



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

16 September 2020

A meeting of the **West Lothian Integration Joint Board** will be held within the **Webex Virtual Meeting Room** on **Tuesday 22 September 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 11 August 2020 (herewith)
5. Note Minutes of Meeting of West Lothian Integration Joint Board Strategic Planning Group held on 30 July 2020 (herewith)

Public Items for Decision

6. Membership & Meeting Changes -

Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.
7. Joint Inspection of the Effectiveness of Strategic Planning in the West Lothian Health and Social Care Partnership - Report by Chief Officer (herewith)
8. Strategic Commissioning Plan - Alcohol and Drugs Services - Report by

DATA LABEL: Public

Chief Officer (herewith)

9. Strategic Commissioning Plans - Reflections and Update - Report by Chief Officer (herewith)
10. Audit of the 2019/20 Annual Accounts - Report by Chief Finance Officer (herewith)

Public Items for Information

11. West Lothian IJB 2020/21 Budget Update - Report by Chief Finance Officer (herewith)
12. Presentation on Commissioned Services - Care at Home
13. Care at Home - Report by Head of Social Policy (herewith)
14. Supporting Carers in West Lothian - Report by Head of Social Policy (herewith)
15. Clinical Governance Annual Report - Report by Clinical Director (herewith)
16. Chief Officer Report (herewith)
17. Redesign of Urgent Care - Implementing the National Model in Lothian - Report by Chief Officer (herewith)
18. West Lothian Seasonal Flu Programme Update - Report by Chief Officer (herewith)
19. 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 WEBEX VIRTUAL MEETING ROOM, on 11 AUGUST 2020.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Martin Hill, Katharina Kasper (substituting for Alex Joyce), George Paul and Damian Timson

Non-Voting Members – Allister Short, David Huddleston, Mairead Hughes, Jo MacPherson, Alan McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Elaine Duncan, Alex Joyce and Caroline McDowall

Absent – Dom McGuire and Martin Murray

In attendance – Denise Arbeiter (Business Support Officer), Sharon Houston (Business Support Team Manager), Lorna Kemp (Project Officer) and Alison Wright (Chief Executive, Carers of West Lothian)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 30 June 2020 as a correct record.

3 MINUTES FOR NOTING

The Board noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee meeting held on Wednesday 27 May 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had appointed Katharina Kasper as a voting member of the IJB to replace Alex Joyce. The change in membership would take effect on 12 August. The Board noted the appointment.

5 CARERS OF WEST LOTHIAN IMPACT STATEMENT PRESENTATION

The Board considered a presentation by the Carer Representative and by the Chief Executive Officer of Carers of West Lothian on their response to the Coronavirus lockdown.

Discussion highlighted challenges and key learnings during the Covid-19 crisis. It was acknowledged that the West Lothian IJB was at the forefront of good practice with regard to carers' voices being heard.

Decision

To note the presentation.

6 DRAFT WEST LOTHIAN CARER STRATEGY 2020-2023 AND SHORT BREAK SERVICE STATEMENT 2020-2023

The Board considered a report (copies of which had been circulated) by the Head of Social Policy presenting the draft West Lothian Carer Strategy for 2020-23 and the Short Break Service Statement 2020-23 and seeking the Board's approval of the documents.

It was recognised that carer support happened in a range of different ways. Use of an indicator baseline was suggested to evaluate performance and it was agreed that a report on performance would be brought to a future meeting of the IJB.

It was recommended that the Board:

1. Approve the Draft West Lothian Carers Strategy 2020-23 and the Draft Short Break Service Statement 2020-23; and
2. Note that an update on implementation would be submitted to the Board on an annual basis with a full review of the strategy in three years.

Decision

1. To approve the recommendations in the report.
2. A report on performance to be brought to a future meeting of the IJB.
3. To consider and report to the IJB how funding received from Carers Act was being utilised.

7 INVOLVEMENT OF CO-OPTED OR NON-BOARD MEMBERS IN THE AUDIT, RISK AND GOVERNANCE COMMITTEE

The Board considered a report (copies of which had been circulated) by the Chief Officer asking members to determine whether an independent person should be included within the Audit, Risk and Governance Committee and prompting discussion on how this might be taken forward.

It was recommended that the Board agree whether or not an independent person should be included within the Audit, Risk and Governance Committee and determine how this might be taken forward.

Decision

The Board unanimously agreed that no independent person should currently be included within the Audit, Risk and Governance Committee and that the issue could be revisited in the future should the need to appoint an independent person arise.

8 MEMBER INDUCTION AND SUPPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a draft information pack for new Board Members, which covered Induction and support available to Members.

It was recommended that the Board:

1. Note the action arising from the *Ministerial Strategic Group for Health and Community Care; Review of progress with Integration of Health and Social Care Self Evaluation* to formalise induction and support for Board Members;
2. Note the consultation of Board Members and other IJBs; and
3. Agree the Information for Board Members document for issue to new and existing Board Members.

Decision

To approve the recommendations in the report, subject to adding a link to the Scottish Government guidance for newly-appointed IJB members to the useful links in the Information Pack.

9 CHIEF OFFICER REPORT

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

Members indicated that earlier receipt of performance data would allow for more timely decisions and action where required.

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 recommendation in the report.

10 COVID-19 RESPONSE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on how services within the West Lothian Health and Social Care Partnership had responded to the COVID-19 pandemic.

It was recommended that the Board note the partnership response to the COVID-19 pandemic and the work to be undertaken to remobilise services as the pandemic eased.

Decision

To note the recommendation in the report.

11 SELF-ASSESSMENT SURVEY RESULTS

The Board considered a report (copies of which had been circulated) by the Director informing members of the results of the self-assessment survey of the Board's administrative arrangements and activity.

It was recommended that the Board:

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

Decision

To note the recommendations in the report.

12 LOCAL GOVERNMENT IN SCOTLAND OVERVIEW 2020

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing members with an update on the *Accounts Commission Local Government in Scotland Overview 2020* report and highlighting the key messages and recommendations contained in the report.

It was recommended that the Board note and consider the content and recommendations contained in the Local Government Overview 2020 report.

Decision

To note the recommendation in the report.

13 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

West Lothian Integration Strategic Planning Group

Meeting Held on 30 July 2020 at 14.00, Held virtually on Microsoft TEAMS

MINUTE & ACTIONS

Present:	Bill McQueen (Chair), Allister Short, Yvonne Lawton, Andreas Kelch, Carol Bebbington, Martin Higgins, Marjolein Don, Caroline McDowall, Robert Telfer, Nick Clater, David Morrison, Elaine Duncan, Jo MacPherson, Sheila Hook, Tim Dent, Clare Stewart, Douglas Grierson, Ann Pike, Alan McCloskey, Lorna Kemp
Apologies:	Pamela Main, Marjory Mackie, Alice Mitchell, Alison Wright, Sheila Hook, Robin Allen, Mairead Hughes
In attendance:	Sharon Houston and Denise Arbeiter

	Discussion/Decision	Action	By Whom	By When
1.	Apologies Apologies were noted as above.			
2.	Order of Business including notice of urgent business Order of Business confirmed as on agenda.			
3.	Declarations of Interest No declarations of interest.			
4.	Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 20 February Minute confirmed as accurate. Yvonne advised that COVID-19 had overtaken efforts to set up a meeting with David Small.			

5.	<p>Reflections on COVID-19</p> <p>Yvonne presented the report and commended the response to COVID-19 across the partnership and beyond in supporting communities and distributing PPE.</p> <p>It was noted that an email had been circulated to the Group asking each service area or organisation to reflect on COVID-19 and present at this meeting based on three questions:</p> <ol style="list-style-type: none"> 1. What have you stopped as a result of COVID-19 that you want to keep stopped? 2. What have you changed that you want to embed? 3. Anything more you want to do now that you haven't managed to do yet and isn't already included in plans? <p>Each person in attendance gave a contribution and it was agreed that those submitted in absentia would be circulated immediately following the meeting. It was further agreed that all of the reflections would be collated into a single document identifying key themes.</p>	Circulate written reflection and collate all reflections with key themes	L Kemp	Immediately By next meeting
6.	<p>Anti-Poverty, Health and Wellbeing Recovery Plan</p> <p>Martin presented the report and explained that the Anti-Poverty Task Force sits within the CPP. Their work concentrates on health inequalities and underlying determinants to health.</p> <p>There are several themes which have been common across services. Firstly community services are reporting the same increase in need and demand for support. Secondly, financial challenges have been exacerbated and high numbers of people have been furloughed. As a result, demand for food bank packages has</p>			

<p>greatly increased. Finally, resilience funding from the government is about to be withdrawn as shielding is paused and furloughing is about to be tapered off.</p> <p>The purpose of the document is to try to identify what the CPP can take forward. Martin noted that BME staff are particularly at risk and there is a need to look at how we support them. A Type 2 Diabetes/obesity prevention pilot programme was supposed to be rolled out in Whitburn and has largely been paused. There is a need to have a wider conversation on the risks around obesity and COVID.</p> <p>Caroline highlighted the new government risk factor tool and asked if we use that for staff. A discussion ensued about how we take a partnership approach to this. Allister suggested we take this away as an action for the workforce planning group.</p> <p>Allister mentioned that the Improving Cancer Journey was commencing in West Lothian and the importance of joining up this work with other initiatives.</p> <p>Elaine mentioned that the protective measures against COVID have a good side-effect in working to protect against other respiratory illness. Throughput in all services has been greatly reduced due to the inability to see many patients safely and the need to be mindful about what can be realistically delivered at the moment. Capacity remains as reduced now as it was at the beginning of COVID and we should be conscious of that. David Morrison concurred and suggested it might be a good time to start looking at a partnership campaign about looking after yourself over Winter. David highlighted that obesity is more of a societal issue than one for GPs and further discussion ensued. Tim Dent believes that there needs to be more recognition of the role physical activity, outdoor and cultural activity can play in preventative health care and the plan (APH & WRP).</p>	<p>Discuss a partnership approach to assessing risk to staff</p>	<p>Y Lawton/ Workforce Planning Group</p>	<p>Next meeting of Workforce Planning Group</p>
<p>Ann asked that section D5 specifically mention unpaid carers. One of the issues for unpaid carers is social isolation – can they be considered as a population in their own right? Martin advised that a piece of work would be carried out to look at the outline and pick up any nuances.</p>	<p>Review outline for similar nuances as raised by Ann</p>	<p>M Higgins</p>	<p>Following meeting</p>

	<p>Marjolein asked if health could be added to the digital exclusion section. An IIA for Near Me was carried out a few weeks ago and the issue of digital exclusion was discussed.</p> <p>Andreas advised that GPs encounter a lot of 'COVID' related physical and psychological problems e.g. post viral pains, fatigue, anxiety and mood problems. Andreas proposed that there is a need to further develop the public/community health function of general practice, for example, supporting patients in managing the long term physical and psychological consequences of COVID-19, and the further development of the Wellbeing Hubs and pain management services.</p> <p>Agreed an update from the Health and Wellbeing Partnership would come to the IJB.</p> <p>The Group were supportive of the recommendations in the report:</p> <ol style="list-style-type: none"> 1. Support continued involvement in joint community planning COVID-19 activity 2. Consider whether any of the issues highlighted in the community planning discussions should be investigated further as part of HSCP recovery planning. 	<p>Review digital exclusion section</p> <p>Present update to IJB on H&WBP</p>	<p>M Higgins</p> <p>M Higgins/ L Kemp</p>	<p>Following meeting</p> <p>TBC</p>
7.	<p>Carers Strategy</p> <p>Sharon presented the report and Yvonne invited the Group to feedback to Sharon and Denise outside of the meeting.</p> <p>It was agreed that reporting on the Strategy should be on an annual basis.</p> <p>Bill asked if there was confidence in the actions to establish a carers group and speak to the right people. Sharon advised that the governance route for reporting up to the IJB needs to be considered further.</p>	<p>Feedback on draft Carer Strategy</p> <p>Include annual reporting</p>	<p>ALL</p> <p>S Houston</p>	<p>Following meeting</p> <p>Following meeting</p>

	<p>Ann advised a carers' voice group had been set up and a Terms of Reference agreed. They have also agreed to be a consultative group to support the IJB Carer Representative.</p> <p>Marjolein asked if changes required due to COVID had been taken into account. Sharon agreed to review the strategy in this regard.</p>	Review strategy in relation to COVID	S Houston	Following meeting
8.	<p>Alcohol and Drug Partnership Commissioning Plan</p> <p>Nick presented the draft ADP commissioning plan and advised that it was still a work in progress. Nick wants it to be sharper on outcomes and with clearer timescales.</p> <p>There is increased focus on treatment and recovery, and drug related deaths and we are aiming to develop a pan-Lothian approach to alcohol.</p> <p>Elaine agreed this was an important change of emphasis but felt there needed to be more explicit links between the service and primary care.</p> <p>Andreas commented that patients had given positive feedback about the addictions phone service.</p> <p>Yvonne confirmed that the Commissioning Plan would go to the IJB for approval in September when the reporting arrangements would be agreed.</p>	Report ADP Commissioning Plan to IJB for approval in September	N Clater	September IJB
9.	<p>Commissioning Plans Update</p> <p>Yvonne presented an example of how progress on the commissioning plans could be reported. Yvonne commented that it was still quite detailed for frequent reporting but it includes all of the actions from the commissioning plan and a RAG</p>			

	<p>status for each. Yvonne invited feedback and suggested it could be further simplified for frequent reporting.</p> <p>Marjolein welcomed the section on digital health and suggested that this be included in other commissioning plans. Marjolein questioned whether linkages could be made between commissioning plans and the Sustainable Development Strategy.</p> <p>Elaine commented that having a standardised format is helpful.</p>			
10.	<p>Service User Representatives</p> <p>Lorna presented the report and advised that four individuals had expressed an interest in joining the Group as a user of health services and/or social care services.</p> <p>Lorna gave a verbal update on each of the interested individuals and advised that appointing all of them would cover the requirement to have users of both health and social care services and would be representative of both the East and West of West Lothian.</p> <p>It was agreed that a place on the Group would be offered to all four of the individuals.</p>	Offer place on Group to those interested.	L Kemp	Following meeting
11.	<p>Work Plan</p> <p>It was noted that the work plan would be reviewed and populated.</p>		Y Lawton/ L Kemp	Ongoing

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 7

JOINT INSPECTION OF THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE WEST Lothian HEALTH AND SOCIAL CARE PARTNERSHIP

REPORT BY THE CHIEF OFFICER

A PURPOSE OF REPORT

- To present the Integration Joint Board (IJB) with a copy of the report of the joint inspection of the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership and its recommendations.

B RECOMMENDATION

- To note the inspection report and its recommendations.
- To approve development of an action plan to address the recommendations contained in the report for submission at the next meeting of the IJB in November 2020.

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction is not required at this stage but will be necessary following the IJB's approval of an action plan to address the report's recommendations.
C2	Resource/ Finance	None
C3	Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014
C4	Risk	The risk is captured in the risk register in relation to progression of the IJB's Strategic Plan.
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 | There are no direct environmental impacts. |
| C7 | National Health and Wellbeing Outcomes | The National Health and Wellbeing outcomes all apply. |
| C8 | Strategic Plan Outcomes | The outcomes detailed in the IJB's Strategic Plan apply. |
| C9 | Single Outcome Agreement | The outcomes detailed in the Strategic Plan are aligned to the Single Outcome Agreement outcomes as they relate to health and social care. |
| C10 | Impact on other Lothian IJBs | No direct impact. |

D TERMS OF REPORT

D1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. Scottish Ministers asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities from April 2017. The focus of strategic inspections is on how integration authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way. It is important to note that strategic inspections do not set out to evaluate people's experience of health and social care services in their area. The purpose of the inspections instead is to assess the extent to which health and social care partnerships are making progress in their journey towards integrated service delivery and the aim of achieving better experiences and improved outcomes for people over time.

D2 Between January and March 2020 inspectors from the Care Inspectorate and Healthcare Improvement Scotland visited West Lothian to inspect the effectiveness of strategic planning for adult health and social care services delivered by the West Lothian Health and Social Care Partnership.

D3 The specific focus of the inspection was on how well the partnership had:

- Improved performance in both health and social care
- Developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- Established the vision, values and aims across the partnership, and the leadership of strategy and direction

- D4** The inspection report was originally due to be published at the beginning of June 2020 but was delayed as a result of the pandemic. The report was finally published on 9 September 2020 and concluded that overall the partnership had made limited progress towards integration since 2016. It included the following evaluations:
- Improvements in partnership performance in both health care and social care – Good
 - Policy development and plans to support improvements to service (operational and strategic planning arrangements; quality assurance, self-evaluation and improvement; commissioning arrangements) – Adequate
 - Leadership and direction that promotes partnership - Adequate
- D5** The partnership was pleased that the inspectors had highlighted good performance results in a number of areas and had recognised the work of staff in delivering positive outcomes for the people who use health and social care services in West Lothian.
- D6** In a position statement submitted in advance of the inspection, the partnership's senior leadership team and the Integration Joint Board had acknowledged that there were areas that needed to be progressed in the journey towards integration and had already begun to take forward plans when the inspectors arrived.
- D7** It was recognised that there was still work to do but the partnership had managed to make good progress with its plans over recent months despite the difficult circumstances everyone had faced in responding to the COVID-19 pandemic. There had been a strong sense of commitment from staff and stakeholders to doing things differently and there was confidence that firm foundations were in place to progress the partnership's aim of improving health and wellbeing outcomes through integrated service delivery.
- D8** The report and its recommendations were discussed at an IJB development session held on 10 September 2020. At the session, members supported the need for the partnership to have a strong identity which was recognised and respected in the community. Discussion took place regarding how the IJB articulated exactly what it expected to achieve from integration and how this vision could be communicated across the partnership. The IJB recognised its role in planning transformational change and was clear on the need to take ownership of important strategic decisions.
- D9** There was agreement on the need to better understand where the barriers to integration lay. Members reflected on the part that culture and behaviour played in supporting positive developments.

- D10** There had been significant discussion at previous meetings about the partnership's approach to locality planning and the IJB had supported looking more closely at priorities in smaller communities of West Lothian rather than an artificial East/West split.
- D11** In terms of the development of an integrated performance framework, it was noted that progress was being made on this. The framework would play an important role in providing an overview of the entire health and social care system and would assist the IJB in considering where key strategic decisions needed to be made.
- D12** Working as equal partners with key stakeholders was also highlighted as an important area of future focus.
- D13** The inspection report included eight recommendations and work was underway to develop an action plan to address those. It was agreed that the partnership would look at success in other areas of Scotland and would draw on that when determining local solutions to the priorities highlighted in the inspection report. A draft action plan would be submitted to the IJB in November 2020 for approval following consultation with the IJB's Strategic Planning Group and other key stakeholders. In the meantime work would continue on progressing the development activities already identified

E CONSULTATION

Report submitted to:

- Integration Joint Board development session
- Chief Executives of NHS Lothian and West Lothian Council
- Chair of the Community Planning Partnership

F REFERENCES/BACKGROUND

Publication of the [inspection report](#) on the websites of the Care Inspectorate and Healthcare Improvement Scotland.

G APPENDICES

Appendix 1 – Strategic Inspection Report

H CONTACT

Yvonne Lawton, Yvonne.lawton@nhsllothian.scot.nhs.uk, 01506 283949

22 September 2020

JOINT INSPECTION (ADULTS)
The effectiveness of strategic planning in
West Lothian Health and Social Care Partnership

September 2020

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning in
West Lothian Health and Social Care Partnership

9 September 2020

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards.

Healthcare Improvement Scotland works with healthcare providers across Scotland to drive improvement and help them deliver high quality, evidence-based, safe, effective and person-centred care. It also inspects services to provide public assurance about the quality and safety of that care.

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We can also provide this report:

- by email
- in large print
- on audio tape or CD
- in Braille (English only)
- in languages spoken by minority ethnic groups.

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1. About this inspection

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities¹. This includes how integration authorities plan, commission and deliver high-quality services in a coordinated and sustainable way. In this inspection the focus was on how well the partnership had:

- improved performance in both health and social care
- developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- established the vision, values and aims across the partnership, and the leadership of strategy and direction.

To do this, we assessed the vision, values and culture across the partnership, including leadership of strategy and direction. We evaluated the operational and strategic planning arrangements (including progress towards effective commissioning) and we assessed the improvements West Lothian health and social care partnership has made in health and social care services that are provided for all adults.

In these inspections of strategic planning we do not set out to evaluate people's experience of services in their area. Our aim is to assess the extent to which the health and social care partnership is making progress in its journey towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes for people who use services and their carers over time.

Both the Care Inspectorate and Healthcare Improvement Scotland undertake a variety of other scrutiny and improvement activities, in collaboration with other scrutiny bodies, which provides assurance about the quality of services and the difference those services are making to people in communities across Scotland.

The health and social care partnership comprised West Lothian Council and NHS Lothian and is referred to as 'the partnership' throughout this report. This inspection took place between January 2020 and March 2020. The conclusions within this report reflect our findings during the period of inspection. The timescale for the publication of this report has been impacted by the COVID-19 pandemic.

An outline of the quality improvement framework is shown in Appendix 1. There is a summary of the methodology in Appendix 2. In order that our joint inspections remain relevant and add value, we may refine our scrutiny methods and tools as we learn from each inspection.

¹ The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to develop a strategic plan for integrated functions and budgets under their control.

2. West Lothian context

West Lothian has a long history of partnership working and joint delivery of health and social care services. The West Lothian community health and care partnership was established in 2004 and evolved into the West Lothian health and social care partnership following implementation of the Public Bodies (Joint Working) (Scotland) Act 2014. The functions delegated to the integration joint board cover adult health and social care services but do not include criminal justice services or those for children and families. Each integration joint board in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other integration joint boards: West Lothian hosts oral health and podiatry services.

West Lothian has undergone significant change over the last twenty years in demography, physical environment and in its economy. There has been a significant shift from an economy reliant on traditional manufacturing towards businesses that are more knowledge based, including research and development, and high technology manufacturing industries. The area is also a key location for business service and retail companies.

West Lothian's population on 30 June 2018 was 182,140. Between 1998 and 2018, the population of West Lothian increased by 18.9% compared with 7.1% across Scotland. Between 1998 and 2018, the 25 to 44 age group saw the largest percentage decrease. The 75 and over age group saw the largest percentage increase. Between 2016 and 2026, the population of West Lothian is projected to increase by 6.6%, which compares to a projected increase of 3.2% for Scotland as a whole. Growth of the older population will present increasing challenges to the partnership going forward. The impact of a growing population will be increased demand for services.

Around 9,000 people in West Lothian live within some of the most deprived areas in Scotland, which accounts for around 5% of West Lothian's total population. There are significant differences in health outcomes between some communities and individuals with an 8-10-year gap in life expectancy between the most deprived and least deprived in West Lothian.

West Lothian is likely to experience workforce challenges over the next decade and beyond. Problems have been experienced in recruiting and retaining sufficient supply of care staff (both internally and externally) to respond to community demand.

3. Inspection findings

Quality indicator 1: Key performance outcomes

Performance

At the time of our inspection we found that the partnership was performing in line with national averages. Performance was better than the national average in some areas. For example:

- West Lothian had a greater proportion of people with long term care needs receiving care in their own home
- the number of people attending hospital as a result of an emergency and the associated bed days occupied was proportionally lower
- fewer people who were receiving home care experienced an emergency admission to hospital.

We have highlighted these because they reflect the importance and impact of services at St John's Hospital, Livingston, for the partnership. The partnership's performance was also better than a number of partnerships that shared similar characteristics to West Lothian, as measured through the local government benchmarking framework. Examples of areas where performance was weaker than the national average included:

- the proportion of people referred for dementia post-diagnostic support who went on to complete it
- in the health and care experience survey 2017/18, people in West Lothian were significantly less positive than the Scottish average about the overall care provided by their GP practice.

Work was being undertaken by the partnership through its primary care improvement plan to improve people's experience of GP practices.

Reporting and use of data

We found that performance data was regularly gathered and reported to the senior management team and the integration joint board. The team and board members advised us that the data they received was sufficient for decision-making but were also confident that they could draw on additional data if they required it.

The integration joint board received integrated performance reports against the ministerial strategic group and core integration indicators twice a year. There was no integrated framework for performance information (except national indicators) or human resources reporting. In addition, there was no format for reporting performance on outcomes for individuals. This was an area that the partnership was working on and it planned to have an integrated and meaningful approach to reporting in place by July 2020. The senior management team had a regular meeting where they considered health and social care performance information and used a tracker spreadsheet to monitor and manage performance across key services in relation to capacity and flow. There was good evidence that this allowed them to identify and react to problems in the system.

The gathering and analysis of performance data had contributed to service changes and improvement in some areas. For example, the partnership had developed an

integrated discharge hub at St John's Hospital, Livingston. This was not a fully integrated service, but it did bring primary and secondary care staff together with social work staff and carers in one location. Understanding of performance data in relation to delayed discharge had also led to further investment into re-ablement services.

The partnership had experienced difficulties after one of their biggest care at home providers was unable to fulfil their contract. In-house services had been required to step in, which reduced delays to people receiving services. In addition, qualitative reports on the partnership's fast track triage arrangements for setting up care packages were also positive. In the three months before our inspection, the average rate of bed days occupied by delayed discharge patients was better than the national average for the 18-74 age group and similar to the national average for the 75+ age group after both being much higher in previous reporting years. However, we were told that services within the discharge hub did not always work together as effectively as required. Work needed to be done to make sure that teams within the service work together consistently to support positive outcomes. There was also a need to make sure that there was a system in place to evaluate services and outcomes delivered as part of the overall performance monitoring process.

Two wellbeing hubs had been established with funding from the primary care improvement plan. The need for support for adults with mild to moderate mental health concerns within primary care had been identified through GPs and was included in the primary care transformation plan. Early performance data had demonstrated that these wellbeing hubs were having a positive impact within primary care and for people accessing this service.

In West Lothian, a greater proportion of people with long-term care needs received care in their own home compared to Scotland as a whole. The partnership had developed a range of initiatives to support people to self-manage long-term conditions at home. Performance information showed that the proportion of the adult population receiving a community alarm or other telecare service in West Lothian was higher than the Scottish average. The rapid elderly assessment care team (REACT) supported staff working in care homes to develop and initiate anticipatory care plans to avoid hospital admissions. Performance monitoring indicated there were reduced hospital admissions in the care homes that worked with REACT.

The partnership was regularly gathering and reviewing performance information. There was evidence of this being used to drive improvement in some areas of service. The partnership recognised that there was still some work to be done to deliver consistently good performance.

With no fully integrated performance framework in place, there were parallel reporting structures leading to duplication. The senior management team considered separate reports on the same subjects, for example staff absence and finance for NHS and the local authority. Analysts from the NHS local intelligence support team had no direct interface with performance analysts employed by the local authority. Therefore, performance data was not gathered on an integrated basis. This revealed a culture of co-working rather than full integration.

Overall, the partnership was not capturing qualitative data on personal outcomes. This was identified as an important area for them to address, as it would support more outcome-focused decision-making at a strategic level. It would also build on the evidence captured through the annual performance report.

Quality indicator 6: Policy development and plans to support improvements to service

Strategic planning

The partnership had a clear statement setting out its vision of promoting wellbeing and reducing health inequalities in all its communities. This was reflected in its strategic commissioning plan and aligned with the vision and values of NHS Lothian and West Lothian council. While there was an expectation that all partnerships would refresh their strategic commissioning plans in 2019, the West Lothian partnership comprehensively reviewed its plan and identified that performance and the delivery of strategic outcomes were not effectively supported within the previous plan. This was a positive decision. The new strategic commissioning plan for 2020-23 clearly identified four key aims and four strategic priorities that would help the partnership achieve its aims. These were consistent across other planning documents such as the care group commissioning plans and the communication and engagement strategy. The strategic priorities were:

- tackling inequalities
- prevention and early intervention
- integrated and co-ordinated care
- managing resources effectively.

The new plan was constructively focused on service transformation and was helpfully structured around the national health and wellbeing outcomes². It was explicit about the outcomes it hoped to see for individuals and set out an intention to develop and implement commissioning plans across key groups and themes. These included:

- older people
- learning disability
- mental health
- physical disability
- substance misuse
- unplanned hospital care
- primary care
- palliative care.

The new plan included a medium-term financial framework, setting out estimated budgets across key service areas for the coming four years. In addition, the strategic commissioning plan included a comprehensive range of demographic data for West Lothian as a whole and for its two localities. The partnership had engaged external consultants in 2015/16 to carry out a comprehensive strategic assessment of needs across key care groups. This informed the development of commissioning plans for older people, people with physical and learning disabilities and people with mental health issues for the period of 2016-19. Detailed needs assessments were provided but did not include analysis at locality level. The partnership considered that these needs assessments remained relevant for the 2019-22 strategic commissioning plan and care group commissioning plans. They had updated the needs assessments by refreshing data and carrying out further stakeholder

² <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

consultation. The alcohol and drugs partnership also commissioned its own strategic needs assessment for substance misuse in 2019.

As intended in the new strategic commissioning plan, the partnership had established planning and commissioning boards for older people, people with disabilities (physical and learning) and mental health issues. These boards comprised NHS health and council staff and were beginning to support a more integrated approach to planning, commissioning and service development. While they still had to fully develop the detail of their plans, they had a clear sense of their priorities. Encouragingly, these encompassed the whole spectrum of care, from early intervention and prevention, through to complex care and end of life care. The partnership had decided that these planning and commissioning boards would be accountable to the strategic planning group. There would be representation of supported people and carers in the strategic planning group. Doing this was important if the partnership was to make sure that supported people and carers had meaningful involvement in making decisions about plans.

Three commissioning plans (learning disability, physical disability and mental health) were fully approved at the January 2020 integration joint board meeting. The plans featured an integrated approach. They were well structured and fully aligned to the partnership's vision, values, aims and strategic priorities. They built on the previous plans, setting out an update on progress and provided an outline of anticipated expenditure across the next four years in line with the partnership's medium-term financial plan. Each plan had a SMART action plan³ which was cross-referenced to the national health and wellbeing outcomes and the partnership's strategic priorities. The plans were accompanied by detailed directions to West Lothian council and NHS Lothian to implement necessary changes.

An older people's commissioning plan had also been developed but required more detail and was to be resubmitted to the integration joint board. This was a key element in the partnership's strategic planning and an area they needed to prioritise. The partnership had included younger people with dementia within the remit of services for older people. There had been considerable debate within the partnership about whether dementia should be dealt with by the older people or mental health commissioning groups. Ultimately, the decision had been taken to include it in services for older people. Some managers were dissatisfied with this outcome because they felt the decision was based on maintaining the current structure rather than on achieving the optimum planning structure and best outcomes for people. This reflected a broader difference of opinion among managers about the way the partnership was organised.

As part of the new planning structure, the partnership had revised the terms of reference and remit for the strategic planning group. The newly constituted group had only met once and was not fully established at the point of our inspection. The partnership identified that they wanted the strategic planning group to be more influential in guiding strategic direction through robust discussion and debate. The revised terms of reference specified that the group would have a key role across much of the business of the partnership. Membership of the group had been

³ A **SMART** action plan incorporates 5 characteristics of a goal: specific, measurable, attainable, relevant, and time-based.

reviewed and there was a stated commitment to securing engagement from the third and independent sectors, housing providers, supported people and carers. It was important for the strategic planning group to act to ensure there was broader representation from supported people, carers and housing providers. To support more open and robust debate, the group planned to hold its meeting in private although minutes of the meeting would be publicly available as part of the full integration joint board meeting papers. This risked making the work of the group less transparent and accountable, particularly if the strategic planning group was not successful in securing consistent representation from supported people and carers. The group members had a wide range of knowledge and experience and understood the scale of the challenge. The strategic planning group expressed confidence that it could effectively manage its expanded remit, but it was not entirely clear how it would operate in practice and it was too early for us to be able to share that confidence. Given the significant changes to the form of the strategic planning group, it was important that the partnership closely monitored how well it was able to function. The partnership needed to make sure that it sought active and meaningful involvement from supported people and carers.

