centres

A number of Community Assessment Centres were opened across Lothian to provide advice, triage and treatment for people with Covid-19 symptoms. A West Lothian centre was opened on 8 April in Outpatient Department 1 at St John's Hospital. As the levels of infections have reduced over time, the number of people attending the centre had reduced to around 10 per week. In response to the reducing demand, NHS Lothian agreed to centralise provision to one site in Lothian at the Western General Hospital from the 20th June 2020 with taxi service available for people who require transport to and from the centre. This will allow the outpatient services which had been discontinued to start up again, in particular Diabetes and Ophthalmology.

D7 Hospital Capacity

Responding to the COVID-19 pandemic created conditions for the whole system to come together in 'common purpose' to create more hospital bed capacity through the immediate reduction of delayed discharges. As a priority, the partnership created a new senior leadership role based in St John's Hospital with a mandate to address process issues which contributed to delayed discharge and to test new ways of working and decision-making which supports timely patient movement from hospital.

D8 Key successes have been the establishment of the 'Integrated Discharge Hub' as a proactive flow centre where key hub roles and accountabilities have been reviewed and where patient data tracking is more proficient and in real time. For example, the realignment of hospital social workers and REACH nursing (Frailty Assessment) teams to dedicated wards has allowed the tracking of cases on an individual level, enabled more effective decisions at the hub daily multidisciplinary team meetings and created a more streamlined process for the community 'discharge to assess' teams

D9 Discharge to Assess

The development of a permanent Discharge to Assess (D2A) team has established new ways of working focused on admission avoidance from the emergency department and the medical assessment unit. Focussed work by the team has reduced patients' length of stay in hospital and allowed patients' needs to be assessed in their own home. Key professionals including community therapists are being utilised in a more effective way for example the Care Home Health Team have developed an assessment tool which supports safer transfer from hospital to care home, which has been very successful. Going forward, the focus is on developing pathways for those patients moving from acute hospital to community hospitals.

D10 The new ways of working has had a positive impact for patients and staff as well as a significant improvement in performance which has seen a reduction from 71 delays in mid March to 6 health and social care delays at time of report. Going forward the focus will be on embedding new ways of working and sustain improvement in preparation for winter 2020-2021.

D11 Near Me – GP Video Conferencing

Two sets of video conferencing facilities, Near Me, have been installed in all GP practices across West Lothian and are being used by GPs to work with patients via video link. Feedback has been very positive from GPs and will form part of the primary care remobilisation plan. Wider roll out of Near Me is being progressed across other services such as mental health and will form an important part of future service provision

D12 Day Services

West Lothian's adult and older people's day services were closed at the outset of the pandemic to limit the spread of infection. Staff teams were re-directed to offer outreach care and meals at home where appropriate.

Care at Home

D13 Capacity within the Care at Home sector is dependent on a range of factors, most notably on the recruitment and retention of staff. As reported to the Integration Joint Board on 10th March 2020 providers had experienced significant issues in recruiting care staff in West Lothian.

D14 Whilst it is recognised that recruitment challenges for social care services are a national issue, there were particular local challenges for providers 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.

D15 Providers are now reporting a significant improvement in their ability to recruit staff in sufficient numbers. While providers have reported that they have had staff self-isolating or shielding, they have still been able to manage their staffing effectively to continue to support their clients.

D16 Care Homes

Considerable focus has been placed on the care home sector where the consequences of the infection for this vulnerable population are significant. West Lothian has 16 Care Homes providing care and support for older people, who often have high levels of physical dependence and dementia, many of whom are in the last years or months of life. Outbreaks are difficult to prevent in this setting for several reasons:

- The care required to support personal activities of daily living such as dressing, washing and toileting, cannot be provided without close , frequent and often prolonged personal contact with caregivers;
- Atypical presentations of this infection are common which makes it much harder to recognise the infection in some residents;
- Many residents are physically frail, with multiple co-morbidities, which in themselves increase susceptibility;
- The high infectivity of the virus means it spreads faster than many other infections.

As has been widely reported, Covid-19 is having a significant impact on older people and sadly there have been a number of deaths in care home settings across Scotland. The most recent update from the National Records of Scotland shows that 90 people in West Lothian have sadly died where COVID-19 was mentioned on the death certificate, of which 38 were in Care Homes.