The partnership had made limited progress since 2016 in integrating planning that supported operational work. It had a high-level strategic workforce development plan (2018-23). This plan set out a premise that workforce planning and development arrangements in place within NHS Lothian and West Lothian council would continue. It also set out a range of intentions that would make sure the partnership would have the right people with the right skills, in the right place and at the right time. This was based on an analysis of established workforce capacity and anticipated demands for services. There had been only limited progress with implementing the workforce plan. The partnership had recently established an integrated workforce planning development group to oversee implementation of the workforce development plan. This work was at an early stage and the group was waiting to analyse the care group commissioning plans before they would be able to make any meaningful progress.

Similarly, while there was clear communication between officers of the integration joint board and the partner agencies in relation to finance, reporting on finance was separate, making it more challenging to plan. Financial settlements to the board, especially from the council, were based on decisions by the council in isolation. More positively, there was a sense of common understanding between the most senior officers on the board, in NHS Lothian and in West Lothian council about the financial situation, and how any overspend or shortfall would be addressed so the board could balance its budget.

Localities

The partnership had identified two localities at the time of integration legislation, comprising the east and west areas of West Lothian. Locality planning processes had been ineffective and there had been a lack of collaboration between community planning and locality planning. The partnership recognised this and the integration joint board had approved new plans for both localities in December 2019. It also decided that the strategic planning group would take a lead role in co-ordinating locality planning to develop closer links with community planning structures. Arrangements were in place for locality representation on the strategic planning group and cross representation on the integration joint board and the community

planning partnership board. A new health and wellbeing subgroup to the community planning partnership was created to manage health and care issues. This was a complex approach meaning staff and managers were unclear about planning at locality level.

There were different opinions about the status of the locality plans and how these would be implemented and reviewed under the new structure. The partnership had been considering how locality work could be carried out, though community planning structures focused on West Lothian's eight regeneration areas. This reflected differing opinions about the validity of having the two identified localities. Some managers believed the division was a helpful one, reflecting real economic and social distinctions, and many others felt the distinction was unhelpful and not meaningful to the people of West Lothian.

West Lothian's two GP clusters, mental health wellbeing hubs and adult social care enquiry teams were based in the localities, resulting in a degree of service delivery at locality level. However, there was a lack of clarity about future intentions to commission or deliver services at locality level, or to consider devolving budgets to support this. This lack of clarity about the partnership's approach to localities needed to be resolved for commissioning plans to be developed and progressed.

Pan-Lothian and hosted services

The West Lothian integration joint board was one of four in the NHS Lothian area. NHS Lothian and the four partnerships had recently established an integrated care forum to identify ways of working more collaboratively and efficiently together, while meeting the needs of individual partners. The membership of the forum included chief officers, integration joint board chairs and vice chairs, and the chief executive and key senior officers of NHS Lothian. The forum had established two boards chaired by chief officers; one to look at learning disability and mental health services and the other, chaired by West Lothian's chief officer, to look at unscheduled care. The forum was at an early stage but demonstrated a positive approach to addressing health and social care issues.

West Lothian hosted oral health and podiatry services for NHS Lothian. Planning for hosted services was done in collaboration with NHS Lothian and the respective health and social care partnerships. Governance of hosted services was a challenge for the partnership's health and care governance group, with services spanning four partnership areas. The operation of hosted services was not featured in partnership plans to any real degree, but delivery was felt to be positive by the partnership.

There was no systematic approach or evaluation of hosted services, either provided or received by the partnership. It was positive to see that there was work underway to identify performance measures, which included those services hosted by the partnership. However, the governance and reporting of hosted services required strengthening to provide further assurance.

Intermediate care was being delivered within two care homes but there was a lack of clarity around the intentions of what intermediate care was to deliver. The role of community hospitals within the commissioning plans was not clear. This had been

recognised by the partnership and work to review the role of community hospitals was at an early stage.

Primary care

The partnership's primary care implementation plan was integral to shifting service provision along with the implementation of the 2018 contract for GPs. There was evidence of a strong and proactive focus on developing links between GP surgeries and a wide range of community-based services including anti-poverty initiatives and local leisure facilities. Receptionists within GP surgeries had undergone training in signposting to the appropriate services.

Additional health staff employed by the partnership and working within primary care included treatment room nurses, pharmacy teams and physiotherapy teams. GPs had been offered training through NHS Lothian's quality academy to support the change in working with other professionals within the primary care setting.

Primary care improvement in the partnership demonstrated that support from the partnership had effected changes to meet the needs of the population. This was subject to review, reporting and measurement. At the time of our inspection, there was evidence of good progress. The partnership acknowledged that there was further work to do before completion of the plan in 2021.

Early intervention, prevention and communities

The partnership was committed to working more closely and engaging with the community planning partnership to support the development of community capacity. This was to make sure that health and social care services were better linked to community-based services. This collaboration was at an early stage in setting out how the two partnerships would work together to promote increased capacity for the provision of health and care support in local communities. An internal audit report in December 2019 on the effectiveness of the integration joint board's strategic planning processes noted that the intention to align locality planning with community planning was not reflected in board and community planning partnership governance documents and structures. The report suggested that this could lead to confusion and lack of clarity about responsibility for health and care issues in communities.

The council's recent implementation of adult social care enquiry teams in the localities was designed to provide assistance through better signposting and advice to people who did not meet the eligibility criteria for care services. This initiative was a positive one, but it was at an early stage.

Stakeholder engagement

There had been extensive effort to seek engagement of stakeholders in commenting on the partnership's key plans, including the strategic commissioning plan. The consultation on the strategic commissioning plan was widely disseminated and received hundreds of responses. The partnership recorded responses to the consultation as overwhelmingly positive and supportive of the proposed plan.

Consultation on the care group commissioning plans used a range of methods to seek opinions on what was important. This included two public events, which provided opportunity for members of the public to contribute to the strategic

commissioning plans for older people, mental health, learning disability and physical disability. Attendance at these was limited, particularly by people who used services. The partnership intended to continue monitoring and reviewing levels of engagement to identify how it could improve.

The partnership had a number of forums in place to engage with people who use services. For example, forums for older people, people with a learning disability and for people with mental health issues. These forums were not routinely used to engage with people around the strategic planning agenda. The partnership should strengthen this engagement in order to give them the opportunity to secure better and more widespread involvement in planning and decision making.

The partnership had previously developed a participation and engagement strategy for the period 2016-26, to complement the original strategic commissioning plan. There was no evidence that this plan had been implemented in practice or that progress had been reviewed. A new communication and engagement strategy was presented to, and approved by, the integration joint board in January 2020, while our inspection team was on site. The plan was linked to the aims and strategic priorities of the strategic commissioning plan. It set out broad intentions for communication with customers and staff, including the use of social media and digital technology.

The partnership found it difficult to engage people who use services including unpaid carers, with regards to planning structures in any meaningful way. While there was attendance from carers and provider representatives at the integration joint board, there was no direct representation for supported people at the strategic planning group at the time of inspection. The planning and commissioning boards only had membership from NHS Lothian and West Lothian council. The lack of routine stakeholder representation in strategic planning forums meant that there was limited opportunity for stakeholders to engage in the early iteration of plans, monitoring the progress of implementation or routine scrutiny of performance and quality. Neither the strategic planning group nor the integration joint board had mechanisms in place to receive routine feedback from people using services, unpaid carers or providers on the effectiveness of their services or planning structures. Therefore, they were unable to use feedback to inform improvement activity.

Carers of West Lothian represented the voice of carers in West Lothian and the carers' centre was active in supporting them. There had been some representation from carers in the consultation events for the care group commissioning plans. All four care group commissioning plans were explicit about a commitment to working with carers. However, many of the carers we spoke to advised us that key aspects of their support needs were not met. For example, respite and out of hours support. The partnership did not have a carers' strategy in place. It did not have a formal and established mechanism to support unpaid carers to improve the chances of people being able to remain in their own homes. At the time of inspection, we were advised that a new lead officer for carers had been appointed.

The partnership engaged with providers at strategic planning level through representatives of the voluntary sector gateway and Scottish Care, who attended the integration joint board and strategic planning group. Not all providers felt that these organisations were able to fully represent the third and independent sector. The

integration joint board had not been involved in commissioning the voluntary sector gateway, and its involvement in partnership groups was additional to its original role of third sector representation to the council.

Direct communication with providers was mostly managed through the contracts team in the council's business support service. This communication was largely focused on contract management and day-to-day operations. The commissioning plans all referred to working with providers. However, there was no representation from providers on the planning and commissioning boards. There was limited opportunity for the partnership and integration joint board to engage directly with providers in a meaningful way to inform future commissioning of services. This impacted on the partnership's ability derive the maximum benefit from the provider market.

Housing

There had been some partnership working with housing in relation to specific initiatives but joint planning was limited. Housing services had provided a small number of core units for people with learning disabilities and the development of cluster flats was anticipated. Additionally, the partnership engaged directly with some registered social landlords in relation to the provision of sheltered housing and housing with care for older people. As a positive development, housing services were to be part of the reconfigured strategic planning group and were represented on the three main planning and commissioning boards. Housing and accommodation needs were a key feature of the commissioning plans. In addition, the council had established a rapid rehousing transition plan board (R RTPB). This board had participation from the partnership at a senior level, with the partnership's chief officer on the board and the mental health and addictions manager chairing the R RTPB health and wellbeing subgroup.

The partnership was in the process of developing an accommodation with care project for people with complex needs, to facilitate the return of some people placed outside the West Lothian area. It had engaged with other health and social care partnerships to inform the planning of this initiative. The project was funded by the council's general fund, reflecting a broader commitment to securing positive outcomes for people. The partnership needed to do more to plan constructively with housing for the future accommodation needs of vulnerable people. They were already committed to this through the planning and commissioning boards and were seeking to develop a 10-year plan to link future housing investment to the delivery of health and care services.

Governance and quality assurance

The integration joint board had a number of effective processes in place for self-evaluation and improvement in relation to its own governance and scrutiny role. An audit, risk and governance committee met bi-monthly. This committee considered the annual governance statement in June 2019. This statement included a comprehensive plan to address all governance issues that had been identified as requiring action. These included:

- a more integrated approach to financial management and clinical and care governance

- improved performance reporting and improved communication and engagement.

The plan was kept under review by the partnership's senior management team and progress considered annually at the time of the next annual statement to make sure that it was fully actioned.

The audit, risk and governance committee carried out an annual self-assessment exercise under The Chartered Institute of Public Finance and Accountancy framework in relation to its effectiveness as a scrutiny and control body. The most recent of these was reported to the audit risk and governance committee in December 2019. The report highlighted that committee members felt that they did not have sufficient training and development to undertake their role and that stakeholders were not made aware of the work of the committee. The committee had yet to agree whether action should be taken in respect of these results. At the time of inspection, the integration joint board had not set dates for members' development sessions for 2020.

The integration joint board had an action plan in relation to the ministerial strategic group for health and community care review of progress with integration. The action plan was to be kept under review by the board but had not been reviewed since it had been submitted to the Scottish Government in August 2019.

The board had an oversight of health and social care activity through the issuing and review of detailed and comprehensive directions to NHS Lothian and West Lothian council. Directions were reviewed on an annual basis and had driven the implementation of care group commissioning plans.

There were clear and effective governance arrangements in place for managing strategic risk. The integration joint board had a detailed risk management strategy that clearly set out responsibilities for the management of risk. A risk register was reviewed by the audit, risk and governance committee at least twice a year and by the senior management team every two months. At the September 2019 meeting, the key risks were the sustainability of primary care and delayed discharge. On these two issues, the risk score had not yet decreased despite the number of measures in place to mitigate the risk. In other areas previously identified as high risk, the risk score had substantially decreased. These included inadequate funding, failure of clinical and care governance and failure of health and safety. An internal audit report on the integration joint board's strategic planning processes in December 2019 found that the board had adequate controls in place for the management of risk.

Despite the clear remit and actions of the integration joint board to provide scrutiny and oversight of the planning and delivery of health and social care services, the council also had a policy development and scrutiny panel (PDSP) for health and care. While the PDSP was not a decision-making body, it received a wide range of reports on issues delegated to the board. In practice, these made up the majority of the panel's business. It also received the minutes of the integration joint board and the NHS Lothian board meetings. This represented a duplication in reporting and governance structures. It was not clear how the involvement of the PDSP added

value and it raised concerns about governance and the degree to which the integration joint board was able to make decisions independently of the PDSP.

The partnership did not have an integrated quality assurance process in place to evaluate the quality, effectiveness and impact of the operational health and care services that the partnership directed. West Lothian council and NHS Lothian had separate processes in place for quality assurance, improvement and the management of and learning from complaints.

There was limited evidence that the partnership used feedback to drive improvement in service provision. It did not have a systematic approach to gathering or scrutinising feedback from key stakeholders. The reconfigured mental health service was widely considered by staff and managers to be a success but there was no organised process to consider how the key success factors would inform improvement and transformation in other areas. In addition, there was negative feedback about the way the charging policy and eligibility criteria were introduced. There was no process that allowed the partnership to learn from this to inform more positive ways to introduce difficult change.

Clinical, care and professional governance arrangements for practice within West Lothian council and NHS Lothian were effective. Staff readily referred to their line managers when asked about how the quality of services was managed and assured. The integration joint board received assurance on the quality and effectiveness of social and clinical care through reports from professional advisers. For example, the chief social work officer and clinical director's reports. There was a health and care governance group, which the board's own evaluation found to be ineffective. This was a key area to be progressed for the partnership to deliver safe, effective and high-quality integrated health and care services. The partnership had recognised this and was taking steps to address the issues.

Finance

The integration joint board's medium-term financial plan provided the planning and commissioning boards with an indication of likely resources available to them over the next four years. In April 2019, the chief finance officer presented a report to the board, updating it on the partnership's medium-term financial plan. The report set out likely contributions from NHS Lothian and West Lothian council to the board budget from 2019/20 to 2022/23. The report also included analysis of likely pressures on those budgets and identified a total funding gap of £26.27m by 2022/23. Of this sum, £14.197m was set against social care functions and £12.073m against health. However, savings were already identified to the level of £14.197m in social care and £4.782m in health. This left a funding gap of £7.921m by 2022/23, all in relation to health services. The report noted that work would be ongoing to identify potential further savings over the next few years.

At the time of the inspection there was a projected overspend of £971k. This was caused predominantly by staffing pressures. In particular, nursing overspend at St John's Hospital. The partnership suggested that this might be due to inadequate budget rather than overspend and the matter was under discussion between the integration joint board and NHS Lothian. It should be noted that a projected £382k underspend on hosted services in West Lothian was mitigating a higher end-of-year

deficit figure. It was anticipated that this overspend would be met by NHS Lothian, enabling the board to achieve breakeven position at the year end.

Despite having a general hospital based in its area, the partnership had limited ability to address the issue of set-aside budgets, particularly in relation to social care, as bed-based care was an issue that affected all four Lothian partnerships jointly. The potential to release set-aside monies would only be realised through discussion and close partnership working between NHS Lothian and all four partnerships over a significant period of time.

During January 2020, the integration joint board also considered and approved a proposal to amend the reserves policy for the board. The proposal was to reduce the target for uncommitted reserves from 2% of budget (approximately £5.1m) to an absolute target of £2m. This would be more achievable in the current climate and reflected a more realistic balance between reality and prudent financial planning. This was a good example of the board reacting appropriately to reflect a different reality from that which had been expected.

The board was provided with good information about financial affairs. It had acceptable processes in place to guarantee effective financial governance and this was confirmed by the 2018/19 external audit report. This report also acknowledged a need for continued work to achieve the necessary savings that had been identified. An integration joint board development day had been dedicated to financial management. However, budget allocations to the partnership were still considered to be health and social care monies, with NHS Lothian and West Lothian council having clearly defined expectations over how the monies would be used. Financial planning, including the identification of savings, was carried out by West Lothian council and NHS Lothian in the same way as it was prior to integration and communicated to the board. While it was positive that the board issued comprehensive directions to NHS Lothian and West Lothian council, these did not yet demonstrate that the board was making decisions about how resources might be used more effectively to benefit the people of West Lothian.

Service development

The partnership had implemented positive joint initiatives to address key areas of challenge. For example, delayed discharge and the high incidence of mild to moderate mental health problems. Staff were encouraged to work collaboratively to support meaningful integrated working and good practice.

The implementation of the discharge hub at St John's Hospital had a positive effect on improving delayed discharge figures. The co-location of NHS Lothian, local authority staff and a carer representative based in the hub facilitated good communication and joint working.

The primary care sector, as part of the primary care improvement plan, had established wellbeing hubs in the two localities. These were staffed by NHS Lothian and third sector staff to provide services for people with mild to moderate mental health problems and reduce workload pressures for GPs. The hubs were in the early stages of operation but were being closely monitored and there was evidence of responsive development coming from learning. For example, using link workers to

visit patients who had not attended following GP referrals. Early performance information was showing positive results in terms of both the GP workload and outcomes for patients.

There was a range of focused services delivered by the partnership that supported people to remain at home or return home rather than receiving in-patient care. These services, while not integrated, did work closely together. The discharge hub hosted the discharge to assess team. REACT could act quickly to assess a patient in the community and provide immediate care, linking with the hospital at home team. The acute care and support team focused on supporting people in acute mental health crisis to remain at home. The West Lothian psychological approach team worked to support care homes to maintain placements for people with dementia when their behaviour was challenging. All teams were limited in capacity and while there were different perspectives on their effectiveness, they represented a real attempt to develop services that would support people to remain in the community. All worked closely with the re-ablement and crisis team that was part of the council's support at home provision, although the re-ablement team was negatively impacted by a significant number of staff vacancies due to challenges in recruiting people.

The support at home team also hosted the home safety team, which was responsible for developing the use of technology to support people to remain at home. This included West Lothian council's telecare provision as well as more developed applications such as GPS monitoring for people living with dementia and electronic monitoring of medication compliance.

There was also a well-developed joint equipment store, jointly funded by West Lothian council and NHS Lothian. This provided small aids and adaptations to promote people's ability to live safely at home. This was an innovative service with transport and drivers available seven days a week. Some drivers were able to make assessments and recommendation for small items of equipment when they were in people's homes, which reduced delays.

Care at home and care homes

The partnership was committed to reducing its use of care homes and to supporting more people to live in their own homes through an enhanced care at home provision. Overall, it had a positive balance of care with 69% of people with long-term care needs receiving care at home in 2018 compared with 62% in Scotland as a whole.

The partnership was beginning to work more closely with housing colleagues to develop alternative and new housing models for people to live in their communities with care and support provided. Each of the care group commissioning plans identified housing as an issue or priority. The partnership was also investing in the housing support for people with mental health and substance misuse problems, with the alcohol and drug partnership funding the support element of the service.

Contracts and commissioning

The partnership had clear arrangements in place for contract management through the finance and contracts team within West Lothian council's business support team. The business support team had recently been restructured and the contracts team was newly established. This team worked closely with procurement services where

there was a dedicated and experienced category manager for social care. The team was co-located with the programme and projects team in the NHS Lothian structure, which supported communication and joint working. The contracts team was represented on each of the planning and commissioning boards.

The contracts team had a comprehensive and up-to-date contract monitoring framework that aimed to make sure that monitoring was proportionate, equitable and transparent. Each contracted service had a link worker within the contracts team who was responsible for monitoring the contract and for managing the relationship with the provider. Positively, most providers had a good relationship and communication with their link worker.

However, whereas the partnership had invested a considerable effort in planning for the new care at home contract, the providers we met had not been involved in this. There was also limited awareness among third and independent sector providers that they were represented on the integration joint board and strategic planning group through the voluntary sector gateway and Scottish Care. There was no forum for meeting with providers as a group and no strategic approach to engaging with or developing the third and independent sector.

The partnership had developed a market facilitation plan. The plan noted some broad intentions in relation to commissioning and communication and some high-value procurement intentions for 2018-23. However, it had limited detail in terms of transformation, market analysis and finance. The contracts team was not aware of the market facilitation plan or its purpose, and it had not been discussed with providers. This resulted in the market facilitation plan being ineffective. The plan was to be subject to annual review but it needed urgent action in terms of both content and application if it were to provide meaningful support to the partnership's agenda.

Decisions about the award, variance or continuation of contracts, as well as contract monitoring reports were considered by the contracts advisory group, which was a high-level group within West Lothian council that met on a four-weekly basis. NHS Lothian staff attended when there was relevant business under discussion and minutes of meetings were sent to some managers in the partnership. However, there was no regular process for the wider partnership to be involved in the business of the contracts advisory group. This resulted in a single agency rather than an integrated approach to monitoring and understanding the implementation and impact of commissioning intentions.

Integrated planning

In the 12 months preceding our inspection the partnership had worked towards developing an integrated planning structure. This included the revised strategic planning group and the planning and commissioning boards that facilitated the development of integrated commissioning plans. This structure had the potential to support an integrated approach to the management of resources across health and social care.

The partnership was still in the process of moving away from separate management structures for health and social policy staff, workforce planning and governance. Budget allocations were made to the partnership by NHS Lothian and West Lothian

council and remained as health or social policy budgets, often with predetermined spend against them. Planning for delegated hospital and hosted services sat largely with NHS Lothian.

Senior management and strategic planning staff had been co-located in the civic centre and this supported improved communication and joint working. The strongest example of successful integration was the recently re-configured mental health service. This service was consistently referred to by staff we spoke to as an example of positive integrated working between NHS Lothian and West Lothian council staff under a single management structure. Communication and information in mental health were effective and services were designed to meet the needs of people using them. The substance misuse and learning disability teams were also positive examples of integrated working.

Despite the stated strategic priority for more integrated and co-ordinated care, there was not a consistent vision among leaders and senior managers of how the partnership should proceed in terms of integration. Some managers felt that co-location and a history of collaborative working was sufficient, particularly as the partnership's performance was not generally worse than the Scottish average and in some areas was better. Other managers recognised the importance of proceeding with integrated models across other services to develop more effective and efficient services and better outcomes for the people who used them. This lack of consistency of vision had hampered further progress towards the partnership's stated aims of integrated health and social care.

The health and social care partnership had evolved from the previous community health and care partnership, which had encompassed criminal justice and children's services which were not delegated to the integration joint board. This meant that there was a need for the partnership to have separate planning, management and governance structures for the services it provided. This was a source of confusion and blurred identity. The partnership attempted to address the issue of identity in its communication and engagement strategy (January 2020) by explaining when it would identify itself as the health and social care partnership and when as the integration joint board. However, staff and managers did not feel confident or clear about the identity of their organisation and it was likely that this perpetuated the lack of clarity about the future for integrated services in West Lothian.

Quality indicator 9: Leadership and direction that promotes partnership

Change and improvement

The partnership had a clearly articulated vision around improving wellbeing and reducing inequalities for all its communities. The vision was aligned with the national outcomes framework and based on core health and care values. It was underpinned by clearly identified priorities and aims and these informed the partnership's strategic commissioning plan. Both senior managers and integration joint board voting members were clear about the vision and the priorities for the partnership and how they would set and drive the agenda forward. We were satisfied with the board's capacity to critically challenge partnership officers in a constructive, measured and thoughtful way

Relationships between the most senior members and officers of the integration joint board, the partnership and the two partner bodies were robust and transparent. We saw and heard of examples that demonstrated good communication. A significant positive factor was an agreed aim of leaders, which the partnership should seek to measure success not just in terms of its performance relative to other partnerships in Scotland but also in the context of West Lothian. This meant setting its own specific targets, rather than targets linked to national averages.

Senior managers within the partnership and its partner agencies demonstrated a shared understanding of what changes were necessary to make progress in difficult circumstances and how financial pressures needed to be managed.

However, the partnership vision did not include and reflect a commitment to integrating services fully to achieve better outcomes and more effective use of resources. The partnership had recognised that historically, there should have been better engagement with community planning partners, as identified in audit work in the months leading up to inspection. Leaders had demonstrated little progress in locality planning and in the development of localities using the locality planning framework. The partnership needed to work on this with community planning partners, as achieving its vision and objectives depended on support from other agencies and services.

The senior leadership team had made sure they were engaging with their staff through a variety of means. The chief officer and heads of service conducted regular visits to frontline services and had discussions with staff about the issues and challenges in delivering services and achieving the vision. Senior managers were committed to communicating with staff and were able to explain the importance of making sure they were visible. Some of them issued weekly email updates to staff about their work, which were well-received. Others chose not to have allocated desks, instead choosing to work at alternating desks in their various teams in order to be more visible and available to staff

Survey evidence about the quality and impact of leadership in the partnership was mixed. In our staff survey there was an almost equal split between those who thought senior managers communicated well in general and those who did not.

We analysed the partnership's 2019 survey for NHS Lothian staff (iMatter), and the 2019 survey conducted among the partnership's West Lothian council staff (social policy staff survey). The results of the three surveys closely mirrored each other, reflecting that staff were generally more positive about the leadership team than not. Staff were particularly positive about being recognised and valued, as well as the visibility of the senior leadership team. When asked whether they felt equipped and trained to carry out their role, staff were almost universally positive. However, a small number of staff did not feel that change and communication were managed well. Addressing this was important in making sure that there was a shared understanding of the vision, values, aims and priorities.

We found that the partnership had made progress, especially in the months preceding our scrutiny, in establishing a positive relationship with staff. While staff recognised that many services were not yet fully integrated, there was a culture of collaborative working in place between practitioners that was supported by leadership. Where there were fully integrated teams, for example in mental health, staff were very positive about this. This was a strength, but one the partnership needed to build on further as it moved forward with integration. At the time of our inspection, most services and teams were not integrated.

We found evidence of the current leadership working effectively to deliver change and improvement where it was required. For example, the leadership team had examined the effectiveness of the strategic commissioning plan and the role of the strategic planning group in the previous year. Neither had been considered as being as effective as they could have been and this had limited progress on integration. The partnership had made significant changes to its strategic plan and was in the process of making changes to its structure and governance, including strengthening the strategic planning group.

A significant resource was committed to leadership training for partnership officers, particularly a programme in relation to managing integrated health and social care. The recent establishment of a transformation board was a further reflection of where the partnership acted to drive improvement. This board would be chaired by the chief officer and have a specific remit to look across the various service areas and identify where and what significant change was necessary.

However, there were also important strategic issues where a lack of such agreement or a shared vision had significantly hindered progress being made. These included the partnership's approach towards integration. Senior managers in the partnership had significant experience of joint working and while all managers were committed to working together, not all saw the need to progress to full integration. More widely, senior managers and staff needed to support the chief officer's clear message that integrated services were critical and offered the best way of delivering positive outcomes for people in the challenging climate they faced. The partnership's approach to locality planning and locality working was another area where a lack of consensus about the way forward had significantly impeded progress. The partnership was still to conclude what locality arrangements it intended to have and how it would implement and deliver these.

The partnership needed to resolve and address these outstanding issues as a matter of priority. A failure to do so would risk undermining the good progress being made in other areas. The transformation board had the potential to ensure necessary progress on the partnership's agenda. It was too early to assess how effective the board would be.

Strategy and direction

Senior managers and leaders were well-informed about future trends and service demands that would result from an older population with health and social care needs. West Lothian's older population was projected to grow much more than the national average. They also had clear understanding of the importance and need for West Lothian, within the context of NHS Lothian, to have a redesign of mental health, learning disability and physical disability services. This was evident in many elements of their commissioning plans.

Integration joint board voting members demonstrated a good understanding of how service changes were necessary to achieve the vision and respond to demands and pressures. They had regular briefings from senior managers, including the chief officer, the chief financial officer and the chief social work officer. In addition, they received a suite of performance information twice a year, which they were able to interrogate, and which allowed them to issue appropriate directions to the partner bodies.

In most cases, management structures were not yet fully integrated. This was a priority for the partnership as the integration of management structures was intended to be achieved within six months of our inspection. While integrated structures were seen as the strategic direction for management, the partnership felt it provided a lot of benefits from managers by simply being co-located. The success of co-located working was recognised by all and this was something the partnership wished to build upon in a positive manner.

However, there was still work to be done to make sure that all leaders and managers were fully committed to integration. This would deliver better outcomes and maximise the effectiveness of resources.

4. Evaluations and areas for development

Quality Indicator 1: Improvements in partnership performance in both health care and social care

The partnership was performing in line with national trends and in some areas, it was performing slightly better than the national average. Comparisons with the partnership's local government benchmarking forum family were very positive. Reporting on performance was robust. Senior managers expressed confidence in the data they had access to.

The senior management team met regularly to consider performance information and monitored and managed performance across key services in relation to capacity and flow. There was good evidence that this allowed them to identify and react to problems in the system. Performance information had been used to inform some changes to services, but the partnership needed to actively promote a culture of performance improvement across all services.

Performance reporting was not integrated. The partnership was working on this and it planned to have an integrated approach to reporting in place by July 2020. This would help build a culture that recognises the benefits of integration. The partnership had met its legislative requirement to produce an annual performance report linked to the core suite of indicators. It recognised a need to work on gathering more comprehensive qualitative data on personal outcomes. This would support it to make better decisions about how it used its resources.

The partnership would benefit from a more comprehensive evaluation of the effectiveness of its interventions. For example, post-diagnostic dementia support take-up levels were relatively low, but it was not clear why this was the case. The primary care improvement plan was demonstrating positive results, but these needed to be captured and evaluated.

Evaluation – Good

Quality indicator 6: Policy development and plans to support improvements to service

6.1 Operational and strategic planning arrangements

6.3 Quality assurance, self-evaluation and improvement

6.5 Commissioning arrangements

The partnership had a coherent range of plans at a strategic and operational level, with important and common themes running through them. Commissioning plans for learning disability, physical disability and mental health had been approved by the integration joint board but the plan for services for older people required more detail.

The partnership had progressed a number of initiatives that were helping shift the balance of care, to reduce delayed discharges and prevent hospital admissions. The work around transforming primary care was positive. This included a focus on developing links between GP surgeries and a wide range of community-based services.

The partnership had shown a willingness to refresh plans and processes when necessary and there was robust governance around the integration joint board. The partnership was progressing work in areas like integrated workforce planning and reporting, but this was at an early stage.

There was also an appetite to develop and strengthen quality assurance as at the time of inspection, but this was not done on an integrated basis. This reflected a wider pattern of a lack of planning on an integrated basis.

There was a need to develop stronger engagement with supported people and carers. The partnership did not have mechanisms in place to receive routine feedback from people using services or unpaid carers on the effectiveness of their services or planning structures.

In relation to engagement with providers, there were positive operational links with the contracts team. However, there was limited opportunity for providers to engage in a meaningful way with the partnership and the integration joint board to inform future commissioning of services.

The partnership had made limited progress with the development of localities. It had yet to develop a model for locality planning that fitted with all its services.

Further work was also required to develop plans and structures that supported the full delivery of integrated services. The recently reconfigured mental health service was an example of positive integrated working between NHS Lothian and West Lothian council staff under a single management structure.

Evaluation - Adequate

Quality Indicator 9: Leadership and direction that promotes partnership

While there was evidence of strengths in leadership, including good working relationships between chief and senior officers, there were also areas for improvement. The leadership team had undergone significant changes in the 12 months prior to inspection, with new appointments to a number of key positions.