D17 Care Home Support and Oversight

Supporting care homes is a core component of health and social care integration and we have well established relationships with all our providers across West Lothian. Our provision of support to Care Homes has focussed on supporting care homes to implement all aspects of the National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic.

- D18** The guidance was updated on the 15th May 2020 with more detail on the practical steps required to support good infection control within care homes and to ensure the provision of safe and effective person centred care. The capacity of our Care Home Team has been enhanced to enable provision of more clinical support to manage residents' needs and to link to other specialist teams such as REACT (Hospital at Home) where required.
- D19** On the 17th May 2020 the Scottish Government issued further guidance to NHS Board Chief Executives, Directors of Public Health, Medical Directors, Nurse Directors, Local Authority Chief Executives, Chief Social Work Officers and IJB Chief Officers. This guidance sets out new and additional responsibilities for clinical and professional leads in every local authority and health board that will provide daily support and oversight of the care provided in care homes in their area including arrangements for testing, infection prevention and control.
- D20** In responding to this guidance we have established processes to gather daily information from care homes to summarise COVID-19 related activity including availability of PPE and compliance with infection prevention and control measures, workforce issues and any testing undertaken. A daily meeting with the Chief Nurse, the Chief Social Work Officer, Chief Officer, Senior Managers and Public Health representatives takes place to undertake a rapid rundown of all West Lothian care homes to identify emerging issues and determine the appropriate response. Testing of residents and staff is being undertaken in accordance with Public Health and Government guidance to reduce risk of transmission of infection and optimise outcomes.
- D21** **Communication and Sustainability of Commissioned Services**
The partnership has effective communication in place with all commissioned services in West Lothian, including a dedicated mailbox for any COVID-19 related enquires. This mailbox is staffed 7 days a week which also ensures that providers can submit requests for staff testing (symptomatic) without delay over the weekend.
- D22** The National principles of sustainability payments to social care providers during COVID-19 place responsibilities on commissioners to ensure that the social care sector remains sustainable during the emergency response, and arrangements have been notified to all providers. These arrangements include claim forms for additional COVID-19 related expenditure (e.g. PPE, maintaining staff salaries during any period of COVID-19 related absence) as well as occupancy payments for care homes. The process has been designed to be as straightforward as possible, to reduce the burden on providers whilst ensuring that sufficient information is provided to validate any claim. Providers have a responsibility to ensure that they can evidence their claim and also that there is no duplication of claims, for example that they are not claiming from a Government scheme as well as through the local partnership.

D23 Mental Health

Mental Health services have seen a steady increase in activity in recent weeks. In Adult Mental Health, the Community Mental Health Team has operated a Red/Amber/Green system to see patients and it is noted that patients with Personality Disorders appear to have been particularly affected by the effects of the pandemic. The service is developing a new pathway specifically for people with Personality Disorders and will use the experiences during the pandemic to inform that work.

D24 Work has begun across the service on the “new normal” and how the service can adapt to the expected new rules around social distancing, face-to-face contacts etc. It is acknowledged that the pressure on Mental Health and Addictions Services are likely to increase in the coming weeks.

D25 To support capacity within the Emergency Department at St John’s Hospital the Acute Care and Support Team have moved out to OPD5 temporarily. This has resulted in the service employing additional security to ensure the safety of staff and patients. Discussions are underway with the site management team to agree the future arrangements for the service and its return to the Emergency Department.

D26 Staff Well Being

COVID-19 has changed our lives and placed exceptional demands on people working in health and social care. Across the HSCP there has been a variety of responses to support staff Health & Wellbeing with both West Lothian Council and NHS Lothian enhancing their normal support systems with a particular focus on psychological support and provision of staff listening and counselling services.

D27 A National Wellbeing Hub for the health and social care workforce has been set up and can be accessed at <http://www.promis.scot/>. This Hub contains resources for individual employees and for managers to assist them in supporting their staff.

D28 Staff Testing Site – West Lothian

Whilst out with the responsibilities of the IJB, the opening of a staff testing site on the grounds of West Lothian College will provide improved access to staff testing and this includes staff across health and social care, including those from independent care providers. The centre, operated by NHS Lothian, is open Monday to Saturday from 9am to 6pm and means that if staff have symptoms, they can be tested within the first 72 hours, and if negative, and appropriate, can return to work. This is a welcome expansion to the testing of staff and household members.

D29 Voluntary Sector Response

The Voluntary Sector Gateway West Lothian (VSGWL) is leading the Third Sector response to the pandemic and is coordinating formal volunteering activities with West Lothian Council and Third Sector partners across the region to make sure help is directed to those in most need. A Directory of Services has been published on their website together with a Covid-19 Resource information hub with links to key agencies, volunteering, health and well-being resource and funding opportunities.

D30 A range of formal and informal groups have emerged providing essential support and services to vulnerable individuals and hard hit communities across West Lothian. Food poverty partners have formed consortia to ensure food is provided to children and families. Services are helping to improve physical and mental health and reduce feelings of isolation for vulnerable individuals within communities. Voluntary organisations have adapted quickly and many are providing essential help and support through online means as far as possible.

D31 Around 1200 people have signed up to be volunteers during the crisis and are providing a wide range of supports such as delivering food parcels, PPE supplies to carers, medicine pick-ups and support as ward helpers in St John's. It is hoped that individuals will be able to secure long term volunteering opportunities post Covid-19.

D32 The sector has been able to access much needed financial support through a number of Scottish Government funding grants, including Wellbeing Fund, Third Sector Resilience Fund, Food Fund and Supporting Communities Fund. Around £850K of funding has been provided to help organisations to deliver services, West Lothian Council established a £327k Hardship Fund to support the sector and VSGWL has provided a £52K emergency fund in partnership with National Lottery to support local, grass roots organisations and groups that are responding to the Covid-19 pandemic

D33 Carers of West Lothian

Since March 2020 staff at Carers of West Lothian have been working from home and have adapted the delivery model to continue to support unpaid carers and disabled adults through embracing digital technology. In the period to the end of May, 345 unpaid carers were supported and 95 new carers have referred themselves in the same period. Service users have been supported through telephone calls, with weekly check-ins provided to more vulnerable people.

D34 A COVID19 information page has been included on the website to help people with practical support such as food parcels and medication deliveries and signposting to services as required. Peer support groups have moved online using Zoom to connect people to volunteers with staff facilitating groups. New activities have been introduced including Tai Chi, quizzes, family disco nights and a Fitness Bootcamp which have proven popular.

- D35** 78 carers have been provided with Time to Live funding through the Short Breaks Fund. Instead of providing respite for weekends away, carers have used this to purchase tablets and garden furniture to allow them to have time out and to connect with family and friends and group activities. Engaging via Zoom has enabled many people to join groups they would never have been able to before and COWL will seek to retain virtual connections alongside face to face groups to offer a “hybrid” of the two to reach out to more carers in the future
- D36** Funding from Scottish Government Carers Centre Remote Working Fund, Foundation Scotland’s Response Recovery and Resilience Fund, SP Energy, West Lothian Council’s Hardship Fund, STV Children’s Appeal has supported new ways of working.
- D37** Two surveys and focus groups have been conducted which will inform the strategy over the next 9 months as we ease out of lockdown and focus support in the areas where we know there is most need: information and advice, emotional support, and peer support. It is estimated that 392,000 additional people in Scotland have emerged as carers during COVID19 and consideration is to be given to how support can be given to new carers in West Lothian
- D38 Governance**
It was not considered necessary to put in place *ad hoc* governance arrangements during the pandemic due to the provisions already written into Standing Orders, which were reviewed and revised in September 2019, to deal with emergencies and urgent business. It was considered that these provisions would allow a speedy and effective response in both operational and governance terms. The provisions relied on are: -
- Standing Order 16 says that the Chief Officer may take any necessary action where a matter arises of such urgency that it cannot await a decision of the Board. The Chief Officer cannot act before consulting the Chair and Vice-Chair about the merits of the planned actions and must consult the Standards Officer about the procedures. Everything done in reliance on this provision must be reported the next meeting of the Board
 - The Scheme of Delegations says the Chief Officer, in consultation with the IJB Chair, Vice-Chair and Standards Officer, is authorised to take urgent action on behalf of the IJB under Standing Order 16
 - Those emergency provisions are over and above the more normal terms of the Scheme of Delegation which delegate the day to day operations of the Board to its senior officers
- D39** All of those powers, emergency and otherwise, must be used in accordance with the law, statutory guidance, the Integration Scheme, the Strategic Plan, Standing Orders, Financial Regulations and Board policies, procedures and instructions.