The leadership team showed a strong commitment to engaging with their staff and promoting their visibility in a range of ways. They had also demonstrated the ability to adapt to new and evolving demands, and change direction and strategy on some key strategic issues.

There was still work to be done and progress to be made on locality planning and in developing and implementing integrated management structures. These had not been progressed as expected since 2016.

Integration joint board voting members demonstrated a good understanding of the service changes required to meet the health and social care demands on the partnership.

Key senior leaders expressed a strong commitment to progressing with integration. However, there was not a consistent and shared commitment to this across the broader partnership's leadership and management teams. The leadership team needed to be clear about the differences between co-location, joint working and integration. Leaders needed to demonstrate a commitment to integration and develop a plan for taking this forward.

Evaluation - Adequate

5. Recommendations

<p>QI 1</p>	<ul style="list-style-type: none"> • The partnership should progress with developing and implementing a fully integrated performance framework. • The partnership should develop the means to gather and use qualitative data on personal outcomes.
<p>QI 6</p>	<ul style="list-style-type: none"> • The partnership should produce the detail to underpin its commissioning plans, particularly for older people, and progress to implementing these. • The partnership should develop and deliver integrated plans that support delivery of services. For example, workforce planning. • The partnership should develop and progress a coherent and meaningful approach to locality planning. • The partnership should agree and progress the steps it needs to take to strengthen its engagement with and involvement of supported people, carers and care providers.
<p>QI 9</p>	<ul style="list-style-type: none"> • Leaders should establish a clear identity for the integration authority to ensure its role in supporting the functions of the integration joint board is clearly evident to the people of West Lothian. • Leaders should have an agreed approach for integration and produce a plan for all managers and leadership to progress.

6. Conclusion

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to assess the progress made by health and social care partnerships in delivering better, more effective and person-centred services through integration. In doing so, we considered the partnership's ability to:

- improve performance in both health and social care
- develop and implement operational and strategic planning arrangements and commissioning arrangements
- establish a vision, values and aims across the partnership and the leadership of strategy and direction.

We found this partnership had made limited progress towards integration since 2016.

The partnership was able to demonstrate positive performance results. There were clear processes for reporting on performance and the partnership had used performance data to make improvements. Further progress was required in integrating its performance reporting and making better use of qualitative data.


The partnership had clear and consistent plans for the development of services. Further work was required to make sure that systems and structures were integrated to support the seamless delivery of services. The partnership needed to clarify its approach to locality planning and progress the development of localities.

There had been significant changes in the leadership team in the months preceding the joint inspection. This had created a momentum for positive change. However, there was a need to make sure that there was a clear consensus about integration and the need for integration. The partnership also needed a robust plan setting out how integration would be achieved.

We found this partnership needed to make more progress in integrating health and social care services. There was a clear commitment from key senior officers to address this. This was important, as despite some evidence of positive outcomes for people, the partnership could make more effective use of resources and ultimately deliver better outcomes through more integrated working.

We will work with the partnership to support and monitor how they address the recommendations in this report.

Appendix 1 – Quality improvement framework

1. Key performance outcomes	4. Impact on the community	6. Policy development and plans to support improvement in service	7. Management and support of staff	9. Leadership and direction that promotes partnership
We assessed 1.1 Improvements in partnership performance in both healthcare and social care	4.1 Public confidence in community services and community engagement	We assessed 6.1 Operational and strategic planning arrangements	7.1 Recruitment and retention	We assessed 9.1 Vision, values and culture across the partnership
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	5. Delivery of key processes	6.2 Partnership development of a range of early intervention and support services	7.2 Deployment, joint working and team work	We assessed 9.2 Leadership of strategy and direction
2. Getting help at the right time	5.1 Access to support	We assessed 6.3 Quality assurance, self-evaluation and improvement	7.3 Training, development and support	9.3 Leadership of people across the partnership
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.2 Assessing need, planning for individuals and delivering care and support	6.4 Involving individuals who use services, carers and other stakeholders	8. Partnership working	9.4 Leadership of change and improvement
2.2 Prevention, early identification and intervention at the right time	5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	We assessed 6.5 Commissioning arrangements	8.1 Management of resources	10. Capacity for improvement
2.3 Access to information about support options, including self-directed support	5.4 Involvement of individuals and carers in directing their own support		8.2 Information systems	10.1 Judgement based on an evaluation of performance against the quality indicators
3. Impact on staff			8.3 Partnership arrangements	
3.1 Staff motivation and support				
				

Appendix 2 – Inspection methodology

Our inspection of West Lothian Health and Social Care Partnership was carried out over three phases:

Phase 1 – Planning and information gathering

The inspection team collated and analysed information requested from the partnership. The inspection team sourced other information before the inspection started. Additional information was provided during fieldwork.

Phase 2 – Staff survey and fieldwork

We issued a survey to 1,845 staff. Of those, 406 (22%) responded. We also carried out fieldwork activity over seven days, during which we interviewed a number of people who hold a range of responsibilities across the partnership. The partnership offered observation of the integration joint board and the audit and performance committee, which inspectors attended.

Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland jointly publish an inspection report. The report format for this inspection focuses on strategic planning and commissioning and links this to evidence gathered on current performance and the development of the integrated leadership team. Unlike previous joint reports, comment is provided on our level of confidence in respect of the partnership's ability to successfully take forward its strategic plans from intentions to changes in operational delivery.

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Contact us:

Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Write: The Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

We can provide this publication in alternative formats and languages on request.



Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 8

STRATEGIC COMMISSIONING PLAN – ALOCHOL AND DRUGS SERVICES

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

To present the Integration Joint Board (IJB) with the strategic commissioning plan for Alcohol and Drug Partnership (ADP) services in West Lothian and seek the Board's approval of the plan.

B RECOMMENDATION

To approve the strategic commissioning plan for Alcohol and Drug Partnership (ADP) services as detailed in Appendix 1 to this report.

C SUMMARY OF IMPLICATIONS

- | | | |
|-----------|--|---|
| C1 | Directions to NHS Lothian and/or West Lothian Council | A Direction is required and is appended to the report for approval prior to issue – Appendix 2 |
| C2 | Resource/ Finance | Financial resources as detailed in the IJB's Strategic Plan 2019 to 2023. Implementation of commissioning plans will require to take account of available resources. |
| C3 | Policy/Legal | Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance. |
| C4 | Risk | The risk is captured in the risk register and will be monitored. |
| C5 | Equality/Health | In developing its Strategic Plan, the IJB took account of the requirements for mainstreaming equality by aligning its strategic outcomes with equality outcomes. The plan was subject to an integrated equalities impact assessment and the commissioning plans are covered by that assessment. |
| C6 | Environment and Sustainability | Environmental impact will be reviewed as each of the actions in the plan is developed. |

- | | | |
|------------|---|--|
| C7 | National Health and Wellbeing Outcomes | The commissioning plan addresses the relevant National Health and Well-Being Outcomes in accordance with the IJB's Strategic Plan. |
| C8 | Strategic Plan Outcomes | The commissioning plan is aligned to relevant Strategic Plan outcomes and will incorporate detailed performance indicators. |
| C9 | Single Outcome Agreement | The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes as they relate to health and social care. |
| C10 | Impact on other Lothian IJBs | Consultation will take place with other Lothian IJBs where there are Lothian-wide developments or implications. |

D TERMS OF REPORT

Background

- D1** The Integration Joint Board approved a revised Strategic Plan for the period 2019 -2023 at its meeting on 23rd April 2019. The plan details how high-level outcomes are to be achieved through a process of strategic commissioning and includes a commitment to developing a series of care group commissioning plans. This report relates to the development of the plan for Alcohol and Drug Partnership (ADP) services in West Lothian.
- D2** The IJB also approved a revised planning and commissioning structure (Appendix 3) to lead the development of the strategic commissioning plans working under the direction of the IJB's Strategic Planning Group. The ADP commissioning plan has been developed through the revised structure.

Developing the New Commissioning Plans

- D3** In developing the new commissioning plan, the Institute of Public Care's commissioning model, 'analyse, plan, do and review', was adopted.
- D4** The development of the plan began with a review of progress against the priorities identified in the 2016 to 2019 plan. The review was used to identify where actions set out previously were complete, needed further development or needed to be reviewed.
- D5** In addition to the commissioning plan review, a Strategic Needs Assessment ([West Lothian ADP Strategic Needs Assessment Summary](#)) was undertaken and considered alongside national and local policy developments.

- D6** A crucial part of updating the new plan was extensive consultation and engagement with service users, key stakeholders and staff. The aim of the engagement was to get feedback on what was working well and to gather suggestions on areas for future development. A wide range of engagement activities took place from August 2019 through to March 2020 to seek views directly from service users, carers and families, staff, service providers and other stakeholders.
- D7** Consultation also took place with all representatives of the IJB's Strategic Planning Group.

Feedback from the consultation and engagement was considered alongside the review of the 2016 plan, the Strategic Needs Assessment and national and local developments to identify emerging themes. Those emerging themes were in turn translated into an action plan to support the new commissioning plan. The action plan includes:

- A description of the action required
- Details of relevant National Health and Wellbeing Outcomes
- Relevance to the IJB's strategic priorities
- Progress and performance measures
- Timescales
- Lead Officers

- D8** Across all of commission plans that have been developed, some common themes have emerged and included: support for carers, development of technology enabled care, housing, access to information and ensuring choice through Self-directed Support. Learning from the partnership's response to the Covid-19 pandemic has also been reflected in the plans and will continue to play a part in shaping future service delivery during the development of the actions contained in the plan.

Financial Framework

- D9** The IJB's Strategic Plan sets out the resources available for delivery of the Board's strategic intentions. The commissioning plan identifies at a high level the total resources available for the delivery of services. Going forward, decisions will be made on investment and disinvestment of services as the commissioning plans progress. Budgets will be linked clearly to transformational change programmes and project plans.

Next Steps

- D10** A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined.

- D11** The Alcohol and Drugs Partnership will meet at least six times per year and report to the IJB's Strategic Planning Group. Implementation and progress of the plan will be monitored by the board and the Strategic Planning Group. It is proposed that formal updates on progress be submitted to the Integration Joint Board every 6 months.
- D12** The next phase will involve linking in to wider partnership programmes including workforce planning to ensure that future workforce plans are aligned to strategic priorities and new models of care as they develop.

E CONSULTATION

IJB Strategic Planning Group

F REFERENCES/BACKGROUND

ADP – Strategic Needs Assessment

[West Lothian ADP Strategic Needs Assessment Summary](#)

G APPENDICES

Appendix 1 – Strategic Commissioning Plan – Alcohol and Drug Partnership

Appendix 2 – Strategic Direction –Alcohol and Drug Partnership

Appendix 3 – Revised Planning and Commissioning Structure

H CONTACT

Yvonne Lawton, Yvonne.lawton@nhslothian.scot.nhs.uk, 01506 283949

22nd September 2020

Strategic Commissioning Plan Alcohol and Drug Services 2020-2023

"Increasing wellbeing and reducing health inequalities across all communities in West Lothian"

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1. Introduction

In West Lothian we believe in providing supports and services that allow our citizens to live well. The Alcohol and Drug Services Strategic Commissioning Plan prepared by the West Lothian Alcohol and Drug Partnership (ADP) sets out how the West Lothian Health and Social Care Partnership aims to improve the way in which drug and alcohol services are delivered to people within our population who need our support.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. As a result of this we have published the [West Lothian Integration Joint Board Strategic Plan 2019-23](#) setting out both our aims and strategic priorities to achieve this ambitious goal. The vision of the plan is:

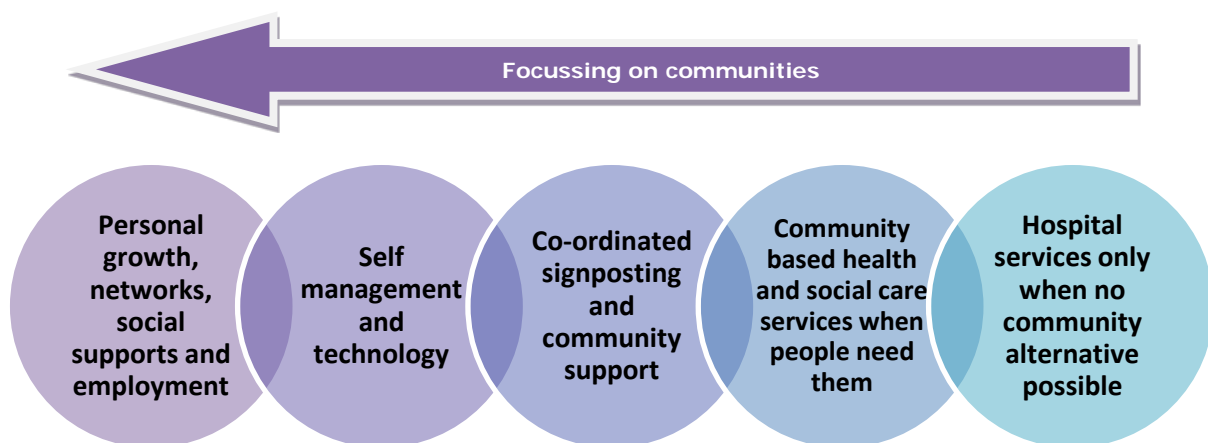
“To increase wellbeing and reduce health inequalities across all communities in West Lothian”

By working to the values of both West Lothian Council and NHS Lothian, the Integration Joint Board (IJB) has developed a set of values that will underpin the future commissioning of the services outlined in this plan.



2. Our Approach

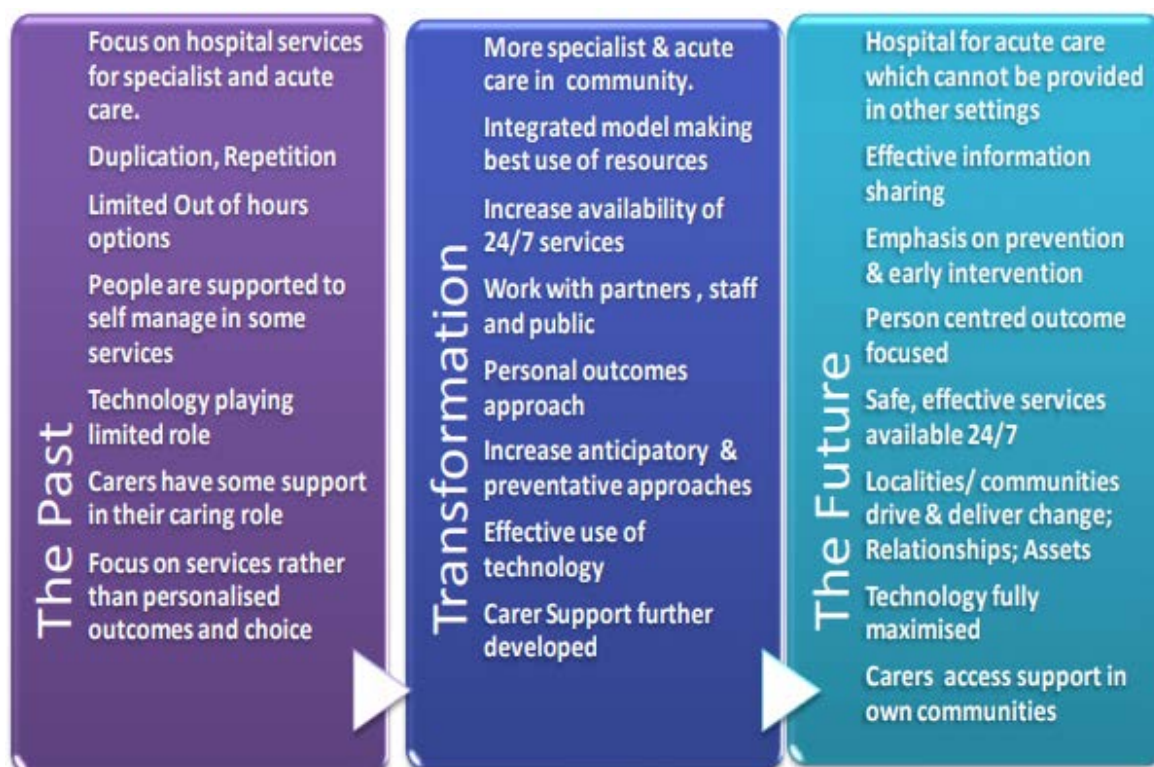
We have adopted a whole system approach to reviewing and developing alcohol and drug services in West Lothian. This means that we are thinking about how we invest our resources; aiming to have fewer people develop problematic drug and alcohol use, providing high quality and effective treatment when needed, recognising that in many instances services work best when they are delivered locally. We are working on the principle of offering health and social care services in community settings unless there is a very good reason not to. We are focussing on how we shift the balance of care towards delivery of care and support at the right time in local communities.



Significant transformational change takes time and we recognise that it may take longer than the span of this plan to achieve all the changes we need. This plan builds on previous work and provides a firm foundation for developing alcohol and drug services for adults in West Lothian over the next three years.

We need to think carefully about how we manage our financial resources and our workforce to deliver new ways of working. It will be necessary to invest in some services and disinvest in others as our plans develop. We also need to build a sustainable workforce to address some of the challenges we face, and focus on maximising opportunities for integrated and partnership working.

The vision for transformational change in Health and Social Care in West Lothian is described in more detail below:



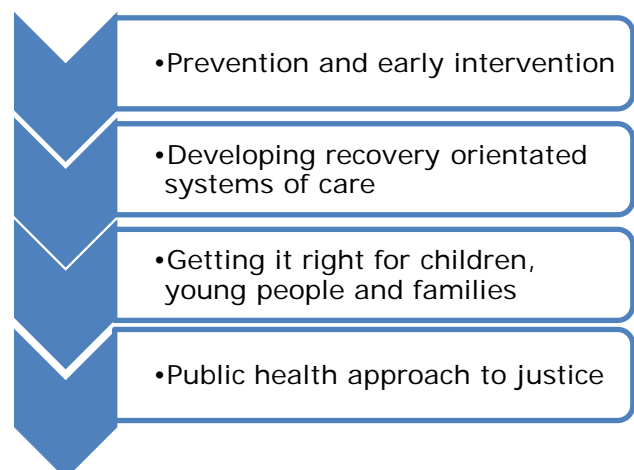
Engagement with local communities provides a key mechanism for ensuring that services are planned and led in a local way. Development of the commissioning plan for alcohol and drug services has involved both targeted and open consultation with service users, carers, families, providers and staff from across the West Lothian Health and Social Care Partnership (WLHSCP). The consultation, along with the recent Health Needs Assessment Substance Use-West Lothian 2019 conducted by NHS Lothian's Department of Public Health and Policy, has enabled us to identify what matters most to those directly affected by problematic drug and alcohol use.

Our approach in West Lothian draws on the priorities outlined in key national drivers such as:

- Rights, Respect and Recovery: alcohol and drug treatment strategy – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths
- Published Quality Principles which outline the care and support standards expected in drug and alcohol services
- Ministerial priorities and National deliverables
- Recent recommendations of The Drugs Deaths Taskforce

The Scottish Government launched Rights, Respect and Recovery the new strategy in 2018. An action plan covering 2019-2021 was published in October 2019. The strategy provides a vision and a set of guiding principles based on everyone having rights: to health, to be free from harms; to be treated with dignity and respect; and to be fully supported to find their own type of recovery. It aims to make improvements so that: fewer people develop problematic drug use; more people benefit from effective, integrated, person-centred support; children and families are safe, healthy, included and supported; and vulnerable people are diverted from the justice system where appropriate and those within justice settings are fully supported.

The strategy focuses on improving:



The Quality Principles: Standard Expectation of Care and Support in Drug and Alcohol Services

The Quality Principles were developed in 2009. The primary purpose of the principles is to ensure that quality is embedded and evidenced across all services in Scotland.

The Quality Principles have been laid out as a journey, beginning with access to services leading on to assessment, recovery planning, and reviews and beyond. No one Quality Principle is more important than another.

1. You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.
2. You should be offered high-quality, evidence-informed treatment and care and support interventions which reduce harm and empower you in your recovery.
3. You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.
4. You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.
5. You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.
6. You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.
7. You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.
8. Services should be family inclusive as part of their practice.

The Quality Principles are driven forward in West Lothian through the ADP's Quality Assurance Sub Group.

Ministerial Priorities and National Deliverables for 2019/20

Ministerial priorities are updated annually and ADPs are asked to report on progress in their annual reports. The Minister has set out the following five priorities and a series of improvement goals for 2019/20:

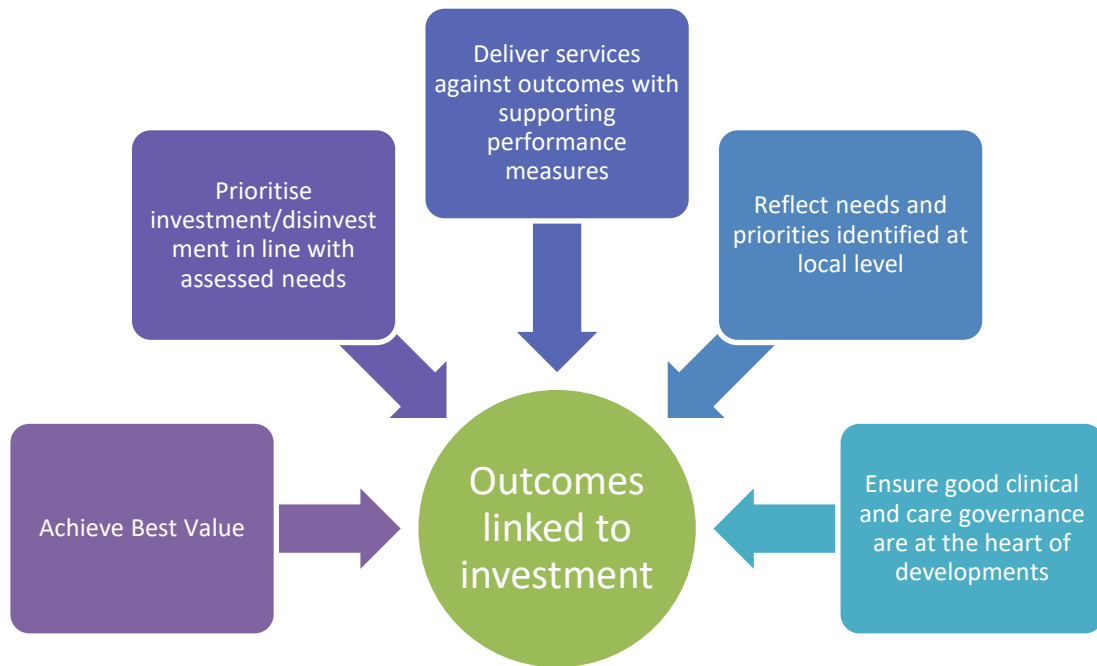
1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths;
2. A whole family approach on alcohol and drugs;
3. A public health approach to justice for alcohol and drugs;
4. Education, prevention and early intervention on alcohol and drugs;
5. A reduction in the attractiveness, affordability and availability of alcohol

Drug Deaths Taskforce Recommendations: Our Emergency Response

In January 2020 the Drug Deaths Taskforce announced six evidence-based strategies to help reduce drug-related deaths:

1. Targeted distribution of naloxone;
2. Having an immediate-response pathway for non-fatal overdose;
3. Optimising medication-assisted treatment (MAT);
4. Targeting people most at risk;
5. Optimising public health surveillance; and
6. Ensuring equivalence of support for people in the criminal justice system

The development of new West Lothian Commissioning Plan for Alcohol and Drug Services has been overseen by the Integration Joint Board's (IJB) Strategic Planning Group and the ADP based on a recent Needs Assessment conducted by Public Health 2019. The commissioning plan aims to:



3. Previous Commissioning Plan - Priorities and Key Results

In 2014, independent research was commissioned by the WLHSCP to develop a comprehensive needs assessment upon which the 2015-18 delivery/commissioning plan for alcohol and drugs services was based. NHS Lothian's Public Health service conducted a further needs assessment for the West Lothian ADP which was completed towards the end of 2019. The principles and key measures identified in both those needs assessments continue to provide the basis for our new commissioning plan.

Implementation of the previous plan took place against a backdrop of challenging financial circumstances and budget pressures which were managed by the ADP.

The main work streams for development identified in the previous plan were:



Prevention

During the course of the plan, the ADP worked with a range of stakeholders around the public health impact of the overprovision of licensed premises in West Lothian and continued close ties with Police Scotland colleagues to support the "Best Bar None" initiative administered by Police Scotland to ensure that licensees followed best practice in regard to the five priorities contained within the Licensing Act.

Working in partnership, Fallahill Primary School, West Lothian Council's Education Service and the West Lothian Alcohol and Drug Services (WLDAS) produced a learning resource pack for primary schools. The pack was rolled out to all primary schools in West Lothian along with DVD and interactive lesson plans. Two training sessions took place for primary school teachers, and schools were given additional support to implement the new approach. A secondary school resource was developed in partnership with Police Scotland and 'campus cops' who were in place at the time were trained to deliver a mixture of learning opportunities to young people.

The ADP started a Young People Sub Group in 2018 recognising that young people and prevention were areas that required much more focus across West Lothian.

Early Intervention

One of the key priorities for the ADP was around addressing alcohol and drug consumption across all sectors in society through early identification and intervention with people beginning to develop problems. Work in this area included implementing and supporting the Substance Misuse Policy in Schools.

Support was given for Alcohol Brief Interventions (ABIs) which aim to identify a real or potential alcohol problem and motivate people to do something about it. The work included training for prison staff and those working in primary care. Support was also given to develop the ABI programme in Social Work, Health and the Voluntary Sector. West Lothian has an annual contribution target of 1,987 ABIs. The yearly target of ABIs delivered continues to be met.

In 2016 a counselling service for young people was decommissioned as it was initially considered that these outcomes could be met within existing services. However, after a review and increased ADP funding, a service was recommissioned in 2019 from WLDAS to provide counselling and support to young people.

Tenancy support has continued to be offered to those with mental health and substance misuse focussing on early intervention and preventing loss of housing or other problems significantly worsening as a result of substance use.

Funding continued for the Specialist Alcohol Service which forms part of the Community Addictions Service in West Lothian. This social work service focused on providing care plans to intervene and support people early enough before capacity, mental and physical health deteriorated beyond reparation.

The Needle Exchange Outreach Network (NEON) needle exchange programme, provides injecting equipment, safer injecting advice, naloxone delivery and encouragement and assistance treatment and other supports was delivered as part the NEON bus and pharmacy exchange.

Community Safety

The ADP undertook work with partners on a whole population approach including supporting Police Scotland with their "Campaign Against Violence" which focuses on tackling the problems caused by party houses where alcohol and drugs are a main feature.

An 'over provision statement' on alcohol availability and consumption was developed with partners including Police Scotland.

The partnership supported the "Best Bar None" initiative administered by Police Scotland mentioned above.

The ADP commissioned an Assertive Outreach Service provided by Change, Grow, Live (CGL) to work as a prison in-reach service supporting those liberated from HMP Addiewell and HMP Edinburgh. They also continued the delivery of an ABI programme in partnership with NHS Lothian for people held in custody suites and who had been arrested or charged with alcohol related offences, including violent offending.

Recovery

The development of the building blocks for our Recovery Orientated System of Care (ROSC) included emphasis on easier access to services and a commissioning process which ensured that recovery was at the heart of service delivery. Providers were challenged to review practices and to recognise the value of family inclusive practice.

There are now three main key treatment services: West Lothian Drug and Alcohol Service (WLDAS); Community Addictions Service West Lothian; and Change Grow Live (CGL).

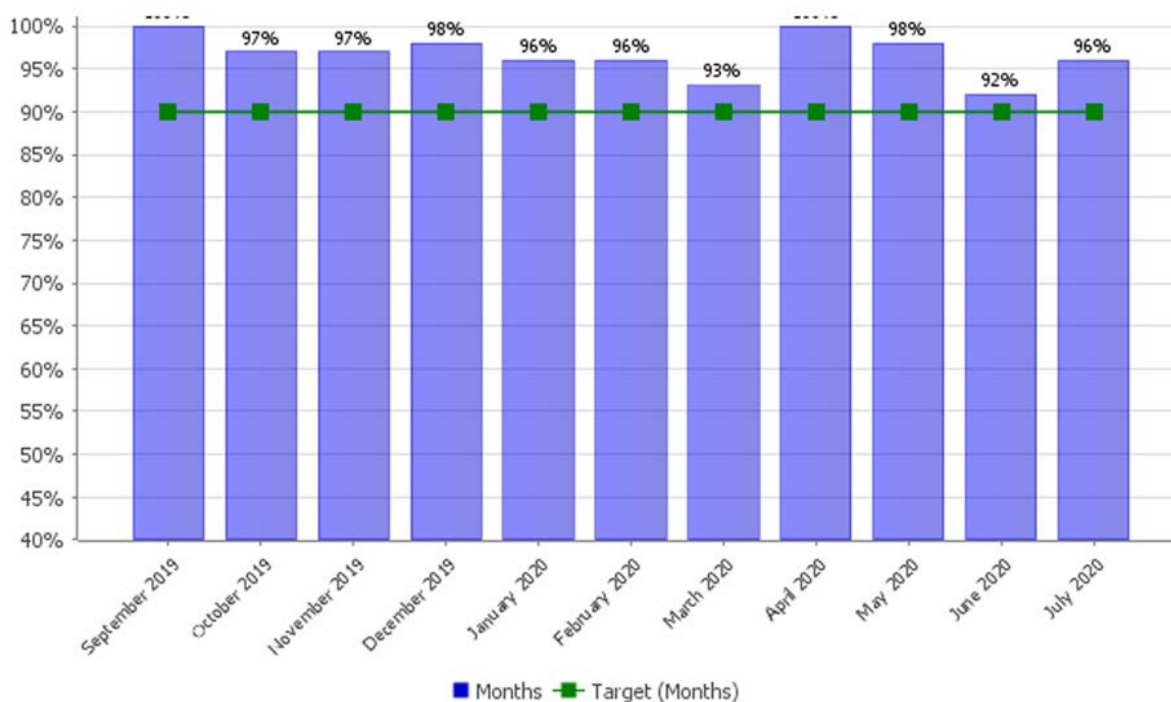
The ADP has a Quality Assurance group which monitors ROSC and Quality Principles to achieve excellence.

West Lothian had a growing recovery community with a number of active mutual aid groups which meet on a regular basis. All ADP commissioned services are encouraged to support service users to attend mutual aid groups and engagement opportunities.

A West Lothian Recovery Service was piloted and evaluated as part of a Public Social Partnership (PSP). Ongoing services were commissioned from Change, Grow, Live (CGL). The work has resulted in more recovery sites being opened, the development of peer support networks and workforce training.

Challenges were experienced during the course of the plan in meeting national treatment waiting time standards, specifically the A11 standard which stipulates that '90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment'. In spring 2019 a recovery plan was put in place which resulted in considerable improvement in performance and the target met in June 2019. Improved performance has been sustained during the course of 2020.

Percentage of clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment
September 2019 to July 2020



- September 2019 and April 2020 had a result of 100%.