D40 Almost all of the actions taken concerned operational matters which would normally be dealt with by officers under the general terms of the Scheme of Delegation.

D41 The emergency powers were used in relation to upcoming scheduled meetings, principally the Board meeting on 21 April. Lockdown measures were announced north and south of the border on 23 March. Statutory rules quickly followed, effective on 25 March. They restricted movement from home, gatherings in public places and the operation of businesses and other designated premises. After informal discussions officers consulted the Chair and Vice-Chair, through the Standards Officer, by email on 26 March.

- The main recommendation was that the Board meeting scheduled for 21 April was cancelled due to travel restrictions and the risk of transmission and contagion. There was no scheduled business that could not be deferred and most of the significant Board business around the end of one reporting year and the start of the next had been disposed of at the previous meeting
- It was recommended that the Board meeting scheduled for 30 June was retained for a future decision and
- The Audit Risk & Governance Committee meeting scheduled for 27 May was retained since it had statutory business to do.

D42 Officers undertook to look at how meetings could be held by remote participation as is allowed under law and Standing Orders. After consultation with the Chair and Vice-Chair a formal report was prepared as if the Board were being asked to take the decision. The Chief Officer approved its recommendations on 31 March. That report is with the agenda for today's meeting for information so that Board members and the public can see the emergency action that was taken.

The decision was communicated to Board members by the Clerk by email on 31 March. The Clerk also sent reports by the Chief Officer to Board members on 14 April and 26 May, to keep Board members informed of some of the actions being taken at an operational level

D43 The Audit Risk & Governance Committee meeting was successfully conducted by remote access using WebEx on 27 May ensuring that it carried out its role in the statutory process for the Board's annual accounts. It is intended to carry on using remote access for meetings in the short term but that will be kept under review in light of developing circumstances.

D44 Mobilisation Plan

The partnership was requested to submit a mobilisation plan at the start of the pandemic to the Scottish Government and progress against anticipated expenditure has been monitored on a regular basis in accordance with the Scottish Government's schedule. The full year cost of mobilisation is estimated at £6.67 million and reflects many of the developments outlined in this report.

D45 We are not complacent about the ongoing work that we need to do and life will continue to have a degree of uncertainty for some time to come. We are, however, trying to return to a 'new normal' and are putting remobilisation plans in place to ensure that our services restart in a planned way and that our future actions take account of learning from the local and national response to the pandemic. We are reflecting on what has worked well and what has not and will review our plans with our partners and stakeholders to ensure that we have robust plans in place for the future development of health and social care services in West Lothian

D46 Conclusion

This report provides the Board with an overview of the pandemic response in West Lothian. It is anticipated that regular reports will be provided to the Board to reflect any changing circumstances related to the pandemic and as we move forward will remobilisation plans.

E CONSULTATION

None

F REFERENCES/BACKGROUND

None

G APPENDICES

None

H CONTACT

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22 June 2020

West Lothian Integration Joint Board

Date: 30 June 2020

Agenda Item: 14

COVID-19: CANCELLATION OF BOARD MEETING

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To cancel under emergency powers delegated to the Chief Officer the Board meeting scheduled for 21 April 2020 due to the risks and threats posed by coronavirus and the legal restrictions on movement and gatherings.

B RECOMMENDATION

To agree to cancel the Board meeting scheduled for 21 April 2020, noting that the position in relation to future Board and committee meetings will be reviewed and considered as those meeting dates approach.

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
C2	Resource/ Finance	None
C3	Policy/Legal	Standing Orders
C4	Risk	There is a risk of delay to the conduct of IJB business but items on the work plan have been checked and no significant risks are caused by that delay.
C5	Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
C6	Environment and Sustainability	None
C7	National Health and Wellbeing Outcomes	Not relevant
C8	Strategic Plan Outcomes	Not relevant

C9	Single Outcome Agreement	Not relevant
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