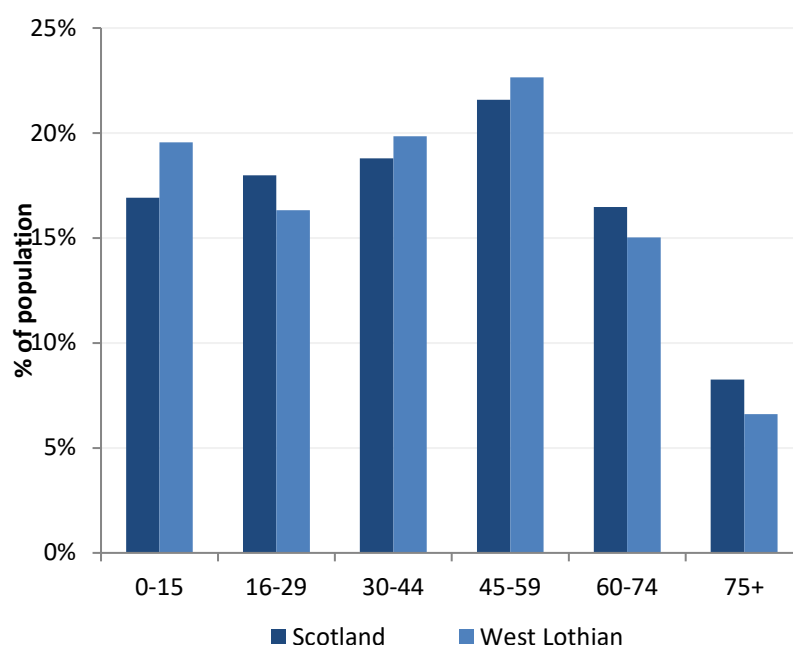
Housing First

The ADP has worked with housing colleagues to develop a 'Housing First' approach. Housing First is a response for people whose homelessness is experienced alongside other severe disadvantage. While the experience of everyone is different, the common threads include trauma, abuse, addictions, mental ill health and experience of local authority care and prison. A Public Social Partnership (PSP) approach to developing the West Lothian model was progressed in late 2019 for those with addictions and mental health problems. Cyrenians have stepped forward to be the lead provider and the aim is to support 10 people by the end of March 2021.

4. West Lothian Context

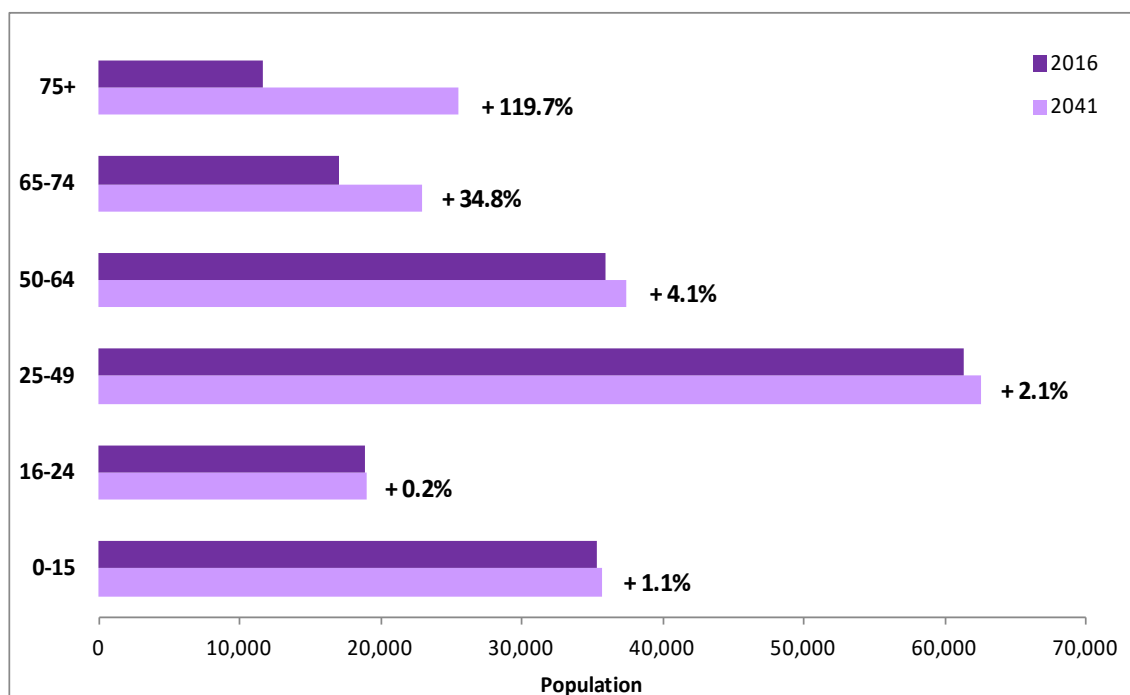
According to National Records of Scotland, the 2017 population for West Lothian was 181,310; a 3.5% increase of the population figures reported in 2011 Census (175,118). In relation to the comparison areas, mid-year estimates for 2017 show West Lothian has a higher population than Falkirk (160,130) and Renfrewshire (176,830), and lower than South Lanarkshire (318,170). Scotland's overall population is also shown (5,424,800).

In terms of age, the West Lothian the West Lothian population is broken down below.



We also know that the West Lothian population is growing at a faster rate than in other areas of Scotland. By 2041, very significant growth is expected in the number of people in West Lothian who will be aged over 65 which will present challenges in how we deliver future services. We already know that we have an ageing workforce in health and social care therefore we need to think very differently about how we will ensure that care and support services are sustainable in the longer term.

The table below shows the expected population shift in West Lothian by 2041



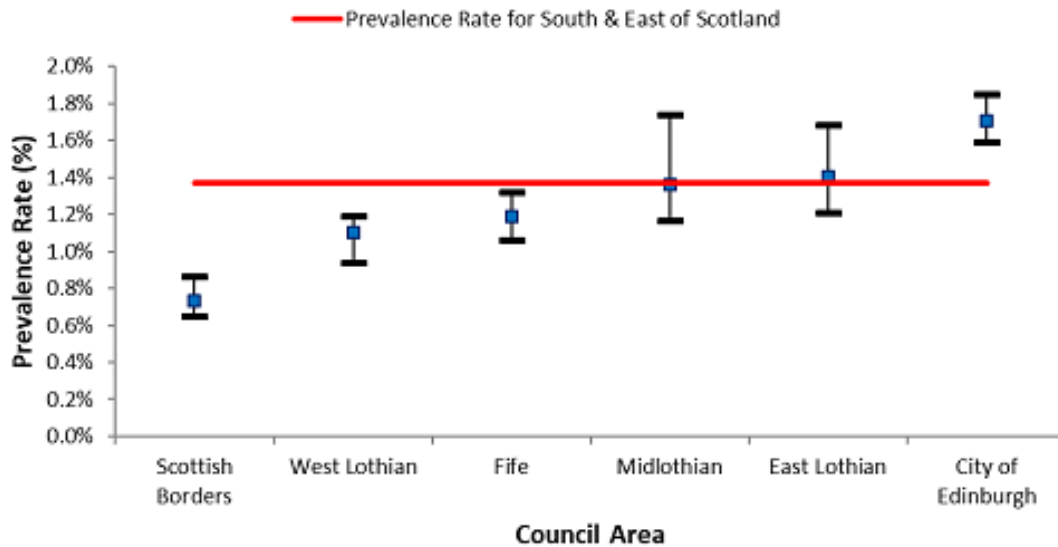
The data below provides some insight into problematic substance use in West Lothian. More detailed analysis is in the Health Needs Assessment 2019 from which the data is extracted:

Problem drug use is defined as *"problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines, and implies routine and prolonged use as oppose to recreational and occasional drug use"* (ISD Scotland, 2019).

There were an estimated 1,300 problem drug users aged 16 to 65 in West Lothian during 2015/16¹ which equates to approximately 1.11% of that population.

The following table shows drug use prevalence rates for the South and East of Scotland with prevalence in West Lothian below the rate across the area as a whole. The ratio of males to females was 2.25 which is similar to the prevalence rate by gender for Scotland. Combined the six councils making up the South and East Scotland area make up 25.3% of the overall Scottish drug prevalence rates.

¹ The most up to date information available



The Drug and Alcohol Treatment Waiting Times (DATWT) database is used to record the number of people receiving treatment in commissioned tier 3 and tier 4 community-based services. Tier 3 interventions include structured, care-planned drug treatment. Tier 4 interventions include drug specialist inpatient treatment and residential rehabilitation.

In 2017, there were 789 referrals to treatment services related to drug misuse and 701 related to alcohol misuse. A more detailed analysis and overview of the drug and alcohol issues in West Lothian are contained in the [Needs Assessment](#) completed in 2019.

National Records of Scotland statistics show the number of drug related deaths in West Lothian for 2018 was 25 which was an increase of 3 from 2017.

A new definition of alcohol deaths was introduced in 2017 for reporting purposes. The new statistics report on conditions wholly attributable to alcohol (where alcohol was the underlying cause on the death certificate). In 2018, in the West Lothian local authority area, there were 35 alcohol-related deaths using the new definition, a decrease from 38 deaths in 2017. The 5-year average covering the period 2014- 2018 is 31.

5. Developing the Strategic Commissioning Plan for 2020 -2023

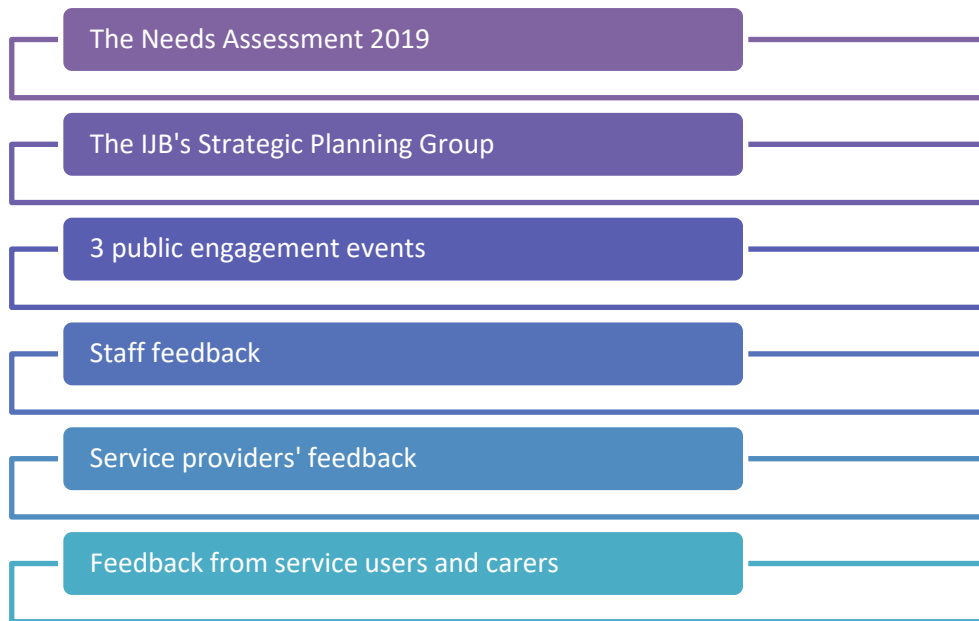
Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning is commonly described as a cycle of strategic activities similar to that shown below:



In this model, based on that developed by the Institute of Public Care (IPC), the commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of strategic commissioning. We consider commissioning to encompass all the services required to support the health and social care needs of the West Lothian population: health services in the hospital and community, social work and social care services as well as services delivered by the third and independent sectors.

6. Consultation and Engagement

The engagement process for the Alcohol and Drugs Services Plan started as part of the Needs Assessment which commenced in 2018. Consultation comprised a range of approaches and stakeholder involvement including:



Methods for consultation and engagement as part the [Needs Assessment](#) are detailed in the report.

Service users, families, and staff also had the opportunity to engage with the development of the commissioning plan in a range of other ways. Work included focus groups with two different family support groups and a further focus group of service users in the Recovery Service.

In February 2020, 3 customer engagement events took place in 3 different locations in West Lothian. A total of 21 service users, carers and members of the public attended and discussions took place on what was working well in the current system, what could be done better, and what services might be commissioned in the future to improve provision. Specific questions were also asked in relation drug and alcohol related deaths. Two services submitted written submissions from service users to feed into the process.

Engagement with staff groups in the completion of the Needs Assessment included an online survey which generated 70 responses. Meetings were held with individual staff and staff teams to hear about their experiences of

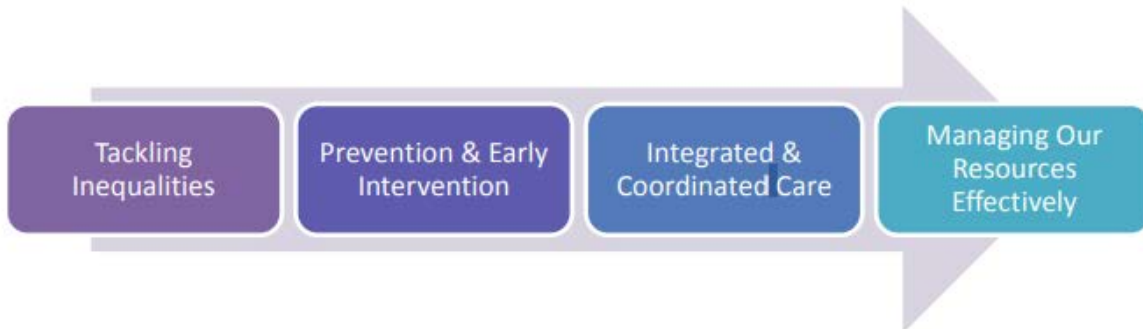
delivering services. On the 5th March 2020 a staff event was held across the ADP which enabled staff to comment on an early draft of this document and provide their views on services that might be commissioned in the future.

Feedback from the Needs Assessment and the stakeholder engagement events was analysed with the following key themes emerging:



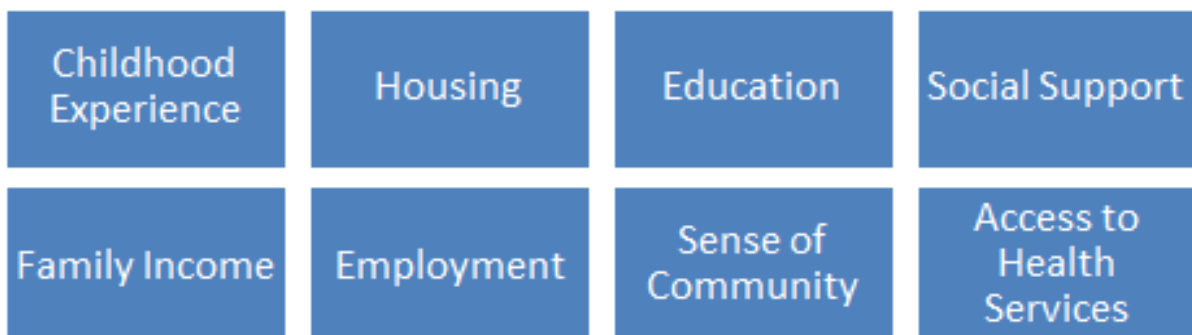
7. Our Strategic Priorities

Achieving sustainable health and social care systems and improving health and wellbeing outcomes in West Lothian requires transformational change over time. The Integration Joint Board's Strategic Plan 2019 to 2023 identifies four strategic priorities for service development:



Tackling Inequalities

We recognise that addressing both health and social inequalities within our communities must be at the heart of our commissioning plans. Social circumstances such as those outlined below can impact our health and wellbeing:



Deprivation plays a significant part in how well we live. People living in some communities are more likely to be living in poorer health and to die younger with higher rates of cancer, stroke, diabetes and heart disease. People with disabilities are more likely to have lower educational achievements, higher rates of poverty and poorer health outcomes. Unpaid or family carers are more likely to have poorer health than the general population which can impact people achieving their own personal outcomes and goals.

We will work with our partners to reduce the impacts of social circumstances on health through:

- ❖ Ensuring services are accessible to all based on need, and barriers to care are addressed
- ❖ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups
- ❖ Supporting services and initiatives to reduce the impacts of inequalities on health and well being
- ❖ Working with community planning partners to address underlying social inequalities that result in health inequalities
- ❖ Offering income maximisation assistance to families and access to specialist benefits and money advice

Prevention and Early Intervention

West Lothian's population is changing. Based on projected demographics we know that we must deliver our services in different ways and must focus on early intervention. A strong focus in this plan will be on delivering our aim of fewer people developing problematic alcohol and drug use. Approaches will centre on:

- greater provision of self-help through information including the use of technology and recovery communities
- resources for young people and families with a whole family approach to alcohol and drugs
- mental wellbeing, money and housing advice and support to sustain recovery

Integrated and Coordinated Care

The messages from our recent public engagement events show that people wish to receive treatment as close to home as possible. They want services to be personalised to their specific needs and delivered in a joined-up way that offers consistency and opportunities to access support in the local community. A whole systems approach based on the Recovery Orientated Systems of Care is our overall aim.

Managing Our Resources Effectively

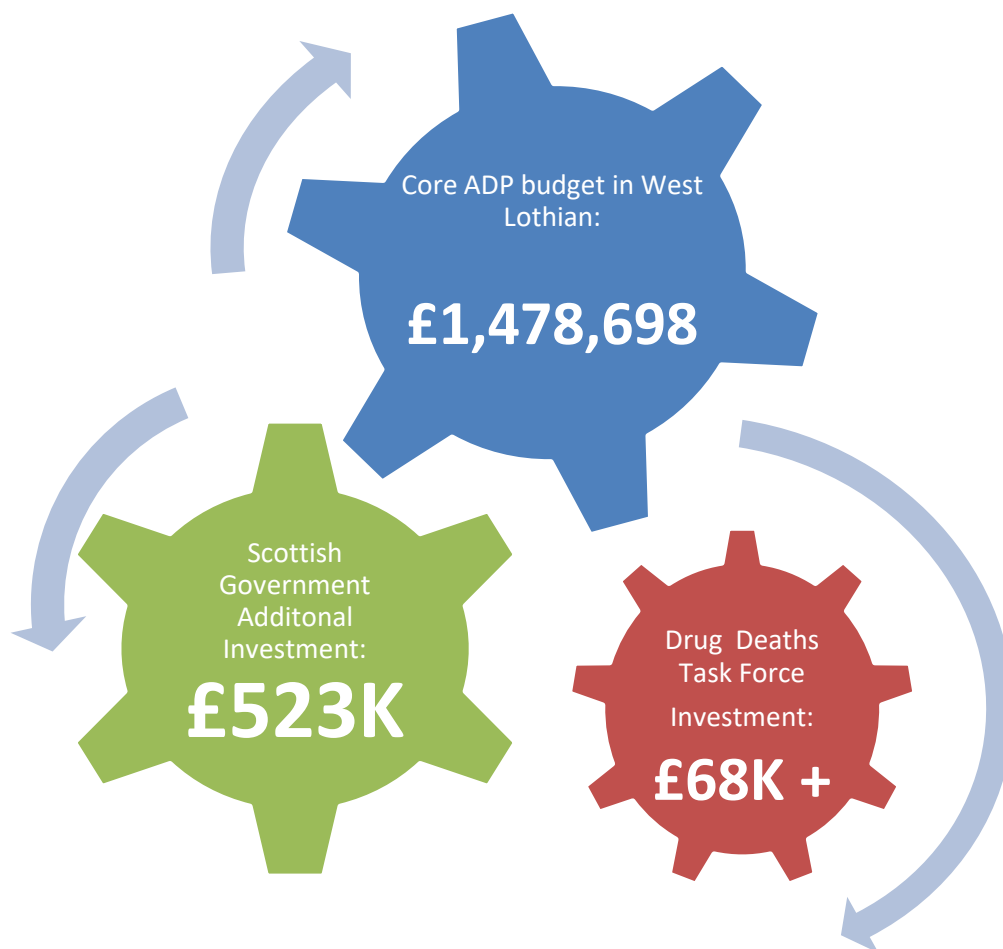
To improve experience, reduce waiting times and ensure people get faster access to the treatment they need, we will review and develop our services to ensure that people are directed at the right time to the supports and services which best meet their needs.

We recognise there are substantial challenges in the recruitment of health and social care staff in Scotland. Having a workforce with the right skill, at the right time and in the right place provides the foundation for the delivery of effective health and social care services. Our transformational change programmes will link closely to the IJB's Workforce Development Strategy to ensure that development of our workforce aligns to our strategic priorities. We will support new IT data systems including the Dalsy system for national alcohol and drug services.

8. Finance

The core budget to be spent in West Lothian in 2020/21 is £1,478,698. This is made up of funding from NHS Lothian, West Lothian Council and the Scottish Government. Additional Investment of £523,000 from the Scottish Government, first allocated to services in 2018, continues in 2020/21 and will supplement the core budget.

The ADP submitted a proposal for Drug Death Task Force Funding and was successful in securing £68,000 to support local priorities. The ADP has noted its interest for wider test of changes to support further change and additional investment in West Lothian. It is the vision with this new Strategic Commissioning Plan being in place that decisions on investment can be made swiftly by the ADP and IJB.



9. Next Steps

The Alcohol and Drug Commissioning Plan is designed to run for 3 years from 2020 to 2023. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decisions on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

A comprehensive action plan will support the development and will incorporate the strategic priorities contained in this commissioning plan. Progress will be monitored via the Alcohol and Drug Partnership and the IJB's Strategic Planning Group.

The Alcohol and Drug Commissioning Plan will be reviewed annually against the IJB's Strategic Plan in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
1. Access to information							
1.1	People have access to the information they need, when they need it and in an	- Ensure people with addictions and carers have access to local and up to date information and advice. This should be available in both online and in leaflet form. This should include options for technology enabled care .	1,2,4,5,6,9	TI, P&EI, MRE	Review of Commissioned Services	December 2020	Deborah McAlpine

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
	appropriate format	- Ensure all information , advice and advocacy services are reaching out to those with addictions and carers	1,2,3,4,5,6, 7,9	TI, P&EI, ICC, MRE	Review of Commissioned Services	September 2021	Mhairi Walker
		- Set up service user and carer forums building on existing groups	4,6,8	TI, ICC	Forums become operational	March 2021	Kate Marshall
2. Ensuring choice through Self- Directed Support							
2.1	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met.	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development.	2,3,8,9	ICC, MRE	Market Facilitation Plan Updated and published	Annual Update 2020-2023	Mhairi Walker
		- Ensure service users, service providers and carers have a say in how future services should be developed.	1,3,4,8,9	EI&P, TI, MRE	Feedback through Service user forums	Annual Update 2020-2023	Deborah McAlpine
		- Ensure those wishing to receive a direct payment have information and advice to achieve their personal incomes.	1,3,4,9	EI&P, TI	Evidence of choice and advice being given within practice teams	March 2021	Service Leads

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
3. Access to services and waiting times							
3.1	Ensure people who need services have access to them within agreed timescales	- Continue to meet and exceed the A11 target and explore options to deliver same day prescribing. Strive to get those seeking treatment a service without delay.	3,4,5,7,9	TI, P&EI, ICC, HRE	A11 target and waiting times database	December 2020	John Mclean
		- Undertake an analysis of Demand, Capacity, Activity and Queue (DCAQ), develop a clear understanding for psychology Tier 1 and Tier 2 input.	3,9	MRE, P&EI	Report on Findings	December 2020	Nick Clater
3.2		- Develop skills across the partnership in Tier 3 and Tier 4 psychology inputs. This should form part of a Workforce Strategy.	2,5,7,8	ICC, MRE, TI	Numbers trained	October 2021	Nick Clater
		- Develop an action plan for delivery of sustained improvement in access for psychology	2,3,4,5	ICC, MRE	Action Plan and Waiting Times	May 2021	Nick Clater

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
3.3	Review Pan-Lothian provision	- Review Pan- Lothian Services with a view to see more services delivered locally including Community Rehab and access arrangements for West Lothian Residents of current provision. Consultation will be required across Lothian IJBs.	2,3,5	MRE, ICC, TI	Review Findings	March 2022	John Mclean
3.4	Development of a 'safe space' model of care	- Explore options for the development of a safe space/place of safety to support people who are intoxicated or in distress as an alternative to hospital attendance	7,9	EI, MRE	Model of care and support developed and implementation plan agreed	April 2023	Nick Clater
3.5	Mental Health Service	- A multidisciplinary group including Mental Health Consultant to lead on exploring ways to address the unmet needs and enduring mental health care.	3,4,7	TI, ICC	Model of care and support developed and implementation plan agreed	September 2021	Dr Daniel Mogford
3.6	Crisis Service	- A system to be put in place to offer support and advice for people in crisis out with office hours.	3,4,5,7	TI, ICC	Review of Commissioned Services	September 2021	Mhairi Walker

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
4. Supporting families and carers							
4.1	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria	- Review unpaid carers Advocacy in West Lothian	1, 2, 3, 4, 6, 8	EI&P, TI	Tender specification developed for independent advocacy	March 2021	Mhairi Walker
		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016	1, 2, 3, 4, 6, 8	EI&P, TI	Strategy published	October 2020	Sharon Houston
		- Support all carers to access information, support and services in line with the Council's Carers Eligibility Framework	1, 2, 3, 4, 6	EI&P, TI	Number of carers supported	March 2023	Mhairi Walker
		- Ensure all Services identify or consider family engagement and implement a co-ordinated model to ensure family support tailored to individual family needs is provided.	2,3,6,7	ICC, HRE, P&EI	Implement and review of commissioned services	September 2021	Deborah McAlpine

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
5. Technology Enabled Care (TEC)							
5.1		- Explore the use of emerging mainstream and specialist technologies which may support those living with substance use problems	1,2,3,4,5,7	ICC, P&EI, MRE	Digital Strategy for the Health and Social Care Partnership to including substance problems	March 2021	Deborah McAlpine
6. Accommodation and supports							
6.1	People are supported to live at home in their community and those who are homeless or risk of being homeless are given the right advice and support	- Commission Services which provide care and support aligned to new models of housing and support to better meet the needs if people with substance misuse problems	1,2,4	P&EI, TI	Revised support contract in place with commissioned service.	June 2021	Mhairi Walker
		- Focus on preventing homelessness and increasing options for those with substance issues.	2,3,4,5	P&EI, TI, MRE	Revised structure within Housing Need for Substance issues	December 2020	Katy McBride

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
		- Continue the development of the Housing First model for those with Substance Misuse and mental health problem	1,2,4	P&EI, TI	Model developed and evaluated through the PSP	September 2021	Katy McBride
7. Workforce Development							
7.1	Build on work to support people who work in health and social care with up to date training	- Progress to be made on an ADP workforce development planning. This should be informed by the recommendations in the Needs Assessment 2019. This should link in to the Health and Social Care Partnership Workforce Development Strategy.	8	ICC , MRE	Workforce plan developed and implemented	March 2021	Nick Clater
		- Training on Stigma & Trauma to be incorporated into generic training such as Learnpro to be targeted at generic services for those with little experience of working with problematic drug and alcohol use.	3,8	TI	Training incorporated	March 2022	Kate Marshall

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
8. Data systems							
8.1	Continue to invest in and use the CHIN data to support intelligence lead services and identify any trends in substance use or behaviours or gaps in service.	- Continue to work with the Scottish Government and ISD to develop and implement the new Daisy system	8,9	ICC & MRE	System implemented	January 2021	Isobel Meek
		- Establish a system to collect data on young people affected through substance misuse using the new Social Policy Information System currently being procured.	8,9	ICC & MRE	System implemented	March 2024	Isobel Meek
		- Increase the use of joint systems in the Community Addictions Service West Lothian	8,9	ICC & MRE	Model agreed	December 2020	John McLean

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
9. Supporting good physical health							
9.1	People with substance misuse problems have opportunities to improve physical health	<ul style="list-style-type: none"> - Benchmark services against agreed standards for physical health. Explore options to increase joint working with Primary Care to address physical health issues alongside substance use or build capacity in substance use staff to identify & address physical health where appropriate. - 	1,4,5	TI & ICC	Options report	March 2022	John McLean
9.2	Develop community links to support people to achieve better physical health	<ul style="list-style-type: none"> - Explore opportunities to encourage people in recovery to access local leisure opportunities which support improved physical health. 	1,4	TI, P & EI	Options report	March 2022	Deborah McAlpine
		<ul style="list-style-type: none"> - Pilot a project to support people in recovery to stop smoking. 	1,4	TI, P & EI	Evaluation report of pilot	March 2022	Brian Pringle

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
10. Drug Related Deaths Specific							
10.1	Reduce drug related deaths.	- Increase naloxone distribution across service users, family and carers, health touch points such as pharmacy and health centres and other places in the community. This should include regular replacement and training. Commission a specific Naloxone Champion for West Lothian.	6,7,9	TI & ICC	Number of kits distributed and increase in settings.	Increase each year in plan.	Third Sector Naloxone Champion for West Lothian.
		- Establish an effective anticipatory care system including for follow up of people who have had a non-fatal overdose or who are at extreme risk of harm from drug use.	4,5	TI & ICC	Care System Established	October 2020	Dr Daniel Mogford
		- Same day prescribing to be available for those assessed as requiring OST.	3,4	TI, ICC	Average Days to first prescription.	March 2021	Ian Davidson
		- Optimise Public Health Surveillance increase input from the Lothian Combined Health Intelligence Node (CHIN)	9	TI, ICC	Services and workers can react based on intelligence.	March 2021	Duncan McCormick

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
11. Alcohol Related Deaths Specific							
11.1	Specific focus on alcohol related deaths	- Focus on ARD is on each action plans across the partnership. Support for developing an alcohol pathway for the local area.	7,9	TI & ICC	Plans and completed pathway	September 2021	Nick Clater
12. Harm Reduction							
12.1	Approach to harm reduction	- Review pharmacy contracts and investment to explore the options for more enhanced pharmacy services including for patients accessing OST.	5, 9	P & EI & MRE	Contracts Reviewed	September 2021	Nick Clater
		- Continue to develop the Assertive Outreach Service focusing on retention, reaching & re-engaging people who drop out of treatment for addictions.	3,4,5	TI, ICC	Review of Commissioned Service	March 2021	Deborah McAlpine

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
13. Young People and Families							
13.1	Supporting young people and families	- Ensure substance use (including prevention & early intervention) is included in work plans and other agenda's in relation to young people such as the WL Children and Family Management Group.	5	P&EI, ICC	Work Plans focusing on Substance Misuse	December 2020	Sharon Houston
		- Continue to support a Children Affected by Substance Misuse (CAPSM) service with a Family Support Service.	3,4,5	TI, P&EI	Review of Commissioned Service	December 2020	Mhairi Walker
		- Review the work of the new Young Person Worker with a view to increasing the resource if required.	1,3,5,7	P&EI, ,ICC	Review of Pilot	December 2020	Deborah McAlpine
		- Pilot a Dads project with support from external funding	4,7	TI, P&EI & ICC	Pilot bid with CORRA and project evaluated	December 2021	Alex Collop
		- Work with our colleagues in education linking in with national developments to support toolkits in schools	1,8	P&EI, MRE	Toolkits developed and reach measured	September 2021	Karen McNiven

	Area of Development	Actions	Outcomes (Appendix3)	Strategic Priorities	Measures	Timescale	Lead Officer(s)
14. Building on Recovery							
	Focus on building recovery	- Explore options for increasing specific benefits and debt advice for those with substance issues.	3,4	TI, P& EI	Range of options identified and signposting arrangements in place	2022	Mhairi Walker
		- Explore the use of bus passes for those in recovery in West Lothian.	1,2	TI, ICC	A report on those eligible for bus passes with a view of increasing reach	2021	Deborah McAlpine
		- Increase recovery cafes and groups across West Lothian.	1,2,4	TI, P &EI	Increase in numbers of recovery groups.	March 2021	Deborah McAlpine
		- Increase mental well -being activities for those in recovery across West Lothian. This includes meaningful activities.	1,2,4	TI, P& EI	Review of commissioned services	March 2021	Mhairi Walker

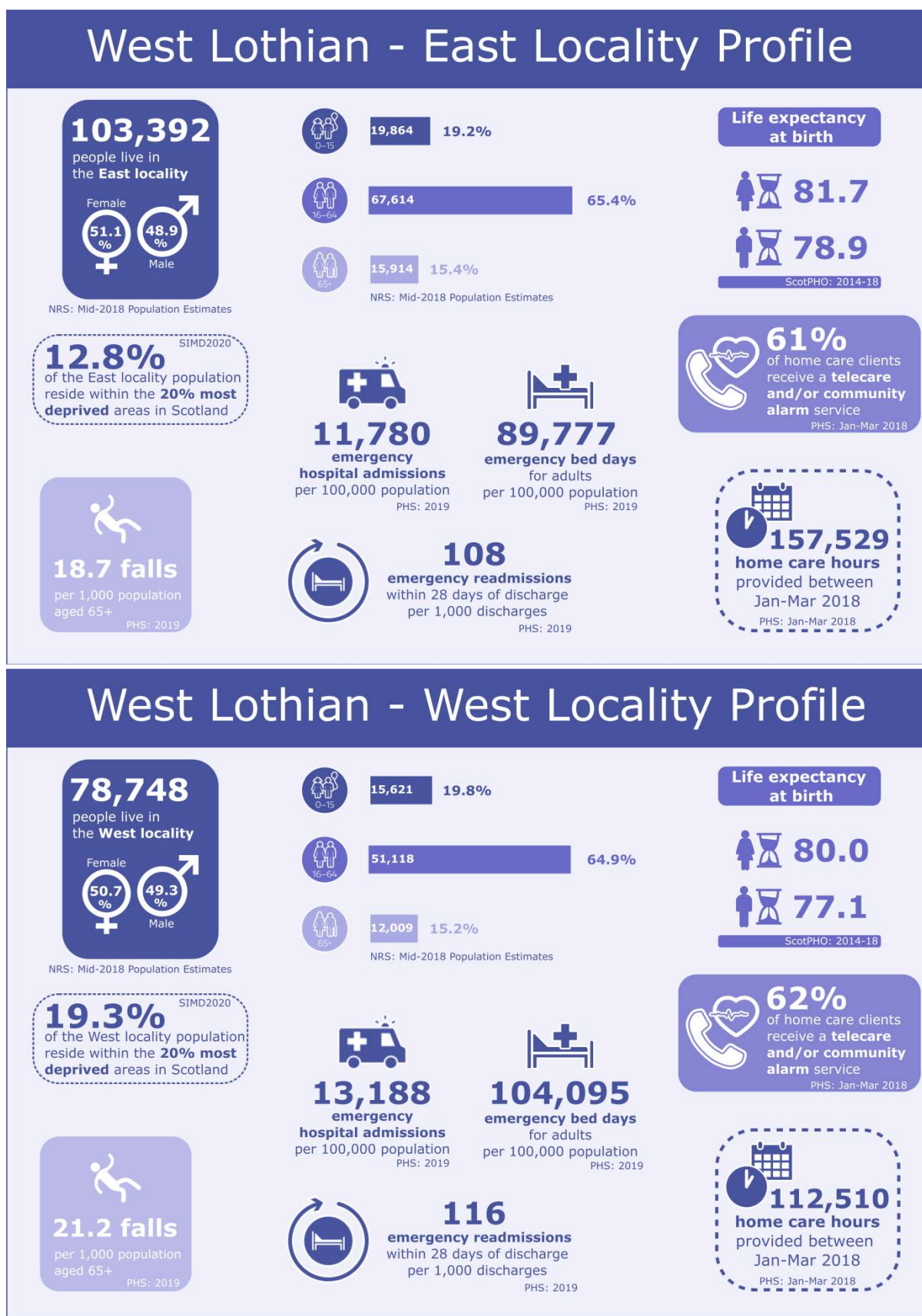
10. Monitoring and Review

A performance management framework will be developed to underpin the strategic commissioning plan. The performance framework will provide a mechanism for measuring progress and impact in relation to each of the priorities outlined in the plan.

The Alcohol and Drug Partnership which meets at least 4 times per year will oversee the implementation of the Alcohol and Drug Services Strategic Commissioning Plan. The ADP will provide performance and progress reports to the Strategic Planning Group.

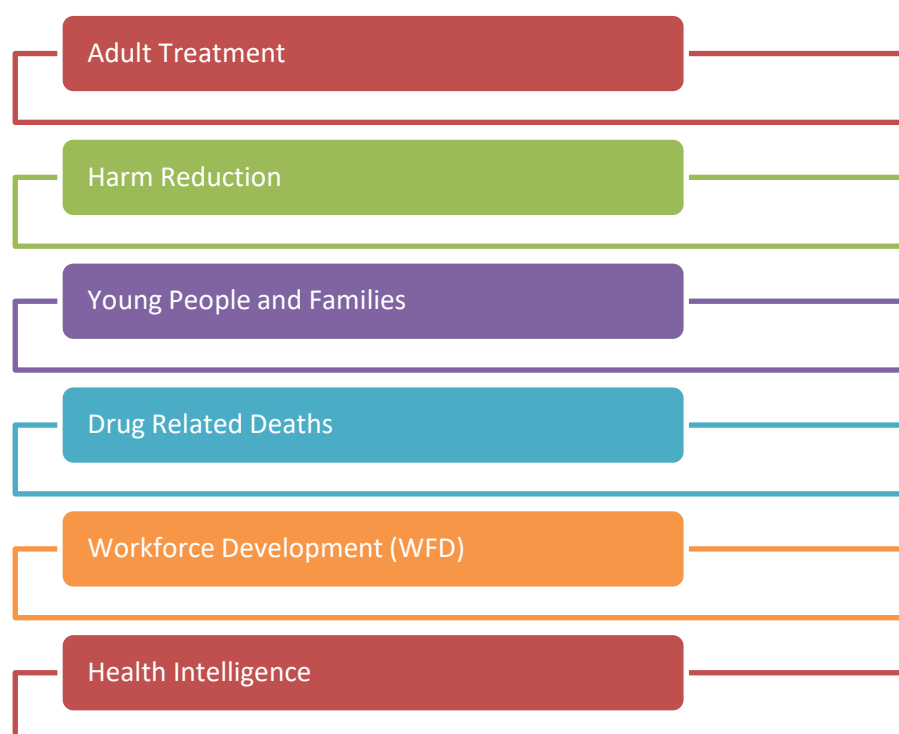
Formal updates on progress in relation to the commissioning plan will be submitted to the Integration Joint Board every 6 months.

Appendix 1 - Details



Appendix 2 - 2019 Health Needs Assessment

NHS Lothian department of Public Health and Policy conducted a Health Needs Assessment in West Lothian which was completed in 2019. Public Health which collected data from service users, service providers and epidemiological sources. A number of themed recommendations have been presented in the Needs Assessment:



A number of recommendations are included in this Strategic Commissioning Plan. Public Health will continue to offer general support and implementation in relation to specific areas of work.

Appendix 3 - National Health and Wellbeing Outcomes

The 9 Scottish Government Health and Wellbeing outcomes:

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

Appendix 4 - Links

Below are several strategies and strategic plans that complement the development of the Commissioning plans:

[West Lothian IJB Strategic Plan 2019-23](#)

[West Lothian IJB Participation and Engagement Strategy 2016-26](#)

[Active Travel Plan for West Lothian 2016-2021: Making Active Connections](#)

[West Lothian Children's Services Plan 2017-20](#)

[West Lothian Local Housing Strategy 2017-22](#)

[West Lothian People Strategy 2018/19-2022/23](#)

[West Lothian Anti-poverty Strategy 2018/19–2022/23](#)

Legislative context

[Community Empowerment \(Scotland\) Act 2015](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[The Misuse of Drugs Act \(1971\)](#)

[The Medicines Act \(1968\)](#)

[The Psychoactive Substances Act \(2016\)](#)

[Mental Health \(Scotland\) Act 2015](#)

[Public Health etc. \(Scotland\) Act 2008](#)

[Community Care and Health \(Scotland\) Act 2002](#)

[Social Work \(Scotland\) Act 1968](#)

[The Equality Act 2010](#)

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#)

[Transport \(Scotland\) Act 2005](#)

[Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)

[Carers \(Scotland\) Act 2016](#)

National Strategies

[Rights Respect Recovery 2018](#)

[Rights Respect Recovery Action Plan 2019](#)

<https://www.gov.scot/publications/delivery-psychological-interventions-substance-misuse-services-scotland-report/pages/6/>

West Lothian Integration Joint Board

Direction – WLIJB18 Alcohol and Drug Partnership Services

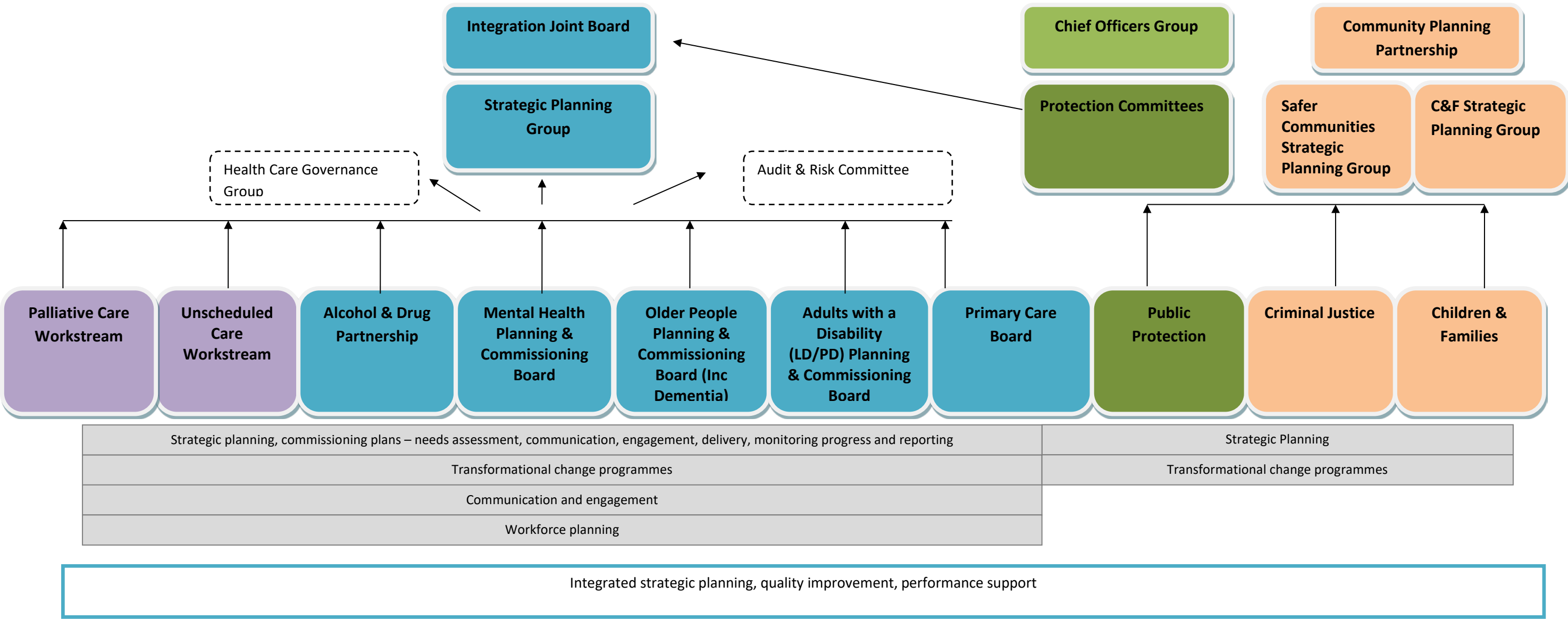
1.	Implementation date	22 September 2020
2.	Reference number	WLIJB13
3.	Integration Joint Board (IJB) authorisation date	22 September 2020
4.	Direction to	NHS Lothian and West Lothian Council
5.	Purpose and strategic intent	Substance Misuse Services To deliver high quality, locally managed services which are focussed on recovery and partnership working across health, social care and the third sector
6.	Does it supersede or amend or cancel a previous Direction?	Yes - WLIJB13 23 April 2019
7.	Type of function	Integrated
8.	Function(s) concerned	Substance Misuse Services directed by the West Lothian Alcohol and Drug Partnership
9.	Required Actions/Directions	Provision of alcohol and drug services and supports in West Lothian is a key strategic priority in the IJB's Strategic Plan. NHS Lothian and West Lothian Council are directed to implement the Strategic Commissioning Plan for Alcohol and Drug Services 2020 to 2023 and develop services in accordance with the actions outlined in that plan with focus on: <ul style="list-style-type: none"> • Tackling drug and alcohol related deaths (DRD & ARD)/risks in the local ADP area. • Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women

		<ul style="list-style-type: none"> Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>. <p>To deliver priorities associated with additional investment</p> <ul style="list-style-type: none"> Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard; Improved retention in treatment particularly those detoxed from alcohol and those accessing OS; Development of advocacy services Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services Whole family approaches to supporting those affected by problem drug/alcohol use Continued development of recovery communities.
10.	Budget 2019/20	Budget availability will be determined based on agreed IJB annual budgets for relevant functions. The IJB Chief Finance Officer should be consulted on financial implications arising from the implementation of this Directions and the ongoing delivery of Substance Misuse priorities.
11.	Principles	<p>Are integrated from the point of view of service users</p> <p>Take account of the particular needs of different service users</p> <p>Take account of the participation by service users in the community in which service live</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care.</p>

12.	Aligned National Health and Wellbeing Outcomes	<p>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</p> <p>People are able to look after and improve their own health and wellbeing and live in good health for longer</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
13.	Aligned priorities, strategies, outcomes	<p>Tackling inequalities</p> <p>Prevention and early intervention</p> <p>Integrated and co-ordinated care</p> <p>Managing our resources effectively</p> <p>West Lothian IJB Strategic Plan and Alcohol and Drug Partnership Commissioning Plan</p>
14.	Compliance and performance reporting	Performance reports to be submitted to the IJB. Details of the ways in which compliance and performance are measured and reported as set out in the Alcohol and Drug Partnership Commissioning Plan
15.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact anticipated.

WEST Lothian IJB/HSCP Planning and Performance Structures

April 2019



West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 9

STRATEGIC COMMISSIONING PLANS - REFLECTION AND UPDATE

REPORT BY THE CHIEF OFFICER

A PURPOSE OF REPORT

1. To provide the IJB with a progress report in respect of commissioning plans for mental health, learning disability and physical disability services and an update on the further development of the commissioning plan for services for older people
2. To present reflections on the pandemic response from engagement with planning and commissioning boards and the IJB's Strategic Planning Group.
3. To present the Integration Joint Board (IJB) with updated strategic commissioning action plans for mental health, physical disability and learning disability services following a review of each plan in light of experience from responding to the COVID-19 pandemic.
4. Following implementation of a revised planning structure in April 2019 to support implementation on the IJB's Strategic Plan, provide an update to the board on its effectiveness.

B RECOMMENDATION

1. To note progress in relation to the development of the commissioning plan for older people.
2. To note the reflections from members of the Strategic Planning Group and the wide range of stakeholders they represent, on responding to the pandemic and the important role the feedback will have in shaping the future of the partnership.
3. To approve the updated action plans supporting strategic commissioning plans for mental health, physical disability and learning disability services.
4. To note the update on the implementation of revised planning and commissioning structure and keep the structures under review.

C SUMMARY OF IMPLICATIONS

C1 Directions to A direction is not required at this stage.

**NHS Lothian
and/or West
Lothian
Council**

C2	Resource/ Finance	Financial resources are set out in the IJB's Strategic Plan
C3	Policy/Legal	The Public Bodies (Joint Working) (Scotland) Act 2014
C4	Risk	The risk is captured in the risk register in relation to progression of the IJB's Strategic Plan.
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	There are no direct environmental impacts.
C7	National Health and Wellbeing Outcomes	The National Health and Wellbeing outcomes all apply.
C8	Strategic Plan Outcomes	The outcomes detailed in the IJB's Strategic Plan apply.
C9	Single Outcome Agreement	The outcomes detailed in the Strategic Plan are aligned to the Single Outcome Agreement outcomes as they relate to health and social care.
C10	Impact on other Lothian IJBs	No direct impact.

D TERMS OF REPORT

D1 Background

The Integration Joint Board (IJB) approved a new Strategic Plan in April 2019 which also contained a commitment to delivering a range of individual strategic commissioning plans for key care groups. At the same time, the IJB approved a revised planning structure which was designed to oversee the development of the individual plans through establishment of a series of planning and commissioning boards overseen by the IJB's Strategic Planning Group (SPG) and the IJB itself. In addition, the remit of the SPG was revised in November 2019 to ensure that it aligned with the revised planning structure and to give members greater scope for influencing planning alongside greater opportunity for robust and open debate.

- D2** Planning and commissioning boards were established in April 2019 and have been instrumental in the development of plans for mental health, learning disability, physical disability and older people's services working in conjunction with the Strategic Planning Group. Plans for the first three areas mentioned were approved by the IJB in January 2020. The IJB, however, in its consideration of the older people's plan requested that further work be undertaken to set out more specific actions and timescales to support achievement of the strategic priorities, with a report back to the board in due course.

Commissioning Plan Progress Updates

- D3** Whilst planning and commissioning boards and the Strategic Planning Group have continued to meet since April 2019, the meeting schedule has been interrupted to some extent by the COVID-19 pandemic and the need for staff to focus on the partnership's operational response. Progress has continued to be made, however, with reporting via the boards and to the SPG. An update on the following plans is included at appendices 1 to 3 for the IJB's consideration:
- Mental Health Commissioning Plan
 - Physical Disability Commissioning Plan
 - Learning Disability Commissioning Plan
- D4** Work continues on the development of the plan for older people and a more comprehensive plan will be submitted to the IJB at its meeting in November 2020. The revised plan will reflect the considerable transformation required in this area and the learning from changes which have taken place over the past 5 months.
- D5** The commissioning plan for the Alcohol and Drug Partnership is being submitted to the September meeting of the IJB under separate cover. The Board also receives regular reports in terms of progress with the Primary Care Improvement Plan.

Reflections from the Pandemic Response

- D6** The Strategic Planning Group at its meeting in July 2020 held a workshop with members to reflect on their experience of responding to the COVID-19 pandemic with further discussion at the following meeting in September. A summary of the key points of note from those discussion is contained at appendix 4 and was used by planning and commissioning boards and the Strategic Planning Group to consider whether strategic priorities in each of the plans needed to be changed as a result of the reflections.

Refreshed Commissioning Plan Actions

- D7** There was broad consensus that the strategic planning priorities and actions contained in the commissioning plans remained relevant. It was agreed, however, that much more focus was needed on technology to reflect learning from new approaches to service delivery and communication over recent months. In addition, people had appreciated opportunities to work closer together in the delivery of a more integrated range of services and supports, and wanted to ensure that those opportunities were retained and enhanced going forward.
- D8** Planning and commissioning board leads have committed to ensuring that learning from the pandemic is reflected when taking forward the individual actions contained in the plans. Revised action plans, with minimal changes, for each commissioning plan are included at appendices 1 to 3, with the progress updates, for the IJB's approval.

Review of Planning and Commissioning Support Structures

- D9** Following approval of the revised planning structures in April 2019 (appendix 5), the IJB asked to be updated on their effectiveness. Planning and commissioning board chairs have been positive about the revised arrangements which have been successful in delivering commissioning plans and in overseeing progress. There was also broad support during recent discussion at the SPG but it must be borne in mind that the revised remit and extended membership of the SPG have only been in operation since November 2019.
- D10** Given that implementation of the revised structures is at a relatively early stage, and that meeting arrangements have been disrupted over the past 6 months, it is perhaps too early to reach a conclusive position on overall effectiveness at this time. Additional challenges have been experienced as a result of the majority of planning staff being seconded to operational roles to support the partnership's pandemic response, and therefore having very limited capacity to support managers in driving the plans forward at pace. It is considered that more time is needed to embed the new structures; for people to adjust to new ways of working where meetings take place remotely via technology; and while the future remains somewhat uncertain in relation to COVID-19.
- D11** No specific concerns have been raised about the revised arrangements and progress continues to be made in taking action plans forward. In view of this, it is proposed that a further update on progress in relation to commissioning plans be made in 6 months' time with a review of planning structures in one year's time when they are likely to have become more embedded.

E CONSULTATION

- IJB Strategic Planning Group
- Planning and Commissioning Board Chairs

F REFERENCES/BACKGROUND

IJB Strategic Plan 2019-2023

Mental Health Commissioning Plan

Learning Disability Commissioning Plan

Physical Disability Commissioning Plan

G APPENDICES

Appendix 1 – Mental Health Commissioning Plan Update

Appendix 2- Physical Disability Commissioning Plan Update

Appendix 3 – Learning Disability Commissioning Plan Update

Appendix 4 – Strategic Planning Group – COVID-19 Reflections

Appendix 5 – Revised Strategic Planning Structures

H CONTACT

Yvonne Lawton, Yvonne.lawton@nhslothian.scot.nhs.uk, 01506 283949

22 September 2020

IJB STRATEGIC PLANNING GROUP

PROGRESS REPORT ON MENTAL HEALTH COMMISSIONING PLAN

1. Purpose of the Report

The purpose of this report is to update the IJB's Strategic Planning Group on progress in relation to the priorities set out in the Mental Health Commissioning Plan which was approved in January 2020. The report summarises progress in respect of each of the actions outlined in the plan with R/A/G rating to highlight the status of each action.

2. Overall Summary of Progress

Good progress is being made with the action plan despite the interruptions on services throughout the ongoing COVID-19 pandemic.

There are thirty-five actions to support the delivery of the commissioning plan outcomes. At present, the status of the actions is as follows:

Status (against target)	Number of actions
Green	24
Amber	7
Red	0
Complete	4
Total	35

The first amber action in the plan relates to the development of a performance framework to measure progress of the report. Although this template has been developed to provide commentary on progress, the national performance Framework for Mental Health is still being developed which has delayed the P.I. element of the plan at a local level.

The second amber action is the development and publication of a revised Carer's strategy. COVID-19 has resulted in delays in several areas of the plans development such as public engagement, consultation with service user groups, progression through the IJB's governance route and officer time being dedicated to COVID-19 response tasks. A review of the timescale in relation to this work will need to be agreed across all commissioning plans.

The third and fourth amber actions related to the annual update of the Market Facilitation Plan. Emergency procurement legislation was used during COVID-19 to ensure all contracts due to expire were extended. This was to ensure continuity of care and support for service users but also in recognition of providers being unable to allocate resources to work on tender submissions during the emergency. It is proposed that the Market Facilitation Plan is next updated in 2021.

A new area of development for Digital Mental Health is being proposed. This was always a future of the Mental Health Commissioning Plan however due to the digital switch in many services due to the COVID-19 pandemic restrictions, the board feel this must now become a key focus area for service development and future commissioning.

The Commissioning Plan Board will continue to meet every two months to progress the actions detailed within the plan and to develop performance measures to demonstrate achievement against outcomes.

Key for marking progress:

Action Complete	
Action within timescale	
Action falling behind timescale	
Action at risk	

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
1. Community Mental Health Team							
	Build on work from previous plan to establish Community Mental Health Teams (CMHT) in the East and West Localities of West Lothian	- Implement agreed Community Mental Health Team model	CMHT standards & accreditation	January 2020	General Manager Mental Health/Clinical Director		Complete, both teams established in East (Strathbrock PC) and West (Bathgate PC)
		- Develop performance framework for measuring the impact of the teams through the cycle of the commissioning plan	Performance framework developed and performance reported	June 2020	General Manager Mental Health/Clinical Director		Nick and Yvonne agreed to meet with ISD colleagues to see what we wanted to include from the national MH performance framework. To be discussed at August meeting.
2. Develop an accommodation model and supports which are fit for the future							
	Build on work completed as part of the previous plan and develop accommodation model to support people in the community	- Complete profiling work to determine needs of the local population including those supported out with West Lothian and establish baseline position for performance monitoring	Service user profiling completed - projection of future need included	August 2020	Service Manager Community Mental Health Group Manager Adult Services		Individuals have been identified through Social Work review planning. Reviews are underway to determine need. This will inform the Strategy going to the IJB Strategic Planning Group in Q3 2020. Covid-19 extension to contract should allow for timescale being moved back one year. Profiling work will be discussed at meeting of social work, social policy and housing on Monday 17th of August.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
		<ul style="list-style-type: none"> Through service user and stakeholder engagement, finalise a vision and model for mental health housing and community supports which includes a range of housing options to deliver flow of supported people to the community 	Proportion of people cared for within West Lothian increased Reduction in delayed discharges	March 2023	General Manager Mental Health Service Manager Community Mental Health		<p>MH Supported Accommodation strategy is in draft form and has been shared with Social work team Managers and Contract officers for initial feedback. Contract extended to Sept 2021 due to COVID-19.</p> <p>Final strategy for housing options will be available from September 2020. Community support and development will continue through the lifespan of the plan.</p>
		<ul style="list-style-type: none"> Commission services which provide care and support aligned to new models of housing and support to better meet the needs of people living with mental health problems 	Revised support contract in place with third sector	June 2021	Senior Manager Older People		<p>Framework has been extended due to COVID-19 pandemic. Strategy and procurement timetable will be finalised in September 2020.</p> <p>Suggestion to move timescale to June 2021 in line with MH Flexible Outreach Framework.</p>
		<ul style="list-style-type: none"> Link in with development of Housing First model to ensure the needs of people living with mental health problems are reflected 	Housing First model developed	September 2020	Group Manager Community Mental Health Senior Manager - Housing		<p>Housing first will be fully integrated into the Mental Health Supported Accommodation Framework. Greg has had meeting with Katy McBride to start work on understanding tenancies, contracts and available housing stock against assessed need.</p> <p>Greg met with Pamela Gordon in June 2020 to discuss the strategic development and housing strategy =. Housing first will continue to be a key component.</p>
3. Shifting the balance of care							
	Integrated Mental Health Service management team structure	<ul style="list-style-type: none"> Implement a revised model of management which integrates the management structure for acute and community based services across health and social care 	New team structure operational	April 2020	General Manager Mental Health		Complete.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
	Maximise opportunities to work with the Third Sector for community supports	- Develop a strategy for growing Third Sector involvement in community mental health drawing on learning from community wellbeing hubs. Work alongside identified organisations to maximise the funding opportunities available to the Third Sector to develop range of community supports	Third Sector strategy in place	December 2020 to March 2023	General Manager Mental Health		Planned in for January 2021 (Q4). Through the Supported Accommodation strategy and revised Flexible Outreach Framework, 3 rd sector providers will engage with the HSCP to develop a menu of services for those in need. Strategy will reflect needs from gaps analysis carried out through MH provider's forum hosted by Social Policy.
	Development of a 'safe space' model of care	- Explore options for the development of a safe space/place of safety to support people who are intoxicated or in distress as an alternative to hospital attendance	Model of care and support developed and implementation plan agreed	April 2023	General Manager Mental Health		This is under review as part of the wider accommodation review. We will be exploring space that is available for redevelopment. Several buildings must be considered. Louise, Lisa and Nick are progressing the initial stages of the review.
4. Supporting Families and Carers							
	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria	- Review unpaid carers Advocacy in West Lothian	Review in line with Carers Strategy	2020	Team Manager Business Support		Timescale needs reviewed for this. Advocacy contract with MHAP is to be tendered in 2021. Greg will support contract officer to develop strategy for advocacy services.
		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016	Strategy published	2020	Team Manager Business Support		Strategy, Policy and Change team (Social Policy) are writing Carers Strategy. Was due to go to IJB in April however has now been delayed due to COVID-19 pandemic. Draft to be seen by the IJB in Sept 2020. It is anticipated that draft strategy will go to IJB SPG once the meetings start up again, post COVID-19 workplace measures. Timescale to be reviewed with Social Policy team.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
		- Support all carers to access information, support and services in line with the Council's Carers Eligibility Framework	Review of Commissioned Services	2023	Group Manager Business Support		Still to commence.
5. Ensuring choice through SDS							
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development	Market Facilitation plan updated and published	Annual update 2020-2023	Team Manager Business Support		Market Facilitation plan to be revised and published annually. 2020 refresh has not started yet. Contracts and Finance Team within Social Policy will lead with support with support from strategic leads in all areas.
		- Ensure service users and carers have a say in how future services should be developed.	Feedback provided through Service users Forums	Annual update 2020-2023	Team Manager Business Support		Mental Health services users' forum has to be re-established by Social Policy Team. Greg to support. Must consider the use of MHAP and how COVID-19 restrictions on large meetings will affect existing service user group format.
		- Ensure those receiving SDS have information and advice to allow to support them to achieve their personal outcomes.	Review of Commissioned Services	2021	Group Manager Business Support		Current contract in place, review of LCIL service will be undertaken in early 2021. Ian is the contract officer.
6. Access to waiting times							
	Consider development of a robust service for people requiring assessment for Neuro-Developmental Disorders (NDD)	- Explore staffing resource required and synergies with national and pan-Lothian developments	New service operational	December 2020	General Manager Mental Health Clinical Director		Rob Allen (Senior Manager for Adults Services – Social Policy) is the West Lothian representative on the Lothian REH redesign Group. Rob to continue to liaise with Nick regarding developments.
	Review Liaison Service as part of wider pan-Lothian review of liaison services	- Explore staffing model required and synergies with national and pan-Lothian developments	Revised service operational	December 2020	General Manager Mental Health Clinical Director		The initial report with service proposals will be available in draft for the next meeting in Sept. 31/08/2020 awaiting addictions input.
	Ensure people who need services have access to them within agreed timescales	- Through analysis of Demand, Capacity, Activity and Queue (DCAQ), develop a clear understanding of waiting times for psychology and psychiatry services	Report on findings	April 2020	General Manager Mental Health Clinical Director Psychology Lead		Complete. Report to be shared with MH planning and commissioning board.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
		- Develop an action plan for delivery of sustained improvement in access and waiting times for both psychology and psychiatry services	Actions plans developed	June 2020	General Manager Mental Health Clinical Director Psychology Lead		This work is underway; Louise is working with Amal (CMHT) to progress. Time scale may require review due to COVID-19 restrictions.
		- Explore staffing resource required and synergies with national and pan-Lothian developments	New service operational	December 2020	General Manager Mental Health Clinical Director		Still to commence.
		- Explore staffing model required and synergies with national and pan-Lothian developments	Revised service operational	December 2020	General Manager Mental Health Clinical Director		Still to commence.
7. Suicide Strategy							
	Development of a strategic approach to suicide prevention in West Lothian	- Through consultation and engagement, develop West Lothian Suicide Prevention Strategy	Strategy in place	July 2020	General Manager Mental Health		Initial draft strategy has been produced after engaging with other Lothian leads and the National Suicide prevention co-coordinator (Haylis Smith on secondment at COSLA). Further engagement with key partners is required through SP working group. Terms of Reference to be agreed and sent out.
		- Develop an action plan to implement the recommendations of the strategy	Action plan developed	September 2020	General Manager Mental Health		See above. The initial thinking is to develop an action plan based on the national strategy to ensure there is consistency across the Lothians.
8. Mental Health Officer Service							

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
	Establishing a sustainable MHO service	- Review existing provision and implement a revised model to ensure a sustainable Mental Health Officer service across West Lothian	Revised structure in place	March 2021	General Manager Mental Health Head of Social Policy		Work to commence in late 2020? Suggestion that work will be progressed sooner. Nick and Greg to meet to discuss approach. Recent Development – Introduction of MHO in St John's Integrated Discharge Hub.
9. Supporting Good Physical Health							
	People with mental health problems have opportunities to improve physical health	- Benchmark services against agreed standards for physical health care checks for people with long term psychiatric treatment and implement improvement plan	Improvement plan in place and performance measures identified	June 2021	Service Manager Community Mental Health Clinical Nurse Manager		Work to commence early 2021.
	Develop community links to support people to achieve better physical health	- Explore opportunities to move away from medical models of support to encourage people to access local leisure opportunities which support improved physical health	Performance measures to be identified	March 2023	General Manager Mental Health		Initial work has started through the development of the Supported Accommodation Strategy. SAMH have published the national physical activity strategy for mental health. Greg has requested copy of Public Health action plan to support.
10. Mental Health and Wellbeing – focus on prevention							
	Focus on prevention through involvement with the Community Planning Partnership's Health and Wellbeing Group	- Develop work via the Community Planning Partnership's Health and Wellbeing Group which has a specific focus on mental health in communities	Implementation of public mental health approach	March 2023	Head of Strategic Planning		Group has been considered and chair has been identified. Greg will sit on the group with regards to Strategic planning. The group is yet to meet and Terms of Reference has still to be agreed.
		- Link with CMHT and hub developments to ensure people have access to college, employment and social opportunities	To be developed	March 2023	General Manager Mental Health		Work will commence late 2020. This is something that will be integral to our Framework arrangements and will be built into various strategies to ensure mental health and wellbeing is supported through a variety of social interventions.
11. Access to Information							

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
	People have access to the information they need, when they need it and in an appropriate format.	<ul style="list-style-type: none"> Ensure appropriate arrangements are in place for both carers of people living with mental health problems and service users themselves to access information and advice. This should include options for technology enabled care. 	Review of Commissioned Services	2021	Group Managers Business Support and Support at Home		Work is ongoing with both the mental health management team and the council's social policy teams. Existing contracts and new developments (West Lothian Community Hubs – social work) are being considered.
		<ul style="list-style-type: none"> Ensure all information, advice and advocacy services are reaching those living with mental health problems 	Review of Commissioned Services	2021	Team Manager Business Support		Iain is currently reviewing MHAP service.
12. Transitions							
	Refine transition pathways to ensure better experience for people using services	<ul style="list-style-type: none"> Undertake a review of operation of the Lothian wide transitions policy from CAMHs to adult services in West Lothian 	Review complete with action plan developed	March 2022	Service Manager Community Mental Health Clinical Nurse Managers		Work still to commence. West Lothian CAMHS link is Barry Muirhead.
		<ul style="list-style-type: none"> Consider further work to be done in relation to early onset dementia linking in the commissioning plan for older people 	Measures to be identified in OP commissioning plan	March 2022	Service Manager Community Mental Health Clinical Nurse Managers		Work to commence at later date.
13. Digital Mental Health							
	The development of digital support functions and services is key in supporting the mental health and wellbeing outcomes for people in West Lothian.	<ul style="list-style-type: none"> Introduction and Development of NEAR ME in all mental health services. 	All services reporting Near ME usage through the Lothian wide Digital Mental Health Board.	March 2021	General Manager Mental Health		Equipment review has been carried out. Some services are already live, some running limited pilot services due to equipment issues. £200k brought in for NHS Lothian. Allocation of new laptops going to CMHT and Psychological Therapies teams.
		<ul style="list-style-type: none"> Development of TRAK and other data collection and caseload system in Mental Health services to improve communication, which will result in higher quality care and support. 	Introduction of core integrated documents and tools including progress notes, Risk Assessment and Care planning documents.	March 2022	Clinical Nurse Managers Service Manager Community Mental Health		Progress notes now active in all services, Integrated Risk Assessment went live on 5 th of August. Updates will be available soon on percentage of TRAK clients that have it. Lisa Blackshaw, Greg Stark, Louise Mowatt and Amal AlSayegh on the NHS Lothian Digital Board.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	RAG	Comments
		- Development of West Lothian's Mental Health online space, resulting improved engagement with site.	Increased number of West Lothian residents accessing site.	March 2021	Senior Development Manager Mental Health		Existing site is delivered by Westspace. It is the HSCP understanding that this centrally funded contract will come to an end in March 2021 and will require tendering process or direct award.