- 1 Following the identification and spread of a novel coronavirus (COVID-19) in China in December 2019, on 30 January 2020 the World Health Organisation declared that the outbreak constituted a Public Health Emergency of International Concern. On 11 March 2020 the World Health Organisation declared a global pandemic. In response, guidance and advice from the UK Government, Scottish Government and NHS was issued frequently and was updated and escalated on an almost daily basis. The UK Parliament passed the Coronavirus Act 2020. On 25 March 2020 the Scottish Ministers enacted the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 which closed business premises and restricted individual rights of movement in an effort to contain the virus.
- 2 The health risks associated with COVID-19 are well-publicised and health advice is issued regularly by and on behalf of the UK and Scottish Governments. The advice is subject to change on a frequent basis. The risks associated with holding meetings of the Board and Audit Risk & Governance Committee and other working groups and boards arise from:-
 - Attendance by members of the public related social contact
 - Assembly of Board, committee and group members and related social contact amongst themselves and with others
 - Gathering of officers and related social contact amongst themselves and with others
 - Officers returning to their workplaces and homes after meetings
 - Members of the public and members returning to their homes or places of work
 - Travel to and from meetings by those not otherwise attending the location of meetings
- 3 Those risks have to be set against:-
 - The continuation of the delivery of vital public services to West Lothian and the need to make the decisions required to do so
 - The statutory decisions that have to be made, often with consequences if deadlines are missed
 - The balance between decision-making by officers and decision-making by members

- The need to be agile and responsive in the face of constantly changing advice and circumstances
- 4 It is recommended that for the moment the Board meeting scheduled for 21 April 2020 is cancelled, for the moment retaining the dates for other board and committee meetings. Those dates can be revisited in light of circumstances prevailing nearer the time and the urgency of board and committee business waiting to be done.
 - 5 There are provisions in Standing Orders to allow for additional or urgent meetings to be called if required. There are also provisions to allow urgent decisions to be taken by the Chief Officer which cannot wait until the next scheduled meeting. That requires prior consultation with the Chair, the Vice-Chair and the Standards Officer.
 - 6 The meetings of other groups will be dealt with as a management and administrative matter by the Chief Officer. Given the pressure and prioritisation of business and the diversion of resources, including staff, those are almost certain to be cancelled for the foreseeable future.

E CONSULTATION

Chair, Vice-Chair, Standards Officer

F REFERENCES/BACKGROUND

Standing Orders

Scheme of Delegations

G APPENDICES

None

H CONTACT

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21 April 2020

WEST LOTHIAN INTEGRATION JOINT BOARD

WORKPLAN

MEETING DATE: 30 June 2020

Item	Lead Officer	Meeting Date	Recurrence	Reason
Delegated actions taken in terms of Standing Order 16 due to COVID-19	James Millar	30 June 2020		IJB Standing Order 16
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 – Combine with Review of Performance	Carol Bebbington	30 June 2020	6 monthly update – Dec and June each year	Agreed by Board on 21 November 2018
Review of Performance – Combine with Balanced Scorecard	Carol Bebbington	30 June 2020	To be reviewed annually – by 31 July each year	Required by Public Bodies (Joint Working) (Scotland) Act 2014
Self-assessment Questions	Lorna Kemp	30 June 2020	To be repeated annually	
Review of Records Management Plan	Lorna Kemp	30 June 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)
COVID-19 Update	Allister Short	30 June 2020		

Item	Lead Officer	Meeting Date	Recurrence	Reason
Complaints and Information Requests	Lorna Kemp	August 2020	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Involvement of co-opted or non-Board Members in the Audit, Risk and Governance Committee		August 2020		
Member Induction and Support	Lorna Kemp	August 2020		
Waiting Times Performance	Yvonne Lawton	August 2020	Update to be provided annually – August each year	As requested by the Chair to monitor performance
Carer Strategy	Denise Arbeiter	August 2020		
Carers Update Report	Anne Pike	August 2020		
Clinical Governance Report	Elaine Duncan	September 2020	To be presented annually – June each year – Delayed to Sep.2020	Requirement of Integration Scheme and Local Code of Corporate Governance
Annual Accounts	Patrick Welsh	September 2020	Annually by 30 Sept each year	Required by Local Authority Accounts (Scotland) Regulations 2014
Communication and Engagement Strategy Update	Yvonne Lawton	September 2020		Per Board's decision on 10 March 2020
Care at Home Update Report	Jo MacPherson	September 2020		Per Board's decision on 10 March 2020
Annual Review of Support Services	Lorna Kemp	September 2020	To be repeated annually	
COVID-19 Debrief	Allister Short	September 2020		

Item	Lead Officer	Meeting Date	Recurrence	Reason
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
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

Item	Lead Officer	Meeting Date	Recurrence	Reason
Complaints and Information Requests	Lorna Kemp	November 2020	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
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
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