IJB STRATEGIC PLANNING GROUP

PROGRESS REPORT ON PHYSICAL DISABILITIES COMMISSIONING PLAN SEPTEMBER 2020

1. Purpose of the Report

The purpose of this report is to update the IJB's Strategic Planning Group on progress in relation to the priorities set out in the Physical Disability Commissioning Plan which was approved in January 2020.

The report summarises progress in respect of each of the actions outlined in the plan with R/A/G rating to highlight the status of each action.

2. Overall Summary of Progress

Good progress is being made with the action plan despite the interruptions on services throughout the ongoing COVID-19 pandemic.

There are twenty six actions to support the delivery of the commissioning plan outcomes. At present, the status of the actions is as follows:

Status (against target)	Number of actions
Green	21
Amber	1
Red	0
Complete	4
Total	26

The one amber action is the annual update of the Market Facilitation Plan. Emergency procurement legislation was used during COVID-19 to ensure all contracts due to expire were extended. This was to ensure continuity of care and support for service users but also in recognition of providers being unable to allocate resources to work on tender submissions during the emergency. It is proposed that the Market Facilitation Plan is next updated in 2021.

The Commissioning Plan Board will continue to meet every two months to progress the actions detailed within the plan and to develop performance measures to demonstrate achievement against outcomes.

Robin Allen
Senior Manager, Adult Services

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
1.	Supporting people back into the Community						
	Using the conclusions and recommendations from the Scottish Government 'Coming Home report', develop local supports and services to allow adults with complex needs to remain and also return to living in West Lothian.	Ensure discharge planning is carried out from point of admission to ensure people with physical disabilities are supported to return home when appropriate.	No of days between being medically discharged and returning home.	March 2022	Isobel Penman/ Ailsa Sutherland	Green	Discussions underway on integrated pathways in line with 'Coming Home' for both hospital discharge and out of area placements
		Work with the Lothian wide collaboration to ensure people with physical disabilities living in West Lothian are considered through the Royal Edinburgh Campus redesign.	No. of adults with a physical disability living at home.	March 2023	Rob Allen	Green	Project group in place to progress.
		Deliver a model of acute complex rehabilitation services.	Service model operational	March 2023	Isobel Penman/ Rob Allen	Green	Project group in place to progress.
		Develop specialist and intensive rehabilitation pathways which are built around community based models of support and care.	Service models operational	March 2023	Isobel Penman/ Rob Allen	Green	Project group in place to progress.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
2.	Develop Suitable Housing options						
	Continue to develop a range of housing options to enable people with physical disability to live within local communities.	Contribute to the West Lothian Local Housing Strategy to ensure a range of suitable housing model for those living with a physical disability are reflected.	Strategy published	December 2020 and annual update will be published there after	Gillian Edwards	Green	Local housing strategy due to be presented to council committee for approval in December. Will be reviewed annually.
		Establish the adults with disabilities Housing project board to ensure strategic vision is delivered throughout all related services.	Board established and reporting into planning and commissioning board	August 2020	Rob Allen / Gillian Edwards	Complete	Process in place to ensure that this will be captured through the annual review of the housing strategy.
		Continue to deliver wheelchair accessible housing and other specialist housing provision in line with the targets set out in the Strategic Housing Investment plan (SHIP).	Target delivered	August 2020	Gillian Edwards	Complete	All new housing is built in line with accessibility standards.
		Ensure built in and standalone technology is used where appropriate to ensure independent living is maximised.	No. of adults with a physical disability living at home.	March 2023	Aileen Maguire / Rob Allen	Green	Assessment processes continue to identify opportunities for technology enabled care

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
3.	Meaningful and sustainable day opportunities.						
	People in West Lothian living with a physical disability should have a range of day activities to choose from when accessing support.	Continue to offer a range of services and resources to meet a spectrum of need, recognising that for some people traditional centre based day activities continue to play an important part in their overall support arrangements. This will be delivered in regard to the efficiency of £755,000 detailed in the West Lothian Transforming your council strategy.	No of adults with a physical disability using alternatives to building based day services.	March 2021	Rob Allen	Green	Proposals for the day care review continue to be developed. Service users have been surveyed to give feedback on day care provision post COVID-19.
		Work collaboratively with our 3 rd and independent sector to enable freedom of choice when accessing activities during the day in West Lothian.	Further day activities available in West Lothian	March 2023	Karen Love	Green	Service users are offered SDS options as part of the assessment process. As part of the development of the new adult care and support framework opportunities will be taken to encourage alternative approaches to meet service user needs and outcomes.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
4.	Supporting Families and Carers						
	There is duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.	Review unpaid carers Advocacy in West Lothian.	Review in line with Carers Strategy	August 2020	Mhairi Walker	Green	Carers Strategy due to be presented to the IJB in August 2020
		Continue to deliver commitment to meaningful and sustainable respite opportunities to support carers and families in West Lothian.	Review complete and recommendations given to Planning and Commissioning Board	March 2023	Rob Allen	Green	Project group in place to progress
		Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016.	Strategy published	August 2020	Sharon Houston	Green	Carers Strategy due to be presented to the IJB in August 2020
		Support all carers in our communities to access to information and advice in line with the Council's Carers Eligibility Framework.	Review of Commissioned services	March 2023	Karen Love	Green	Carers of West Lothian meeting with social work team representatives on a regular basis to drive up awareness of information and advice available

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
5.	Ensuring choice through Self- Directed Support.						
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	Ensure practitioners and business support services and other stakeholders are involved in shaping market development	Market Facilitation plan updated and published	June 2021	Mhairi Walker	Amber	Annual publication for 2020 has been impacted by COVID-19. All contracts due to expire / be tendered were extended under emergency procurement legislation to ensure continuity of services. Plan will be refreshed and updated in 2021.
		Ensure service users, service providers and carers have a say in how future services should be developed.	Feedback provided through physical disability service users forum	September 2020 with annual updates thereafter	Kate Marshall	Green	Update will be provided in September as part of the Engagement Strategy update.
		Ensure those receiving SDS have information and advice to allow to support them to achieve their personal outcomes.	Review of commissioned services	March 2023	Robin Allen	Complete	SDS embedded as part of the assessment process and SDS choice recorded on the case management system.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
6.	Peer support and social activities						
	People with a physical disability are able to access their local community and have opportunities for socialisation and engagement in leisure activities.	Ensure that everyone in West Lothian has access disability information and advice, to allow them to better utilise local services.	Review of commissioned services	March 2023	Mhairi Walker	Green	The Information and Advice service for people with disabilities was extended as part of the emergency COVID-19 legislation. Work continues with the provider to develop ways of increasing the number of adults engaging with the service.
		Support the promotion of Social Activities through the wider West Lothian networks.	Feedback provided to service user forums.	March 2022	Kate Marshall	Green	Review of forums underway.
7.	Access to Information						
	People have access to the information they need, when they need it and in an appropriate format.	Ensure appropriate arrangements are in place for carers of people with a physical disability to access information. This should include options for technology enabled care.	Review of commissioned services	March 2023	Mhairi Walker / Aileen Maguire	Green	Work continues with the provider to develop ways of increasing the number of adults engaging with the service.

		Ensure all information, advice and advocacy services are reaching those living with a physical disability, sensory impairment or acquired brain injury.	Review of Commissioned Services	,March 2023	Mhairi Walker	Green	The current services were extended as part of the emergency COVID-19 legislation
	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
8.	Technology Enabled Care (TEC)						
		Explore the use of emerging mainstream and specialist technologies alongside physical devices which may provide support to those living with a physical disability.	No. of adults with a physical disability living at home	March 2023	Scottish Digital Office / Karen Love / Aileen Maguire	Green	Work has started on the development of a TEC strategy in line with Digital First principles and Scotland's Digital Health and Care Strategy
		Through the use of assistive technology and technology enabled care, support those living with physical disabilities to continue to live within their home.	No. of adults with a physical disability living at home	March 2023	Scottish Digital Office / Karen Love / Aileen Maguire	Green	Work has started on the development of a TEC strategy in line with Digital First principles and Scotland's Digital Health and Care Strategy

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Progress comments
9.	Supporting those with sensory impairment						
		Work with the pan-Lothian See Hear strategy Group to ensure that those living with Sensory impairment in West Lothian can access local services, in the right place at the right time.	No. of adults with a sensory impairment supported to live with in their community	March 2021	West Lothian See Hear Lead	Green	Start has suffered some delays due to COVID-19 but timescale should not be affected.
		Develop new models of support for those living with sensory impairment to maximise independence through delivering the right services at the right time.	Review of Commissioned Services.	April 2020	Mhairi Walker	Complete	Service commissioned from 1 April 2020.
10.	Development of BSL in policy						
		Deliver the actions outlined in the West Lothian Council British Sign Language (BSL) Local plan 2018- 2024.	Actions delivered	Annual update 2020-2023	Equality and Diversity Officer	Green	Actions for 2020 on track

IJB STRATEGIC PLANNING GROUP

PROGRESS REPORT ON LEARNING DISABILITIES COMMISSIONING PLAN - 3 September 2020

1. Purpose of the Report

The purpose of this report is to update the IJB's Strategic Planning Group on progress in relation to the priorities set out in the Learning Disability Commissioning Plan which was approved in January 2020. The report summarises progress in respect of each of the actions outlined in the plan with R/A/G rating to highlight the status of each action.

2. Overall Summary of Progress

Good progress is being made with the action plan despite the interruptions on services throughout the ongoing COVID-19 pandemic.

There are thirty one actions to support the delivery of the commissioning plan outcomes. At present, the status of the actions is as follows:

Status (against target)	Number of actions
Green	26
Amber	2
Red	0
Complete	3
Total	31

The first amber action is the annual update of the Market Facilitation Plan. Emergency procurement legislation was used during COVID-19 to ensure all contracts due to expire were extended. This was to ensure continuity of care and support for service users but also in recognition of providers being unable to allocate resources to work on tender submissions during the emergency. It is proposed that the Market Facilitation Plan is next updated in 2021.

The second amber action is the development of the 16 bed unit. Delays across sectors as a result of COVID-19 is likely to now result in an occupation date of January 2022 which means the project will not conclude for financial year end 2022.

A new area of development for Technology Enabled Care is being proposed, mirroring the measures contained in the Physical Disabilities Plan.

The Commissioning Plan Board will continue to meet every two months to progress the actions detailed within the plan and to develop performance measures to demonstrate achievement against outcomes.

Robin Allen
Senior Manager, Adult Services

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
1.	Transition - a whole life approach						
	Build on existing work to develop the transition experience of people with a learning disability and autism based on the 'Principles of Good Transition'.	- Ensure transition planning begins two years prior to an individual leaving full time secondary education.	% of children with a learning disability in a position of an integrated transition plan	January 2022	Rob Allen / Susan McKenzie	Green	Project group in place to progress.
		- Develop and publish an integrated transitions policy.	Policy published	March 2021	Gillian Scott Karen Love	Green	Project group in place to progress.
		- Consider transition planning in terms of housing and reflect housing needs for LD population in the West Lothian Local Housing strategy.	Strategy published	December 2020 – and will be reviewed annual following this	Gillian Edwards	Green	Local housing strategy due to be presented to council committee for approval in December. Will be reviewed annually.
		- Review transitions planning and produce pathways to ensure good transition.	Pathways document published	March 2021	Karen Love / Dr Jane Stuart	Green	Discussions underway on integrated pathways

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
2.	Develop Suitable Housing options						
	Continue to develop a range of 'core' housing models to enable people with learning disability to live within local communities.	- Contribute to the West Lothian Local Housing Strategy to ensure the core and cluster housing model is reflected.		August 2020	Karen Love / Gillian Edwards	Complete	
		- Establish Adults with Disabilities Housing project board to ensure strategic vision is delivered throughout all related services	Board established and reporting to Planning and Commissioning Board	May 2020	Karen Love / Gillian Edwards	Complete	Forms part of the LD redesign programme board
		- Continue the development of the Core and Cluster model of housing to ensure additional core services are available in West Lothian, having regard for the efficiency of £774,000 detailed in the West Lothian Transforming your Council Strategy.	No. of adults with a learning disability living out with traditional residential settings	March 2023	Gillian Edwards	Green	Plans for further phases of core and cluster are being discussed using the learning from the current developments
		- Review all out of area placements, in line with Scottish governments 'Coming Home report' to better determine demographics for those who may be considered for specialist housing options.	No. of out of area placements	January 2021	Karen Love	Green	All placements being reviewed as part of the established LD redesign programme board

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
3.	Meaningful and Sustainable range of day opportunities						
	People in West Lothian living with a learning disability should have a range of day activities to choose from when accessing support.	- Continue to offer a range of services and resources to meet a spectrum of need, recognising that for some people traditional centre based day activities continue to play an important part in their overall support arrangements. This will be delivered in regard to the efficiency of £755,000 detailed in the West Lothian Transforming your Council Strategy.	No. of adults with a learning disability using alternatives to day centre services	March 2021	Rob Allen	Green	Proposals for the day care review continue to be developed. Service users have been surveyed to give feedback on day care provision post COVID-19
		- Work collaboratively with our 3 rd and independent sector to enable freedom of choice when accessing activities during the day in West Lothian.	Further day activities available in West Lothian	January 2022	Karen Love	Green	Service users are offered SDS options as part of the assessment process. As part of the development of the new adult care and support framework opportunities will be taken to encourage alternative approaches to meet service user needs and outcomes.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
4.	Supporting Families and Carers						
	There is a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.	- Review unpaid carers Advocacy in West Lothian.	Review in line with Carers Strategy	August 2020	Mhairi Walker	Green	Carers Strategy due to be presented to the IJB in August 2020
		- Continue to deliver commitment to meaningful and sustainable respite opportunities to support carers and families in West Lothian.	Review complete and recommendations given to Planning and Commissioning Board	March 2023	Rob Allen	Green	Project group in place to progress
		- Complete review and publish revised carer's strategy in line with the Carers (Scotland) Act 2016.	Strategy published	August 2020	Sharon Houston	Green	Carers Strategy due to be presented to the IJB in August 2020
		- Support all carers to access information, support and services in line with the Council's Carers Eligibility Framework.	Review of Commissioned Services	March 2023	Karen Love	Green	Carers of West Lothian meeting with social work team representatives on a regular basis to drive up awareness of information and advice available

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
5.	Ensuring choice through Self- Directed Support.						
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	- Ensure practitioners and business support services and other stakeholders are involved in shaping market development.	Market Facilitation plan updated and published	June 2021	Mhairi Walker	Amber	Annual publication for 2020 has been impacted by COVID-19. All contracts due to expire / be tendered were extended under emergency procurement legislation to ensure continuity of services. Plan will be refreshed and updated in 2021.
		- Ensure service users and carers have a say in how future services should be developed.	Feedback provided through Service users Forums	September 2020 and published annually	Kate Marshall	Green	Update will be provided in September as part of the Engagement Strategy update.
		- Ensure those receiving SDS have information and advice in order to support them to achieve their personal outcomes.	Review of Commissioned Services	September 2020	Robin Allen	Complete	SDS embedded as part of the assessment process and SDS choice recorded on the case management system.

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
6.	Complex needs relating to those displaying stressed and distressed behaviour						
	Development of resources for people from West Lothian whose needs require a high level of support	<ul style="list-style-type: none"> - Develop complex needs housing development that will support those that demonstrate stressed and distressed behaviour as a result of their complex needs. 	Complex care housing development open and residents offered tenancies	February 2022	Rob Allen	Amber	Project reporting delay due to restrictions of COVID-19. Occupation hoped to be January 2022.
		<ul style="list-style-type: none"> - Ensure that the vision for LD accommodation, including provision for people with complex needs related to stressed and distressed behaviour, is reflected in the West Lothian local Housing Strategy. 	Demographics are reported through Housing Project Board	December 2020 and will be reviewed annually	Gillian Edwards	Green	Local housing strategy due to be presented to council committee for approval in December. Will be reviewed annually.
		<ul style="list-style-type: none"> - Implement, support and develop the Positive Behavioural Support (PBS) model to ensure those demonstrating stressed and distressed behaviour as a result of their complex needs are supported to live in West Lothian. 	No. of out of area placements.	February 2022	Karen Love / Dr Alison Clark	Green	Workstream established as part of the LD redesign programme board

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
7.	Peer support and social activities						
	People with a learning disability are able to access their local community and have opportunities for socialisation and building friendships	- Ensure that everyone in West Lothian has access to disability information and advice, to allow them to better utilise local services.	Review of Commissioned Services.	March 2023	Mhairi Walker	Green	The Information and Advice service for people with disabilities was extended as part of the emergency COVID-19 legislation. Work continues with the provider to develop ways of increasing the number of adults engaging with the service.
		- Support the promotion of Social Activities through the wider West Lothian networks.	Feedback provided to service user forums.	March 2022	Kate Marshall	Green	Review of forums underway.
8.	Health Screening						
	Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or condition	- Use learning from the Health Equality Framework to improve uptake of screening and to inform service development.	% of adults with a learning disability accessing core health services.	March 2022	Linda Yule	Green	Discussions being held to develop a plan
		- Review commissioning approach to ensure health screening is identified as a component of effective care planning.	Review of Commissioned Services	March 2023	Linda Yule / Mhairi Walker	Green	Health screening will be included in the tender for the adult framework and a performance measure added to the contract monitoring

	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
9.	Access to Information						
	People have access to the information they need, when they need it and in an appropriate format.	- Ensure appropriate arrangements are in place for both carers of people with a learning disability and service users themselves to access information and advice. This should include options for technology enabled care.	Review of Commissioned Services	March 2023	Mhairi Walker / Aileen Maguire	Green	Work continues with the provider to develop ways of increasing the number of adults engaging with the service.
		- Ensure all information, advice and advocacy services are reaching those with a learning disability and autistic people.	Review of Commissioned Services	March 2023	Mhairi Walker	Green	The current services were extended as part of the emergency COVID-19 legislation
10.	Inclusive services for Autistic people						
	Autistic people vary greatly in their support needs. Services should reflect this varying need.	- Refresh and publish Autism Strategy and action plan to support Autistic people in West Lothian to live independently.	Strategy and action plan published	March 2022	Gillian Scott	Green	Project group in place to progress
		- Review information and advice services to ensure they are best placed to support autistic people living in West Lothian.	Review of Commissioned Services	March 2023	Mhairi Walker	Green	The current services were extended as part of the emergency COVID-19 legislation

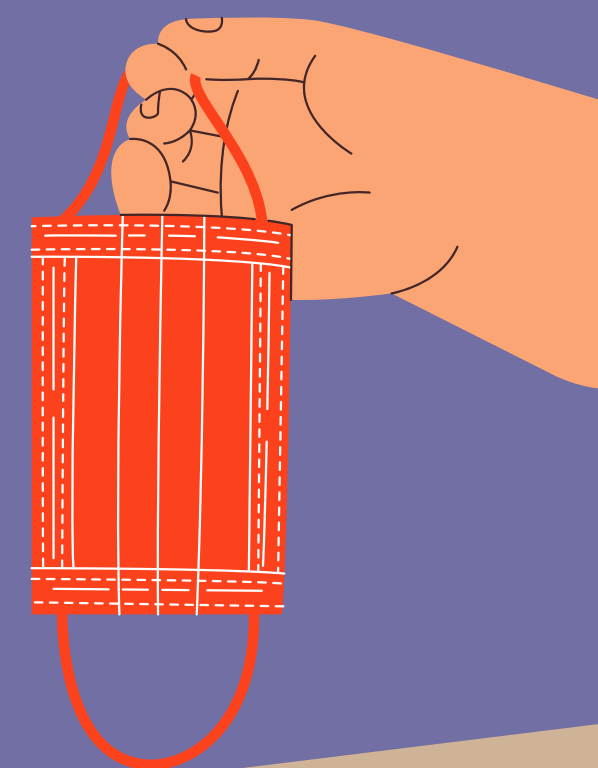
	Area of Development	Actions	Measures	Timescale	Lead Officer(s)	R/A/G	Comments
11.	Employment						
	People with a learning disability and/or Autistic people have access to a range of employment opportunities and are supported by clear pathways to the open labour market	- Continue to deliver <i>Project Search</i> in collaboration with West Lothian College.	% participation in <i>Project Search</i>	December 2020 with Annual updates thereafter	Karen Love	Green	Although delays have been experienced as a result of COVID-19 this should not impact on the final timescales but this will be kept under review
		- Continue to deliver supported employment and review the model to offer maximised capacity to service users.	% of adults with a learning disability in employment	December 2020 with Annual updates thereafter	Karen Love	Green	Although delays have been experienced as a result of COVID-19 this should not impact on the final timescales but this will be kept under review
		- Review and implement new referral routes into supported employment projects.	Referral routes established and published on HSCP website.	December 2020 with Annual updates thereafter	Karen Love	Green	Although delays have been experienced as a result of COVID-19 this should not impact on the final timescales but this will be kept under review

PROPOSED NEW AREA OF DEVELOPMENT

12.	Technology Enabled Care (TEC)						
		Explore the use of emerging mainstream and specialist technologies alongside physical devices which may provide support to those living with a learning disability.	No. of adults with a learning disability living at home	2023	Scottish Digital Office / Karen Love / Aileen Maguire		
		Through the use of assistive technology and technology enabled care, support those living with learning disabilities to continue to live within their home.	No. of adults with a learning disability living at home	2023	Scottish Digital Office / Karen Love / Aileen Maguire		

Data Label:INTERNAL

Reflections on COVID-19



The Strategic Planning Group reflected on the COVID-19 pandemic and its impact on services and organisations from the end of March 2020 to the end of July 2020.

This report captures those reflections and identifies some key themes and common learning points across the experience of the Group. It also highlights the great efforts made in communities, the third-sector, by volunteers and services in responding to the pandemic.

Key Themes

- **Communication** between partners improving **positive partnership working** – greater understanding of roles and improved connections
- **Enhanced use of technology** to support health and care delivery and different patterns of working
- **Personal Protective Equipment (PPE)** and need to have **ongoing support with delivery to services** including externally commissioned services
- **Sustainability and funding to support independent and third sector organisations** to continue to support delivery of high quality health and social care
- Employment – **support with skills shortages** across the HSCP and different work practices
- **Willingness to change** and change quickly
- Impact of pandemic on **inequality**

Third-Sector Interface

Voluntary Sector Gateway (VSG) West Lothian have been supporting the "phenomenal" response from the community and voluntary organisations including by creating a directory of service in the voluntary sector who were changing services to provide support during the pandemic. VSG increased information available to the third sector e.g. funding information, COVID information and other websites publishing useful information. Strengthened partnerships and communication will continue within the third-sector through fortnightly meetings to share best practice.

Over 1200 people across West Lothian signed up to volunteer and VSG have provided opportunities for these individuals wherever possible.

Carers of West Lothian

Carers of West Lothian have invested in new technology, which helped significantly with the response to COVID. They were able to keep involved with carers in a way they wouldn't have otherwise e.g. running sessions virtually. A lot of carers are shielding and have engaged very well with the service but are not getting respite. Staff are working from home and subsequently have more time to call carers. Carers of West Lothian have been unable to run a full counselling service but some sessions are being done on the phone or via Zoom. Many people still prefer face to face sessions.



An overwhelming amount of information went out to care homes from different sources but providers did a great job adapting. Scottish Care helped keep communications going with care at home issues and the fortnightly care home forum was well attended. PPE was a huge issue initially and care home visiting is still an ongoing concern in that the lack of contact with relatives is impacting residents' mental health. Once PPE hubs were in place, the situation was much improved, though it would have been helpful to have been asked what support was needed despite it being offered. Scottish Care would like to see the PPE hubs continue. The deaths of residents have had a negative impact on care staff and WeLPAT have extended their staff counselling.

Scottish Care

Trust Housing Association

This essential service was unable to pause, with care workers and managers continuing to keep this vital service going. Challenges included uncertainty around sourcing PPE but through working closely with NHS National Services Scotland (NSS), the Care Inspectorate and local hubs they now have an excellent working relationship that has enabled them to obtain some necessary supplies of PPE for frontline staff.

Virtual meetings are now the norm with staff adapting to the changes very quickly. Staff training is also being delivered using Zoom calls, with staff socially distancing at developments to complete mandatory training. Feedback from care staff participating in the training has been very positive, with many enjoying the face to face contact with colleagues that they very seldom get the chance to meet due to the vast geographical area that Trust covers. Support for frontline staff has been readily available, albeit remotely, via Managers, and regular guidance and updates have gone out to frontline staff on a variety of topics.



Economic Development

Economic Development moved their service online to help people into employment and help those in low paid work move into more sustainable employment. There was initially some scepticism around providing support by phone or video call but the service hopes to keep aspects of this new way of working going forward. A lot of this support was focused on personal development and many people put this on pause. The service is now busier and a new service just for women has also been developed.

Economic Development work closely with the job centre who saw huge surge in Universal Credit applicants. They are currently working with them to see what support is required and they are looking at a virtual hubs model, particularly for clients who are in work. The service ran a wellbeing workshop online and this was well attended. The peak of demand is expected once schools are back and there will also be an influx of school leavers. The service is also keen to support workforce development in health and social care.



West Lothian Leisure



West Lothian Leisure has been deeply affected by the pandemic. 75% of their budget is earned income which effectively stopped. All venues closed all services ceased and staff were on furlough. A recovery plan is being developed with the council and the First Minister has announced an indicative reopening date. Xcite in Bathgate is being used as testing site and until the end of July, 3 venues have been used as childcare venues for key workers. The vision of West Lothian Leisure is for everyone to live a happier longer life with preventative healthcare at the heart of the system. Social prescribing services were very much venue based previously but now people are more used to using technology. Work is ongoing with Napier University on a text service and online classes are available, provided by an instructor in the client's own home. West Lothian Leisure are keen to see obesity included in anti-poverty work and are in a position to assist with this.

Older People's Services

Staff have worked tirelessly to maintain full service provision despite significant challenges including the need to visit those most at risk in their homes and keeping up to date with guidance and the use of PPE. All other statutory social work duties have been undertaken remotely. The pressure and focus on care home pressures has been significant With care homes closed to visitors new ways of maintaining contact with loved ones proved challenging at the outset but this was quickly resolved with purchase of tablets to facilitate Skype, Facetime etc.

- What has stopped that we might keep stopped?**
- Face-to face assessments in every case where this can be done on the phone or via video call

What changes would we embed or introduce?

- Fast tracked recruitment processes and further integration of staff from different areas to enhanced skill mix and improve service user journeys
- Projects for Wi-Fi connectivity in Care Homes and digital care planning have already been approved
- Consider whether our separate review team should become a permanent team. The range of skills in this team has been of benefit to service users and has contributed to the commissioning of the most appropriate care provision
- Support a more mobile workforce and explore home working arrangements for the longer-term



Primary Care



What has stopped that we might keep stopped?

- The allocation of face to face GP appointments without a prior phone appointment.
- Immediate investigation of non-red flag symptoms without a trial of watchful waiting first
- Some enhanced services that have questionable value
- Some unnecessary contractual/regulatory compliance activities that increase workload

What have you changed that you'd like to embed?

- New ways of working enabled by digital technology e.g. video consultations, online consultations, remote working; and more telephone appointments
- Prescriptions all going to a pharmacy wherever possible and not collected at the desk
- Consulting rooms being less cluttered and easier to clean
- Short daily whole-team meetings to quickly tackle emerging issues
- De-prescribing – more time to review prescription requests and stopping drugs which are ineffective or not really needed
- Holistic Home Visits – avoiding admissions by visiting very frail elderly patients and improving Anticipatory Care Planning
- Chronic Disease Management – prioritising patients at greatest risk of serious side effects or who require additional monitoring



Service delivery in practice teams has continued largely uninterrupted due to the nature of business being delivered i.e. care management and Adult Protection. The most at risk clients are being prioritised and home visits are only made when absolutely essential. Referral rates reduced initially but are now steadily increasing. All day centres remain closed but registration was altered to enable an outreach support to be provided to those most in need. All other received telephone contact. Respite was also closed although residential care in Deans remained open with no new residents admitted over the period.

Housing with Care delivery remained unchanged over this period and staff voluntarily redeployed to support service delivery. Proactive approaches were implemented to enable residents to remain in contact with loved ones via electronic means and efforts were made to manage social isolation whilst communal areas were closed down.

Occupational Therapy (OT) and Community Rehabilitation and Brain Injury Service (CRABIS) were significantly affected with staff redeployed to support other essential service provision e.g. Housing with Care, Rapid Elderly Assessment Care Team (REACT), Care Homes. A duty system remained to progress essential works but the ability of contractors to progress assessed alterations was also impacted. The OT staff contribution to supporting other service areas was invaluable and demonstrated the impact of allied professions working in different settings to support service users.

What else would you like to introduce?

- Regular “working from home” days and the IT infrastructure to support this
- Promoting patient self management and ending annual for chronic disease
- routine review for those who are well
- Further development of the
- public/community health function of general practice
- Further development of the Wellbeing Hubs and pain management service

Adults' Services

Staff absences in Adult Services were less than expected and there was real benefit in having other staff imbedded in different areas e.g. Occupational Therapists. Technology was key to ensuring staff maintained contact with each other and service users.

St John's Hospital



The hospital is using red and green areas to prevent transmission of COVID and are making good use of the new Emergency Department site. Outpatients appointments are taking place more by virtual consultation and a workshop was held with colleagues to look at what was working well, what could stop and what could be done differently. A Wellbeing Hub has been set up for staff in the Education Centre.

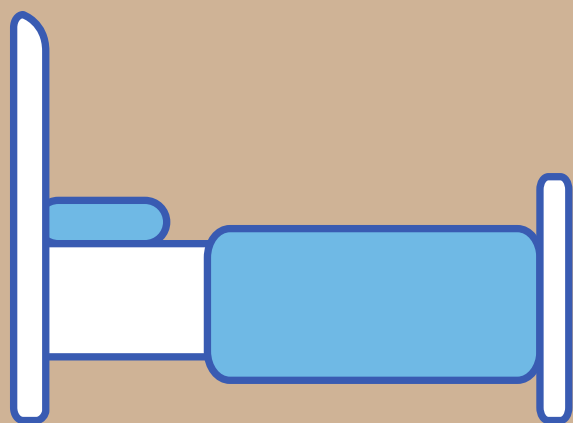
There are some concerns around the digital divide and patient confidentiality. There are a lot of considerations around infrastructure if care is to be provided closer to home over the longer-term. Patients are involved in consultation on the outpatient redesign.

Mental Health and Addictions

There have been a lot of adjustments to hospital-based services e.g. services have moved out of Accident & Emergency and now partly back in. There are reduced face to face appointments and more use of Near Me. A lot of mental health service users are missing the face to face aspect and there has been an increase in young people requiring services and presenting at the front door. Colleagues in Royal Edinburgh have set up a bespoke service for West Lothian and it is hoped that this can continue post-COVID.



A Red/Amber/Green system is in place for community mental health patients and only those in red are receiving face to face appointments. This allows a greater degree of case management and status is reviewed every day. Going forward, the service is keen to move people away from A&E and the front door.



The service is in early conversations about using Navigator for staff who specialise in working with front door presentations for mental health and addictions, and developing a safe space model for the front door. Both the community and Emergency Department were quiet mid-pandemic but this was followed by an increase in need.

The volume and acuity of presentations is difficult for the service and for staff resilience. There were no beds left as of the end of July and the capacity of community teams is full. This appears to be the case across the country.

Community Regeneration

Community Regeneration have been redeployed and are supporting the shielding as a team by delivering prescriptions to communities and supporting community groups. There are lessons to be learned going forward and some previously more passive groups have become more active to support the response. The response to using new technology by groups has been a bit of a mixed bag in terms of uptake.



Final words - HSCP Staff Representative

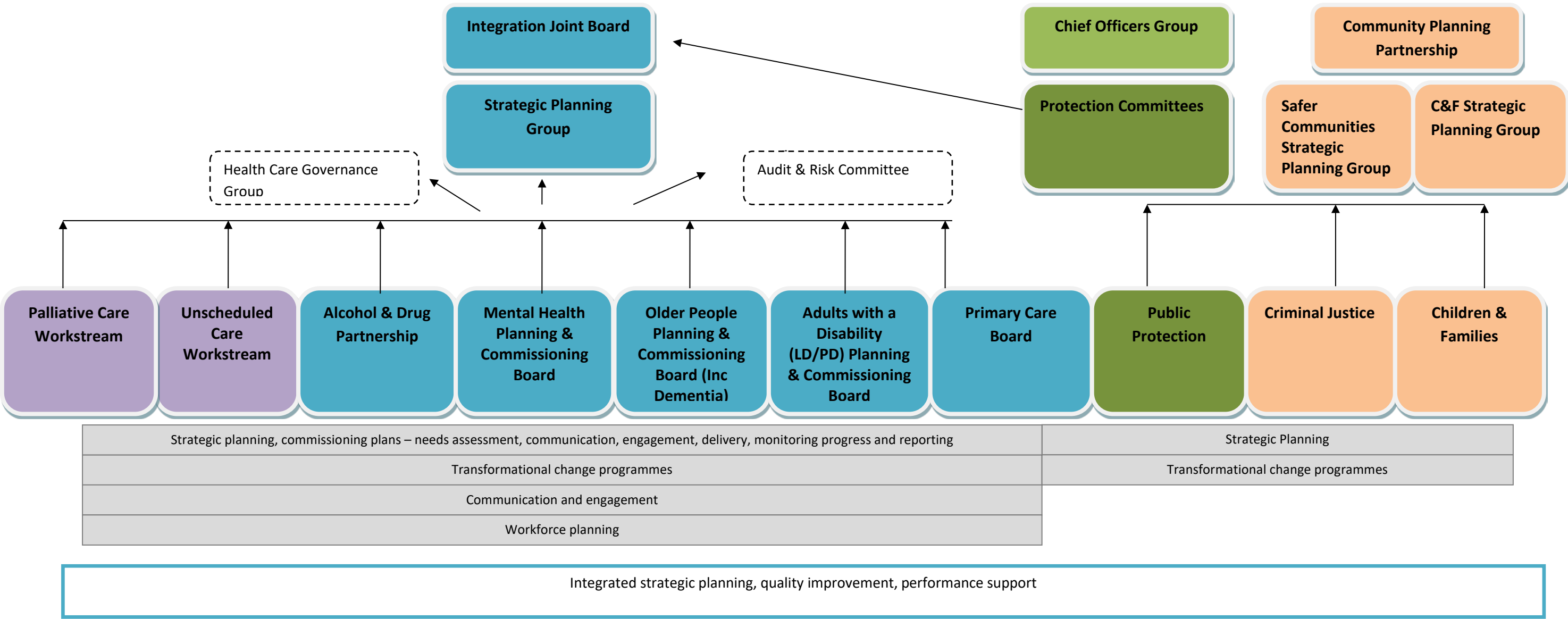


The impact and effort of staff has been remarkable despite difficulties and there are potentially more linkages between sectors that there otherwise would have been. This has highlighted gaps and quick wins around using social media and the need to have the ability to engage with staff directly instead of through the line.

To request any further information please contact: lorna.kemp@westlothian.gov.uk

WEST Lothian IJB/HSCP Planning and Performance Structures

April 2019



West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 10

AUDIT OF THE 2019/20 ANNUAL ACCOUNTS

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to advise the Board of the outcome of the 2019/20 Audit and to provide a summary of the key points arising from the Auditor's Annual Report.

B RECOMMENDATION

It is recommended that the Board:-

1. Considers the Auditor's 2019/20 Annual Audit Report including the management action plan
2. Agrees the audited 2019/20 Annual Accounts for signature
3. Notes the Audit Risk and Governance Committee's recommendations for agreement, following the Committee's review of the Annual Accounts and Annual Audit report on 9 September 2020

C SUMMARY OF IMPLICATIONS

- | | | |
|-----------|--|--|
| C1 | Directions to NHS Lothian and/or West Lothian Council | A direction is not required. |
| C2 | Resource/ Finance | The finalised audit fee for 2019/20 is £28,360. |
| C3 | Policy/Legal | The Auditor's Report is presented to the Board in accordance with the Local Government (Scotland) Act 1973. |
| C4 | Risk | None |
| C5 | Equality/Health | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |

- C6 Environment and Sustainability** 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 report by Ernst and Young (EY) on the 2019/20 audit is addressed to the West Lothian Integration Joint Board, is simultaneously forwarded to the Controller of Audit and forms part of the audit process. The Auditor's report covers the financial statements, financial management and sustainability, governance and transparency and value for money.

The unaudited Annual Accounts for the financial year to 31 March 2020 were considered by the Board on 30 June 2019 and submitted to Ernst and Young (EY) by the 30 June deadline. The audited accounts and Annual Audit report were subsequently referred to the IJB Audit, Risk and Governance Committee on 9 September 2020 for further consideration and scrutiny. The external audit of the Accounts and the signing of the Independent Auditor's report is anticipated to be completed by the target date of 30 September 2020 following approval of the Accounts. The report by EY on the 2019/20 audit is appended to this report.

D.2 Key messages in the EY report

The Executive Summary section outlines the Auditor's conclusions on their audit of the 2019/20 accounts. Key points include:

- No audit adjustments were required and there are no unadjusted differences that require to be communicated
- The draft financial statements and working papers were of a good quality
- The Annual Governance Statement reflects the requirements of the delivering Good Governance Framework, and the key changes in governance arrangements that were required as a result of changes to working practices due to Covid-19
- As a result of the unprecedented financial and operational pressures faced by the IJB to respond to Covid-19, additional emphasis was placed on management's assessment of going concern and the audit concluded that the IJB remains a going concern
- The IJB has a number of key characteristics of Best Value in place, including effective partnership working and robust governance arrangements that allow it to demonstrate that Best Value is being achieved

- The impact of Covid-19 has added further financial pressure and uncertainty to the IJB and its partners for the current financial planning period to 2023
- Core financial management arrangements are adequate for the current management of financial activities

D.3 2019/20 Financial Statements Audit

In terms of preparation of the 2019/20 financial statements, the report notes that EY expect to issue an unqualified audit opinion for West Lothian Integration Joint Board. Further key points noted include:

- Accounting policies used in the preparation of the accounts are appropriate and estimates reasonable
- The Annual Accounts meet the core requirements set out in the Code of Practice on Local Authority Accounting
- The Annual Governance Statement reflects the requirements of the Delivering Good Governance Framework
- EY worked closely with IJB management to update and make improvements to the information contained in the annual accounts, in particular to reflect the implications of the Covid-19 pandemic.
- Due to the significant additional impact of Covid-19 on the audit process including additional focus on the assessment of going concern, financial sustainability and related disclosures in the accounts, there was £1,800 of additional audit costs agreed with management.

D.4 Significant Audit Risks

EYs Annual Audit Plan noted risks in line with auditing standards in relation to assurance over the existence and occurrence of revenue expenditure incurred by the IJB in commissioning services from partners, and management fraud through the ability to override financial reporting controls. In respect of the significant risks identified, the Annual Audit Report findings noted that:

- Testing had not identified any material misstatements relating to revenue and expenditure recognition
- No material weaknesses in the design and implementation of controls around journal processing, or management override of controls, were identified
- There was no disagreement during the course of the audit over any accounting treatment or disclosure

D.5 Wider Scope Audit Dimensions

The wider scope audit considerations reflect EY's judgements and conclusions on the IJB's arrangements for financial management, financial sustainability, governance and transparency, and value for money. The Annual Audit report sets out the main findings and conclusions from each of these areas. The position against each area is summarised below:

- Financial Sustainability – Amber. EY note a significant risk in relation to continued financial and demographic pressures. The IJB has continued to develop its longer term planning arrangements through delivery of a medium term financial plan through to 2022/23 but the impact of Covid-19 has added further financial pressure and uncertainty to the IJB and its partners.

Achieving financial sustainability is highlighted as a major challenge particularly around Covid-19 implications and this will require review and update of the medium term financial plan and an increasing focus on partnership working across IJB partners on financial planning.

- Financial Management – Green. EY note that the IJB continues to identify and monitor overspends within key budget areas during the year with accurate financial reporting to the relevant governance bodies. In line with a 2018/19 audit recommendation the IJB updated its reserves policy in January 2020
- Governance and Transparency – Green. EY have concluded that the key features of good governance are in place and operating effectively. There was substantial progress in tackling the governance issues identified in last year's annual accounts. It is further noted that the IJB responded quickly to ensure that governance arrangements were appropriate and operating effectively during the lockdown period caused by Covid-19 and that Board members had access to sufficient information as a result of continuance of virtual meetings and regular briefings.
- Value for Money – Green. EY note that the IJB's Annual Performance Report was published by 31 July 2020, in line with the requirements of the legislation it is noted that the IJB has a number of key characteristics of Best value in place and areas of improvement identified are adequately captured and monitored on a routine basis to support continuous improvement. In addition, the IJB considered its compliance with the Best Value Framework in the year and concluded the IJB had demonstrated substantial compliance with best Value requirements.

D.6 Annual Audit Report Action Plan

An action plan including management responses to identified risks is included in the Annual Audit report. The Action Plan summarises specific EY recommendations which have been graded according to their consideration of their priority for action. A management response to the one action identified in the 2019/20 EY audit report is included in the Action Plan.

D.7 Audit Risk and Governance Committee Recommendations

In line with its agreed remit, the Committee considered the 2019/20 Annual Accounts and Annual Audit report on the 9 September 2020, prior to both being reported to the Board. Stephen Reid, Partner at EY, attended this meeting to present the Annual Audit report and answer questions raised by members of the Committee.

Taking account of the areas discussed at this meeting, the Committee noted the risks around financial sustainability and agreed to recommend to the Board that the annual accounts and the recommendations from management be accepted.

E CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council

Audit Risk & Governance Committee, 9 September 2020

F REFERENCES/BACKGROUND

2019/20 Audited Statement of Accounts for West Lothian Integration Joint Board

Ernst and Young – Annual Audit report for Year Ended 31 March 2020

G APPENDICES

Ernst and Young – Annual Audit report for Year Ended 31 March 2020

2019/20 Audited Statement of Accounts for West Lothian Integration Joint Board

H CONTACT

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

Tel. No. 01506 281320

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

22 September 2020



West Lothian Integration Joint Board

**Annual Audit Report to Members
and the Controller of Audit - year
ended 31 March 2020**

22 September 2020



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Wider scope dimensions	Demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited body's: <ul style="list-style-type: none"> • financial position and arrangements for securing financial sustainability • suitability and effectiveness of corporate governance arrangements • effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets We also conclude on the IJB's ability to demonstrate that it meets Best Value responsibilities to the Board	14
Appendices	Undertake statutory duties, and comply with professional engagement and ethical standards: Appendix A: audited body's responsibilities Appendix B: required auditor communications Appendix C: independence and audit quality Appendix D: action plan Appendix E: follow up of prior year recommendations Appendix F: Timing and deliverables of the audit	24

About this report

This report has been prepared in accordance with Terms of Appointment Letter from Audit Scotland dated 31 May 2016 through which the Accounts Commission has appointed us as external auditor of West Lothian Integration Joint Board (the IJB) for financial years 2016/17 to 2021/22. We undertake our audit in accordance with the Local Government (Scotland) Act 1973 and our responsibilities as set out within Audit Scotland's Code of Audit Practice. This report is for the benefit of the IJB and is made available to the Accounts Commission, the Controller of Audit and Audit Scotland. This report has not been designed to be of benefit to anyone except the recipients. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the recipients, even though we may have been aware that others might read this report.

Any party other than the Recipients that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Recipient's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, Ernst & Young LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Recipients

Complaints

If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with Stephen Reid who is our partner responsible for services under appointment by Audit Scotland, telephone 0131 777 2839, email sreid2@uk.ey.com. If you prefer an alternative route, please contact Hywell Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, or with how your complaint has been handled, you can refer the matter to Diane McGiffen, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN. Alternatively you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

Executive Summary: Key Conclusions from our 2019/20 audit

We intend to issue an unqualified audit opinion on the IJB's 2019/20 financial statements

We updated our risk assessment in response to the global pandemic, and as a result placed additional focus on:

- the adequacy of the IJB's disclosures in relation to the pandemic; and
- management's assessment of going concern.

Financial Statements

We have concluded our audit of the IJB's financial statements for the year ended 31 March 2020. No audit adjustments were required to be made and there are no unadjusted differences that we are required to communicate. The draft financial statements and supporting working papers were of a good quality, in line with previous years. We worked with the Chief Finance Officer to update and make improvements to the Management Commentary and notes to the financial statements, in particular to reflect the implications of the Covid-19 global pandemic on the financial statements, and the IJB's planning processes.

We concluded that the other information subject to audit, including the applicable parts of the Remuneration Report and the Annual Governance Statement were appropriate. We were satisfied that the Annual Governance Statement reflects the requirements of the *Delivering Good Governance Framework*, and the key changes in governance arrangements that were required as a result of changes to working practices due to Covid-19.

Going Concern

Management is required to conclude on the going concern basis of preparation in the financial statements. As a result of the unprecedented financial and operational pressures faced by the IJB to respond to Covid-19, we placed additional emphasis on management's assessment of going concern, and particularly the need to report on the impact of financial pressures on the IJB and its financial sustainability.

The IJB has submitted regular mobilisation plans to the Scottish Government to estimate the financial impact of Covid-19, which reflect the impact of the pandemic on the delivery of services and the additional costs associated with Covid-19. Key areas of additional spend include:

- staffing costs to provide cover for front-line staff sickness, self-isolation and shielding;
- additional beds in the community hospital to support patient care; and
- prescribing and sustainability payments to external care providers.

Under the Integration Scheme, the financial costs and therefore key financial risks remain with the IJB's partners, NHS Lothian and West Lothian Council. We were therefore satisfied that the IJB remains a going concern, but consider the related risks to the delivery of the IJB's Strategic Plan within our wider scope assessment of Financial Sustainability.

We have drawn upon our wider scope work to conclude on the IJB's approach to Best Value. We note that the IJB has a number of key characteristics of Best Value in place, including effective partnership working and robust governance arrangements.

In our view, the IJB has a framework to allow it to demonstrate to the board that Best Value is being achieved. We are satisfied that the areas for improvement identified are adequately captured and monitored on a routine basis to support continuous improvement.

Wider Scope and Best Value

We summarise the conclusion we reached in response to our work on the wider scope dimensions below.

<p>Financial Sustainability</p> <p>The impact of Covid-19 has added further financial pressure and uncertainty to the IJB and its partners, including a currently estimated additional £7.1 million of costs related to Covid-19. There is also a budget gap where required savings have not been identified through to 2023 of £7.2 million.</p> <p>Financial pressures of this scale require either financial support from partners or the Scottish Government, or the re-prioritisation of services provided. The ability of partners to respond to the Strategic Plan, and specific Directions, will therefore determine the success of integration in West Lothian.</p>	<p>Governance and Transparency</p> <p>The key features of good governance at the IJB are in place and operating effectively. The IJB responded quickly to ensure that governance arrangements were appropriate and operating effectively during the lockdown period caused by the global pandemic. We were satisfied that Board members have access to sufficient information as a result of the continuance of virtual meetings, and regular briefings to all members. The IJB has continued to develop arrangements to support improved integration and partnership working.</p>
AMBER	GREEN
<p>Financial Management</p> <p>The IJB continues to identify and monitor overspends within key budget areas during the year, however these have been effectively identified and monitored through the year, with accurate financial reporting to the relevant governance bodies.</p> <p>We are satisfied that the core financial management arrangements established by the IJB are adequate for the current management of its financial activities.</p>	<p>Value for Money</p> <p>The IJB's Annual Performance Report was published by 31 July 2020, in line with the requirements of legislation. The Annual Performance Report 2019/20 highlights mixed performance, with improvement in areas related to people living independently and staff engagement, but lower performance around some key indicators including positive experiences of care and healthy living.</p>
GREEN	GREEN

Introduction

As a result of the impact of Covid-19, Audit Scotland and the Accounts Commission agreed to extend our appointment as external auditor of the IJB by at least 12 months, to 2021/22.

Purpose of this report

In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of West Lothian Integration Joint Board ("the IJB"). Our appointment term has recently been extended by a further 12 months, to financial year 2021/22. We undertake our audit in accordance with the Code of Audit Practice (the Code), issued by Audit Scotland in May 2016; Auditing Standards and guidance issued by the Financial Reporting Council; relevant legislation; and other guidance issued by Audit Scotland.

This Annual Audit Report is designed to summarise the key findings and conclusions from our audit work. It is addressed to both members of the IJB and the Controller of Audit, and presented to those charged with governance. This report is provided to Audit Scotland and will be published on their website.

We draw your attention to the fact that our audit was not designed to identify all matters that may be relevant to the IJB. Our views on internal control and governance arrangements have been based solely on the audit procedures performed in respect of the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

A key objective of our audit reporting is to add value by supporting the improvement of the use of public money. We aim to achieve this through sharing our insights from our audit work, our observations around where the IJB employs best practice and where practices can be improved. We use these insights to form our audit recommendations to support the IJB in improving its practices around financial management and control, as well as around key aspects of the wider scope dimensions of audit. Such areas we have identified are highlighted throughout this report together with our judgements and conclusions regarding arrangements, and where relevant recommendations and actions agreed with management.

Our independence

We confirm that we have undertaken client and engagement continuance procedures, which include our assessment of our continuing independence to act as your external auditor.

Scope and Responsibilities

The Code sets out the responsibilities of both the IJB and the auditor (summarised in Appendix A). We outlined these in our Annual Audit Plan, which was presented to the audit, risk and governance committee on 4 March 2020.

The impact of the Covid-19 Pandemic

The ongoing disruption to the delivery of health and social care as a result of the Covid-19 has a pervasive impact upon the financial statements.

The financial statements have been updated to reflect the impact of Covid-19 on the IJB's financial position and performance.

We conducted our planning in accordance with Audit Scotland's Code of Audit Practice in February 2020, and presented our Annual Audit Plan to the IJB's audit, risk and governance committee, before the declaration of the global Covid-19 pandemic and the resulting lockdown arrangements. We recognise that the pandemic has had a profound impact on the IJB, and on partner staff who deliver frontline services. As a result, we revisited our planning assessments for the 2019/20 audit.

The impact occurred late in the financial year, and as a result the financial results were in line with our expectations. There were no additional transaction streams before 31 March 2020 that would require new accounting policies or treatments.

The IJB has worked with partners and the Scottish Government to identify additional costs as a result of the pandemic within mobilisation plans. However, there was no material spike in activity prior to 31 March 2020. As a result of our assessment we have not identified any new financial statement risks. There are, however, a number of areas of the financial statements that have been impacted by Covid-19, including:

- **Governance Statement:** The IJB and its partners moved to critical service delivery in March 2020 at the commencement of the lockdown. The governance statement captures how the control environment changed during the period and what steps were taken to maintain a robust control environment during the disruption.
- **Disclosures and estimates:** Additional disclosures were required throughout the financial statements, including the management commentary, to reflect the additional risks facing the IJB and how these have impacted the key judgements and estimates made in preparation of the financial statements. These include disclosures on significant events after the balance sheet date.
- **Going concern:** In accordance with the CIPFA Code of Local Government Accounting, the IJB should prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity. Covid-19 has created increased financial pressures throughout the public sector. Uncertainty remains about the level of financial support that may become available from the Scottish Government to reflect the financial consequences. In light of this, the audit placed increased focus on management's assertion regarding the going concern basis of preparation in the financial statements. The results of this assessment are reported in Section 2 on page 13.

We remain satisfied that the values reported to you in our Audit Planning Report for planning materiality, performance materiality and our audit threshold for reporting differences remain appropriate.

Adaption to remote working

Our audit fieldwork was completed remotely as a result of the Scottish Government's lockdown restrictions. There were two key impacts:

- Additional work was required to assess the format of evidence provided and where necessary, procedures were performed to validate the authenticity of evidence.
- All contact with the Chief Finance Officer was conducted via virtual meetings. We would take this opportunity to thank the full team for their co-operation and support throughout this period.

Our review and reassessment of materiality

Our Annual Audit Plan explained that our audit procedures would be performed using a materiality of £1.8 million. We have considered whether any change to our materiality was required in light of Covid-19 and we remain satisfied that the materiality values reported within our Annual Audit Plan remain appropriate.

Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations. Factors which we consider include the perspectives and expectations of users of the financial statements as well as our risk assessment as to the likelihood of material misstatements arising in the financial statements.

Overall Materiality

Tolerable Error

Nominal amount

£2.5 million

£1.8 million

£125,000

2% of the IJB's net expenditure

Materiality at an individual account level

Level that we will report to committee

As outlined in our Annual Audit Plan, based on considerations around the expectations of financial statement users and qualitative factors, we apply lower materiality levels to the audit of the Remuneration Report and Related Party Transactions.

Financial statement audit

We are responsible for conducting an audit of the IJB's financial statements. We provide an opinion as to:

- whether they give a true and fair view of the financial position of the IJB as at 31 March 2020 and its expenditure and income for the year then ended; and
- whether they have been properly prepared in accordance with the Local Government (Scotland) Act 1973 and the 2018/19 Code of Practice on Local Authority Accounting in the United Kingdom.

We also review and report on the consistency of the other information prepared and published along with the financial statements. Our findings are summarised in Section 2 of this report.

Wider Scope audit

Our responsibilities extend beyond the audit of the financial statements. The Code requires auditors to provide judgements and conclusions on the four dimensions of wider scope public audit:

- Financial management;
- Financial sustainability;
- Governance and transparency; and
- Value for money.

Our findings are summarised in Section 3 of this report.

Best Value

Our Annual Audit Plan outlined a requirement to comment on how effectively the IJB demonstrates that it meets its Best Value responsibilities to the Board. Our wider scope audit work, and the judgements and conclusions reached in these areas, contribute to the overall assessment and assurance on the achievement of Best Value. We outline our findings and assessment for 2020/21 on page 26.

Our Plan also noted that we would consider the IJB's arrangements against guidance issued by Audit Scotland, *Auditing Best Value – Integration Joint Boards (March 2018)*. In light of the IJB's focus on responding to and recovery from the pandemic, we have elected to delay our work in this area until 2020/21, to allow us to draw upon the IJB's self-assessment.

We are also required to draw upon our wider scope work to conclude on the extent to which the IJB can demonstrate and evidence the achievement of Best Value. Our findings are summarised in Section 3 of this report.



Financial Statements audit

Introduction

The annual financial statements provide the IJB with an opportunity to demonstrate accountability for the resources that it has the power to direct, and report on its overall performance in the application of those resources during the year.

This section of our report summarises the audit work undertaken to support our audit opinion, including our conclusions in response to the significant and other risks identified in our Annual Audit Plan.

The plan highlighted one area that we identified as a fraud risk relating to the risk of fraud in revenue and expenditure recognition, including through management override of controls. This assessment was not changed as a result of the impact of Covid-19.

Compliance with Regulation

The Local Authority Accounts (Scotland) Regulations 2014 set out the statutory requirements on the IJB to prepare financial statements, ensure their availability for public inspection and consideration by the board or a committee with an audit or governance remit. Schedule 6 of the Coronavirus (Scotland) Act 2020 allowed the IJB to postpone submitting the unaudited financial statements to auditors and publishing the audited financial statements until it was reasonably practicable to do so. Despite the pandemic, the Board complied with the regulations and the normal timescale concerning preparation, publication and approval of its annual accounts. We received the unaudited financial statements on 29 June 2020, in line with planned timescales.

The inspection notice was published by West Lothian Council on the IJB's behalf on 11 June 2020, in line with the requirements of the Regulations. No objections were received in relation to the financial statements.

Audit Outcomes

We identified no unadjusted audit differences arising from the audit. Our overall audit opinion is summarised on the following page.

The Regulations were amended to allow the IJB to delay preparation of the financial statements. However, the draft financial statements were submitted for audit in line with planned timescales. The inspection notice was published in accordance with requirements.

Our audit opinion

Element of opinion	Basis of our opinion	Conclusions
Financial statements <ul style="list-style-type: none"> • Truth and fairness of the state of affairs of the IJB at 31 March 2020 and its expenditure and income for the year then ended • Financial statements in accordance with the relevant financial reporting framework 	<p>We report on the outcomes of our audit procedures to respond to our assessed risk of misstatements, including significant risks within this section of our report. We did not identify any areas of material misstatement.</p> <p>We are satisfied that accounting policies are appropriate and estimates are reasonable</p> <p>We have considered the financial statements against Code requirements, and additional guidance issued by CIPFA and Audit Scotland.</p>	<p>We have issued an unqualified audit opinion on the 2019/20 financial statements for the IJB.</p>
Going concern <ul style="list-style-type: none"> • We are required to conclude and report on the appropriateness of the use of the going concern basis of accounting 	<p>We conduct core financial statements audit work, including management's assessment of the appropriateness of the going concern basis</p> <p>Wider scope procedures including the forecasts are considered as part of our work on financial sustainability.</p>	<p>In accordance with the work reported on page 13, we have no matters to report.</p>
Other information <ul style="list-style-type: none"> • We are required to consider whether the other information in the financial statements is materially inconsistent with other knowledge obtained during the audit 	<p>We conduct a range of substantive procedures on the financial statements. Our conclusion draws upon:</p> <ul style="list-style-type: none"> • Review of committee and board minutes and papers, regular discussions with management, our understanding of the IJB and the wider sector. • Audit Scotland's <i>Improving the Quality of Local Government Annual Accounts: Integration Joint Boards</i> Good Practice Note. 	<p>We are satisfied that the Annual Report meets the core requirements set out in the Code of Practice on Local Authority Accounting.</p>
Matters prescribed by the Accounts Commission <ul style="list-style-type: none"> • Audited part of remuneration report has been properly prepared. • Management commentary / annual governance statement are consistent with the financial statements and have been properly prepared. 	<p>Our procedures include:</p> <ul style="list-style-type: none"> • Agreeing the format of the reports to regulations and agreeing the disclosures to underlying accounting records, including to the underlying partner's accounting records. • Reviewing the content of narrative disclosures to information known to us. • Our assessment of the Annual Governance Statement against the Delivering Good Governance Code. 	<p>We have issued an unqualified opinion.</p>
Matters on which we are required to report by exception	<p>We are required to report on whether:</p> <ul style="list-style-type: none"> • there has been a failure to achieve a prescribed financial objective, • adequate accounting records have been kept, • financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records, or • we have not received the information we require. 	<p>We have no matters to report.</p>

Significant and fraud audit risks

Risk of Fraud in expenditure recognition, including through management override of controls

As we outlined in our Annual Audit Plan, ISA (UK) 240 requires us to assume that fraud risk from income recognition is a significant risk. In the public sector, we extend our consideration to the risk of material misstatement by manipulation of expenditure.

Due to the nature of funding to the IJB from West Lothian Council and NHS Lothian, we rebutted the assumed fraud risk in respect of the income. For expenditure we associated the risk to the assurance over the existence and occurrence of expenditure incurred by the IJB in commissioning services from the partners.

We undertake specific, additional procedures for income and expenditure streams where we identified a fraud risk. For 2019/20 our work included:

- We challenged management on how the IJB gains assurance over the expenditure it incurs and the basis of payments it makes to its partner bodies to deliver commissioned services. Management present financial information to the IJB that clarifies the source of information provided by each of the IJB partners. Reports to the IJB at the year end also made clear that the year end outturn represented the approval by the IJB of the final expenditure incurred in commissioning services from West Lothian Council and NHS Lothian.
- Review of additional revenue streams and cut off testing for additional income received as a result of the Covid-19 outbreak.
- As part of the year end process, the IJB obtained confirmation statements from the senior finance professionals at NHS Lothian and West Lothian Council of the spend by the respective bodies on delivering services, and hence their request for payment from the IJB to cover those costs. We obtained a copy of those confirmations and agreed figures within the financial statement to source documentation.
- We obtained independent confirmation from the appointed auditor at both West Lothian Council and NHS Lothian of the income and expenditure transactions recorded at their respective audited bodies. The confirmations agreed the income and expenditure amounts transacted in the year.

Risk of management override

Our Annual Audit Plan recognises that under ISA (UK) 240, management is considered to be in a unique position to perpetrate fraud in financial reporting because of its ability to manipulate accounting records directly or indirectly by overriding controls that otherwise appear to be operating effectively. We respond to this risk on every engagement.

Risk of Fraud

- We considered the risk of fraud, enquired with management about their assessment of the risks of fraud and the controls to address those risks. We also updated and developed our understanding of the oversight of those charged with governance over management's processes over fraud.

Testing on Journal Entries

- We tested the appropriateness of manual journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. We obtained all journals posted by management to record the transactions of the IJB, which are hosted on the West Lothian Council financial ledger. All of the journals for the IJB's transactions were posted at the year end and we reviewed all of these in the course of our work.

Judgements and Estimates

- We agreed with management's assessment that there are no material accounting estimates included in the financial statements. We confirmed the process for ensuring that there were no claims applicable to the IJB which required provision to be made as part of its participation in CNORIS (Clinical Negligence & Other Risks Indemnity Scheme).

Accounting Policies

- We considered the consistency and application of accounting policies, and the overall presentation of financial information. We consider the accounting policies adopted by the IJB to be appropriate. There were no significant accounting practices which materially depart from what is acceptable under IFRS or the Code.

Our conclusions

- Our testing has not identified any material misstatements relating to revenue and expenditure recognition. We did not identify any areas of significant estimation or judgement as part of our audit work in these areas.
- We have not identified any material weaknesses in the design and implementation of controls around journal processing. We did not identify any instances of evidence of management override of controls.
- There was no disagreement during the course of the audit over any accounting treatment or disclosure and we encountered no significant difficulties in the audit.

Going concern

The rationale for going concern remains the same, but we placed increased focus on management's assertion of going concern and disclosures relating to financial sustainability as a result of the uncertainty and unprecedented budget pressures caused by Covid-19.

In accordance with the CIPFA Code of Practice on Local Government Accounting, the IJB prepares its financial statements on a going concern basis unless informed by the Scottish Government of the intention for dissolution without transfer of services or function to another entity. CIPFA bulletin 05 (closure of the 2019/20 financial statements) states that while there is likely to be a significant impact of Covid-19 on local authority financial sustainability, the rationale for the going concern basis of reporting has not changed.

However, under the revised auditing standard, ISA 570, we are required to undertake greater challenge of management's assessment of going concern, including testing of the adequacy of the supporting evidence we obtained. In light of the unprecedented nature of Covid-19, its impact on the funding of public sector entities and uncertainty over the form and extent of government support, we placed increased focus on management's assertion regarding the going concern basis of preparation in the financial statements, and particularly the need to report on the impact of financial pressures on the IJB and its financial sustainability. Management's going concern assessment and associated disclosures cover the 12 month period from the date of approval of the financial statements, including the expected impact on the Five Year Financial Plan.

The IJB's funding from and commissioning of services to partners has been confirmed for 2020/21, and a medium term financial plan has been prepared through to 2023. Work is ongoing with partners to refine the mobilisation plan prepared by the IJB at the request of the Scottish Government to quantify the financial impact of Covid-19 on the IJB in the immediate and medium term period. While there remains uncertainty about the level of Scottish Government funding in relation to Covid-19 additional costs, ultimately any costs will be met by the IJB's partners in line with the terms of the Integration Scheme.

The Integration Scheme sets out the process to be followed should the IJB overspend against the agreed budget. The Chief Finance Officer is expected to manage the budget to ensure that there are no overspends. Where an unexpected overspend is likely, the Chief Finance Officer should agree corrective action to mitigate the overspend. Where this does not resolve the gap, agreement must be made between the partners, to agree a recovery plan to balance the budget. Where this is unsuccessful and the IJB overspends at the year end, partners provide a voluntary additional one-off payment to reflect the level of overspend.

The IJB has therefore concluded that there are no material uncertainties around its going concern status.

Our conclusions

- We are satisfied that the IJB remains a going concern.
- We challenged management on the adequacy of some of the disclosures in relation to going concern and the expected medium term impact of Covid-19, and a number of improved disclosures were made to the financial statements.

Best Value and Wider Scope dimensions

Our wider scope audit work, and the judgements and conclusions reached in these areas, contribute to the overall assessment and assurance on the achievement of Best Value.

Introduction

We are required to reach conclusions in relation to the effectiveness and appropriateness of the IJB's arrangements for the four wider scope audit dimensions, and draw upon these assessments to form conclusions on the IJB's ability to demonstrate Best Value in its activities.

We apply our professional judgement to risk assess and focus our work on each of the dimensions. In doing so, we draw upon conclusions expressed by other bodies including the IJB's internal auditors and the Care Inspectorate, along with national reports and guidance from regulators and Audit Scotland. For each of the dimensions, we have applied a RAG rating, which represents our assessment on the adequacy of the IJB's arrangements throughout the year, as well as the overall pace of improvement and future risk associated with each dimension. We have drawn upon this work to form a view on how effectively the IJB can demonstrate that it meets its Best Value responsibilities to the Board.

The Wider Scope dimensions

Financial Management:

- Considers the effectiveness of financial management arrangements, including whether there is sufficient financial capacity and resources, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Financial Sustainability:

- Considers the medium and longer term outlook to determine if planning is effective to support service delivery. This will focus on the arrangements to develop viable and sustainable financial plans.

Governance and Transparency:

- Is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Value for Money

- Considers whether value for money can be demonstrated in the use of resources. This includes the extent to which there is an alignment between spend, outputs and outcomes delivered and that there is a clear focus on improvement.

Financial Sustainability

Recommendation 1:
Early identification of planned savings is critical to ensure delivery of balanced financial positions through the MTFP period. The IJB should ensure that a plan to address budget gaps through to 2023 is agreed with partners as soon as possible.

Our Annual Audit Plan identified a significant risk in relation to continued financial and demographic pressures. The IJB has continued to develop its longer-term planning arrangements through delivery of a medium-term financial plan through to 2022/23, and has identified a £7.2 million budget gap across all functions where planned savings have been identified to date. The impact of Covid-19 has added further financial pressure and uncertainty to the IJB and its partners, including a currently estimated additional £7.1 million of costs related to Covid-19.

Financial pressures of this scale require either financial support from partners or the Scottish Government, or the re-prioritisation of services provided. The ability of partners to respond to the Strategic Plan, and specific Directions, will therefore determine the success of integration in West Lothian.

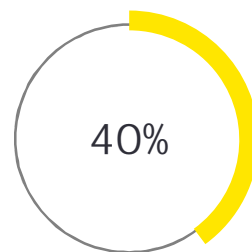
Medium Term Financial Planning

The IJB approved the 2019/20 budget at its meeting in April 2019, along with its updated medium term financial plan through to 2023. As part of the budgeting process, NHS Lothian and West Lothian Council provide indicative budgets for a five year period to allow the IJB to plan in the longer term. The most recent Five Year Financial Plan was presented to the IJB in April 2019.

Exhibit 1: Budget savings identified through 2022/23



West Lothian Council has identified planned savings of £14.2 million from 2019/20 through to 2022/23.



NHS Lothian has identified planned savings of £4.7 million out of a required £11.9 million.

The budget recognised a financial gap of £26.2 million across the four year period. £19 million savings were identified as part of the MTFP, with £7.2 million remaining unidentified, all relating to NHS Lothian required savings. The cost and service impact of Covid-19 have added further, significant financial pressures to the financial plan from 2020/21.

Financial impact of Covid-19 - Mobilisation Plans

The IJB is responsible for key front line services to some of the most vulnerable sections of the community; Covid-19 had an immediate and significant impact on the way that services were delivered.

As part of the Scottish Government's response to Covid-19, the IJB has worked with partners to submit mobilisation plans, outlining the immediate and medium term financial impact. The first mobilisation plan was submitted in April 2020, and monthly submissions have since been provided to the Scottish Government to reflect the wider costs and impact on operational services. The most recent mobilisation plan, submitted by the IJB in August 2020, has identified cost pressures of £7.1 million.

The mobilisation plans will be subject to further refinement locally, and benchmarking at national level, to ensure that a core set of assumptions is in place in relation to the duration and financial impact of the virus. While the Cabinet Secretary has approved the mobilisation plan in principle, the funding received to date falls short of the impact estimated by the submitting bodies. Initial funding received to date is £2.4 million.

Future recovery and financial planning impact

The IJB has outlined plans to undertake a review of its response to the Covid-19 pandemic, and we noted in our 2018/19 audit reporting that the Board now participates in the Strategic Planning Committee, 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.

The Board has noted the following significant financial pressures on the IJB going forward:

- £1.1 million pre Covid-19 2020/21 budget shortfall in IJB budget related to health services, as part of the wider MTFP budget gap through to 2022/23.
- Additional budget pressures related to Covid-19 not currently met through additional funding by the Scottish Government as outlined above.
- The wider challenging financial environment related to government funding, partner financial uncertainty, economic uncertainty and the unknown impact of EU Exit at the end of the year.

Taking these matters into account, it is likely that the MTFP will require significant review and amendment. The IJB has noted the difficulty in making meaningful changes in the current environment, but accepted that it will be crucial that the 2020/21 budget position is closely monitored and options to manage budget pressures provided to the IJB board to ensure a balanced position is achieved for 2020/21.

While we do not underestimate the level of work required to assess the full effect of the global pandemic on the IJB's financial, operational and strategic plans, it is vital that the IJB works with partners to update the 5 Year Financial Plan.

Financial Management

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The IJB delivered a £0.4 million deficit against budget in 2019/20. The IJB's reserve balances now totals £63,000, all of which is earmarked for committed projects. The IJB continued to identify and monitor overspends within key budget areas during the year, however these have been effectively identified and monitored through the year, with accurate financial reporting to the relevant governance bodies.

We are satisfied that the core financial management arrangements established by the IJB are adequate for the current management of its financial activities.

Financial Outturn

As Exhibit 1 below highlights, the IJB reported a deficit in the provision of services of £0.417 million in 2019/20 (2018/19: surplus of £0.480 million).

Exhibit 1: The IJB delivered overspends in both health services and social care during 2019/20

	Income £'000	Expenditure £'000	Surplus / (deficit) £'000
Health Services	198,970	199,097	(127)
Social Care Services	69,438	69,728	(290)
Total	268,408	268,825	(417)

Source: West Lothian IJB 2019/20 Financial Statements

In line with the previous financial year, throughout 2019/20 the IJB reported budget pressures in the cost of delivering services, primarily in respect of designated health function services. Adjustments were made to partner funding contributions to cover additional costs incurred in the year, with £1.1 million additional funding provided by NHS Lothian.

At the yearend the IJB achieved a balanced financial position with the exception of £417,000 drawn down from designated reserves for use on specific projects.

Services provided by NHS Lothian are provided on a pan-Lothian basis and a health budget setting model is currently in place, agreed by each of the IJBs in the areas. Expenditure reflects West Lothian IJB's share of the actual costs of the service, and are principally related to additional bank and agency nursing to cover sickness absence throughout the financial year.

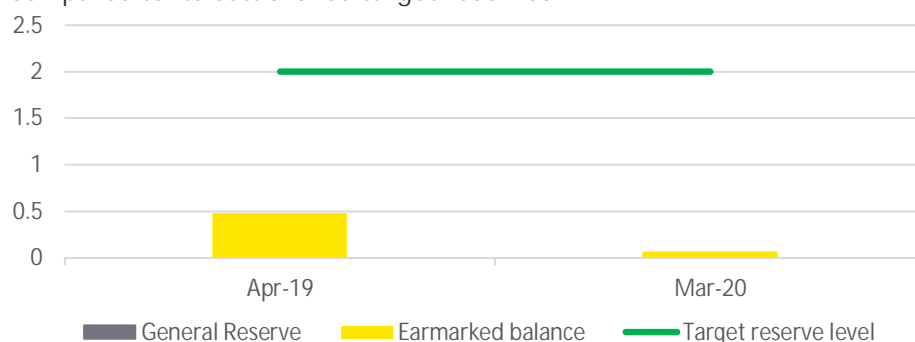
Due to the timing of the Covid-19 pandemic in the UK, we noted minimal variation in expenditure during 2019/20, although significant additional costs are being incurred through 2020/21 as outlined in the financial sustainability section of our report.

Financial monitoring

The IJB prepares its financial statement and budget monitoring reports by consolidating financial data from its partners; West Lothian Council and NHS Lothian. The IJB receive a financial update report at each scheduled meeting. High level financial performance information is provided with supporting commentary on key areas of movement. The IJB's forecast financial performance was consistent through the year, noting the anticipated variance between budgeted and forecast expenditure throughout the quarterly monitoring reports.

IJB reserve levels

Exhibit 2: The IJB continues to hold a low level of reserves compared to its established target reserves



Following the additional partner contribution made to address the forecast overspend, the only overspend in the year related to the use of earmarked reserves from funding received in previous years. The remaining £63,000 will be drawn down accordingly in 2020/21 as these projects are completed.

In line with our prior year audit recommendation, the IJB updated its reserves policy in January 2020. The policy has been updated to reflect the size and scale of the IJB's responsibilities, with a target level of uncommitted general reserves being established at £2 million for the medium-term. It is noted that this target level of £2 million should be 'recognised as an optimum level of reserves to be established over a period of time, recognising the balance between prudent financial planning and budget funding constraints.' The value of reserves will be now be subject to annual review as part of the IJB's budget and strategic planning.

Governance and Transparency

The key features of good governance at the IJB are in place and operating effectively. The IJB responded quickly to ensure that governance arrangements were appropriate and operating effectively during the lockdown period caused by the global pandemic. We were satisfied that Board members have access to sufficient information as a result of the continuance of virtual meetings, and regular briefings to all members.

The IJB has continued to develop arrangements to support improved integration and partnership working.

Local Code of Corporate Governance

Under the CIPFA framework for Delivering Good Governance in Local Government, the IJB uses the Annual Governance Statement to report on its assessment of the effectiveness of the governance framework throughout the financial year, and key areas of improvement for 2019/20. The governance statement for 2019/20 concluded that "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."

As part of the process for developing the Annual Governance Statement, the IJB completes an assessment against the 'Local Code of Corporate Governance.' This was completed for 2019/20 and presented to the Audit, Risk and Governance Committee in May 2020.

The Annual Governance Statement noted a number of areas of improvement outstanding from previous years, as well as areas for consideration in 2020/21. One of the matters for consideration in 2020/21 includes the IJB carrying out a review of the Board's reaction to the Covid-19 pandemic and the role it played in tackling the emergency. While there are no specific actions outstanding that indicate significant areas of weakness in governance arrangements, the scale of work to be done demonstrates the ongoing focus required in respect of the continuous improvement of the IJB's governance arrangements, in what is still a relatively new body.

We reviewed the Annual Governance Statement against the required guidance and we were satisfied that it was consistent with both the governance framework and key findings from relevant audit activity. As part of the audit process we worked with management to further enhance the disclosures of how governance arrangements were maintained during the revised operating period as a result of Covid-19, in particular in respect of progress made against previous recommendations and the latest position around the updating of the Integration Scheme.

Governance arrangements were quickly developed to ensure that the IJB was kept informed of the impact of Covid-19. We were therefore satisfied that Board members had sufficient information to continue to fulfil their role.

Covid-19 Governance Arrangements

The Chief Internal Auditor has concluded that governance arrangements are adequate and that improvements have been made during 2019/20.

Like all other public bodies in Scotland, the IJB moved to revised governance arrangements at the beginning of the UK lockdown period. The board meeting scheduled for April 2020 was cancelled as a result of the pandemic, however, the March and June meetings went ahead. A paper noting the cancellation of the April 2020 board meeting due to Covid-19 was taken to the June board meeting. The IJB Board has continued to meet virtually throughout the crisis. Early information on the impact of Covid-19 was reported by the Chief Officer and the Chief Finance Officer to the board at its June 2020 meeting.

Risks associated with the pandemic have also been considered by the board. An updated risk register, taking account of Covid-19, was presented to the Audit, Risk and Governance Committee at the May 2020 meeting. Scottish Government guidance issued in May 2020 meant that NHS Boards assumed accountability and responsibility for care governance across all care homes. We are were satisfied that key information was disseminated to IJB board members on a timely basis.

One of the key matters outlined within the 2019/20 annual governance statement was Covid-19, with discussion around emergency legislation allowed for public bodies. This included changes in working arrangements for staff and the establishment of the Scottish Government-mandated multi-disciplinary Care Home Clinical and Care Professional Oversight Team to co-ordinate and oversee arrangements in care homes to contain and tackle the coronavirus.

Assurance Statement

The IJB's Internal Audit opinion for the year concluded that "the IJB has a sound framework of governance, risk management and control" for 2019/20, consistent with the overall conclusion from 2018/19.

The internal audit plan for 2019/20 was approved by the IJB Audit, Risk and Governance Committee in March 2019, however, a revised annual audit plan was approved by the committee in December 2019. The revised plan removed two audits from the programme where sufficient work was already considered to be undertaken and two new audits undertaken in their place. Internal audit noted that the outbreak of the coronavirus pandemic had no impact on the revised internal audit plan as both audit reports had been issued by 4 March 2020.

Audit, Risk and Governance Committee

The Audit, Risk & Governance Committee continued to meet virtually throughout the crisis, with meetings being held at the start of March and May 2020. Consideration of the draft financial statements and annual governance statement was fulfilled by a virtual meeting of the IJB in June 2020.

The committee conducted a self-assessment of its effectiveness with the results being presented in December 2019. The self-assessment noted a number of areas where improvements were required including:

- Training and briefings for committee members; and
- Improving stakeholder awareness and understanding of the committee's activities.

Self Assessment of Arrangements to support Integration

In November 2018, Audit Scotland published a progress report on Health and Social Care Integration. The report highlighted a number of challenges faced by IJBs that impacted the pace and effectiveness of intervention. In our prior year audit we reported that the board discussed and reviewed the recommendations around integration during a development session in February 2019 and completed the self-assessment as part of the May 2019 development session, with the results reported to the June 2019 board meeting. Subsequent to the conclusion of our 2018/19 financial statements audit an improvement plan approved by the board and partners was submitted to the MSG.

Progress against actions identified are reported to the IJB on a regular basis. Key areas for improvement noted from the most recent action plan update in March 2020 include:

- Strategic planning and commissioning;
- Joining up of governance arrangements across statutory partners; and
- Streamlining accountability processes across statutory partners.

While we understand that deadlines will be impacted by the Covid-19 response, we note that this work is intended to support the progression and maturity of integration in West Lothian.

Integration scheme review

Legislation requires that the Integration Scheme which governs the operations of the IJB is reviewed by the main partners, being West Lothian Council and NHS Lothian, at least every five years. A review was scheduled to have been concluded by June 2020, and had begun at March 2020, with the board being a formal consultee. Due to the impact of Covid-19 the review has not been completed with Council and NHS resources prioritised for addressing the pandemic. The current Integration Scheme will remain in place until the review process is completed and changes are approved by Scottish Ministers. Management has determined that the operation of the board will not be affected in the short-term and will continue under the current Integration Scheme. While the significant ongoing uncertainty around the implications of Covid-19 make timetabling the review challenging, it is expected that the review will be revisited by the partners by the end of 2020. The board's participation as a consultee is a key matter to be addressed in 2020/21.

Value for Money

The IJB's Annual Performance Report was published by 31 July 2020, in line with the requirements of legislation.

The Annual Performance Report 2019/20 highlights mixed performance, with improvement in areas related to people living independently and staff engagement, but lower performance around some key indicators including positive experiences of care and healthy living.

Performance Reporting

The IJB was responsible for spending £269 million in 2019/20. Despite the difficulties caused by Covid-19, the IJB was able to publish its Annual Performance Report in July 2020, in line with original timescales.

The Annual Performance Report highlights key areas of strategic priority investment and includes a range of performance measures against the outcomes included in its strategic plan.

The performance report 2019/20 also included a section regarding the IJB's 'response to Covid-19 Pandemic' which included:

- Arrangements put in place to optimise capacity and reduce delayed discharges.
- Consideration of West Lothian's Personal Protective Equipment (PPE) centre.
- The Covid-19 community pathway to manage demand for healthcare for people displaying symptoms.
- Support provided to staff and care homes.
- Plans for remobilisation of services and lessons learned.

Exhibit 3: Performance against key indicators improved overall in 2019/20



Source: West Lothian IJB Performance report 2019/20

As Exhibit 3 demonstrates, for the indicators that the IJB was able to report on against new data in the past 12 months from June 2020, performance remained mixed. The report highlights improvement in areas related to people living independently and staff engagement, but lower performance around some key indicators including positive experiences of care and healthy living.

Best Value

We have drawn upon our wider scope work to conclude on the IJB's approach to Best Value. We note that the IJB has a number of key characteristics of Best Value in place, including effective partnership working and robust governance arrangements. The IJB has considered its compliance with the Best Value Framework in the year and concluded that the IJB "has demonstrated substantial compliance with Best Value based on the Best Value Framework agreed."

In our view, the IJB has a framework to allow it to demonstrate that Best Value is being achieved. We are satisfied that the areas for improvement identified are adequately captured and monitored on a routine basis to support continuous improvement.

Forming our judgement

As auditors to the IJB, we are required to comment on how effectively, in our view, the IJB demonstrates that it meets its Best Value responsibilities to the board. In forming this judgement, we have drawn upon the work conducted in response to our wider scope responsibilities, and specifically:

- Our consideration of the IJB's financial planning processes;
- Governance arrangements, including monitoring reports on the use of resources and scrutiny arrangements;
- Our assessment of performance reporting to the board, and to the public through the Annual Performance Report;
- The IJB's self-assessment arrangements, including review of its effectiveness and improvement plan against Audit Scotland's November 2018 report; and
- The ability of the IJB to effect change within Partners via the issue of Directions.

The IJB has considered its compliance with the Best Value Framework in the year, and in May 2020 submitted a review of compliance against the seven areas of best practice identified. The review concluded that the IJB "has demonstrated substantial compliance with Best Value based on the Best Value Framework agreed." It was noted the areas for ongoing improvement identified were consistent with those identified in the Annual Governance Statement for 2019/20:

- workforce and succession planning across the partnership; and
- monitoring of full compliance with GDPR and Data Protection Act 2018, including securing the appointment of a permanent Data Protection Officer.

Our Conclusions

In our view, the IJB has a framework to allow it to demonstrate to the board that Best Value is being achieved. We are satisfied that the areas for improvement identified are adequately captured and monitored on a routine basis to support continuous improvement.



Appendices

A – Code of Audit Practice: responsibilities

B – Independence and audit quality

C – Required communications with the audit, risk and governance committee

D – Action plan

E – Follow up of prior year recommendations

F – Timing and deliverables of the audit

Appendix A: Code of Audit Practice Responsibilities

Audited Body's Responsibilities

Corporate Governance

Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including audit, risk and governance committees or equivalent) in monitoring these arrangements.

Financial Statements and related reports

Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:

- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation.
- maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support their financial statements and related reports disclosures.
- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate authority.
- maintaining proper accounting records.
- preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer-term financial sustainability of the body.
- Management, with the oversight of those charged with governance, should communicate clearly and concisely relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

Standards of conduct / prevention and detection of fraud and error

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

Standards of conduct / prevention and detection of fraud and error

Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

- such financial monitoring and reporting arrangements as may be specified
- compliance with any statutory financial requirements and achievement of financial targets
- balances and reserves, including strategies about levels and their future use
- how they plan to deal with uncertainty in the medium and longer term
- the impact of planned future policies and foreseeable developments on their financial position.

Best Value

Local authority bodies have a statutory duty, under the Local Government (Scotland) Act 1973 and associated statutory guidance, to make arrangements to secure best value through the continuous improvement in the performance of their functions.

Appendix B: Independence and audit quality

Professional ethical standards, and the Terms of our Appointment, require us to communicate all significant facts and matters that have a bearing on EY's objectivity and independence as auditor of the IJB.

Matters that we are required to communicate

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY), its directors and senior management and affiliates, and you, including all services provided by us and our network to you, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2019 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

Confirmations

We confirm that there are no changes in our assessment of independence since our confirmation in our Annual Audit Plan, dated March 2020.

We complied with the Financial Reporting Council's Ethical Standards and the requirements of Audit Scotland's Terms of Appointment. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning of regulatory and professional requirements.

We consider that our independence in this context is a matter which you should review, as well as us. It is important that management and members of the IJB consider the facts known collectively to you and come to a view. If you would like to discuss any matters concerning our independence, we will be pleased to do this at the meeting of the audit, risk and governance committee on 9 September 2020.

Audit Fees

	2019/20	2018/19
Component of fee:		
Total agreed auditor remuneration *	£20,100	£17,200
Audit Scotland fixed charges:		
Pooled costs	£1,790	£1,670
Performance audit and best value	£5,360	£5,050
Audit support costs	£1,110	£1,080
Total fee	£28,360	£25,000

* The expected fee for each body, which for 2019/20 has been set centrally by Audit Scotland, assumes that it has sound governance arrangements in place and operating effectively throughout the year, prepares comprehensive and accurate draft financial statements and supporting schedules, and meets the agreed timetable for the audit. It also assumes there is no major change in respect of the scope of work in the year and an unqualified audit opinion resulting from the audit.

The 2019/20 audit required additional audit procedures to address both the need for a reassessment of all audit risks and the additional scrutiny around financial statement disclosures impacted by the direct and indirect consequences of Covid-19. As a result of this additional work, we have agreed a final fee for the 2019/20 audit including a fee variation of £1,800 as outlined above.

Matters that we are required to communicate

International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

The EY 2019 UK Transparency Report can be accessed on our website at https://www.ey.com/en_uk/who-we-are/transparency-report-2019. This material is published to provide a timely and relevant source of information about EY in general, and our audit business in particular. This includes our inaugural Audit Quality Report.

The disclosures are extensive. For example, they explain our outlook and how we are structured and governed, including the role of our Independent Non-Executives and how we apply the requirements of the UK's Audit Firm Governance Code. We refer to the quality of our audits and our commitment to recruiting, developing and diversifying our people and talent pool. We also explain how we manage our risks and remain innovative and technologically advanced in what we do and how we do it.

Maintaining high audit quality across all of our engagements is of paramount importance to us. Our transformational Audit Quality Programme continues and is a part of the global EY Sustainable Audit Quality Programme (SAQ).

Our Audit Quality Board (AOB) continues to oversee all matters relating to audit quality and sets the agenda for the Audit Quality programme. The AOB meets monthly and also holds an annual strategy session. The AOB reports to the EY UK Board. The AOB receives regular updates on regulatory matters, results of internal and external reviews, results of root cause analysis, resourcing, the SAQ programme and pursuit approvals, as well as a comprehensive dashboard on quality measures.

Our Audit Quality Support Team (AQST), which started within the SAQ programme, reviews 40 to 50 audits each audit cycle providing challenge and guidance to the engagement teams. These are in-depth reviews carried out by experienced auditors independent of the audit team. AQST reviews enhance the quality of both the audit under review and other audits on which team members apply the lessons learned. The AQST has now become a business-as-usual function.

Audit Quality Framework / Annual Audit Quality Report

Audit Scotland's Appointments and Assurance Team are responsible for applying the new Audit Quality Framework across all financial audits and performance and Best Value audits. This covers the quality of audit work undertaken by Audit Scotland staff and appointed firms. The team are independent of audit delivery and provide assurance on audit quality to the Auditor General and the Accounts Commission.

We support Audit Scotland in their commitment to reporting on audit quality through responding to requests for information and providing the results of internal quality reviews undertaken in respect of relevant public sector audits in Scotland.

The most recent audit quality report which covers our work at the IJB since appointment can be found at: <https://www.audit-scotland.gov.uk/report/quality-of-public-audit-in-scotland-annual-report-201920>.

Appendix C: Required communications

Required communication	Our reporting to you
<p>Terms of engagement / Our responsibilities</p> <p>Confirmation by the audit, risk and governance committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.</p> <p>Our responsibilities are as set out in our engagement letter.</p>	<p>Audit Scotland Terms of Appointment letter – audit to be undertaken in accordance with the Code of Audit Practice</p>
<p>Planning and audit approach</p> <p>Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.</p>	<p>Annual Audit Plan</p>
<p>Significant findings from the audit</p> <ul style="list-style-type: none"> Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures Significant difficulties, if any, encountered during the audit Significant matters, if any, arising from the audit that were discussed with management Written representations that we are seeking Expected modifications to the audit report Other matters if any, significant to the oversight of the financial reporting process 	<p>Annual Audit Plan</p> <p>Annual Audit Report</p>
<p>Going concern</p> <p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> Whether the events or conditions constitute a material uncertainty Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements The adequacy of related disclosures in the financial statements 	<p>Annual Audit Report</p>
<p>Misstatements</p> <ul style="list-style-type: none"> Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation The effect of uncorrected misstatements related to prior periods A request that any uncorrected misstatement be corrected Corrected misstatements that are significant Material misstatements corrected by management 	<p>Annual Audit Report</p>
<p>Fraud</p> <ul style="list-style-type: none"> Enquiries of the audit, risk and governance committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity Any fraud that we have identified or information we have obtained that indicates that a fraud may exist A discussion of any other matters related to fraud 	<p>Annual Audit Report</p>
<p>Consideration of laws and regulations</p> <ul style="list-style-type: none"> Audit findings regarding non-compliance where the non-compliance is material and believed to be intentional. This communication is subject to compliance with legislation on tipping off Enquiry of the audit, risk and governance committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Committee may be aware of 	<p>Annual Audit Report (to be issued on completion of audit work) or as occurring if material.</p>

Required communication	Our reporting to you
<p>Related parties</p> <p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> • Non-disclosure by management • Inappropriate authorisation and approval of transactions • Disagreement over disclosures • Non-compliance with laws and regulations • Difficulty in identifying the party that ultimately controls the entity 	<p>No significant matters have been identified.</p>
<p>Independence</p> <p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> • The principal threats • Safeguards adopted and their effectiveness • An overall assessment of threats and safeguards • Information about the general policies and process within the firm to maintain objectivity and independence 	<p>Annual Audit Plan</p> <p>This Annual Audit Report – Appendix B</p>
<p>Internal controls</p> <p>Significant deficiencies in internal controls identified during the audit</p>	<p>This Annual Audit Report – no significant deficiencies reported</p>
<p>Subsequent events</p> <p>Where appropriate, asking the audit, risk and governance committee whether any subsequent events have occurred that might affect the financial statements.</p>	<p>We have asked management and those charged with governance. We have no matters to report.</p>
<p>Material inconsistencies</p> <p>Material inconsistencies or misstatements of fact identified in other information which management has refused to revise</p>	<p>This Annual Audit Report</p>

Appendix D: Action Plan

This action plan summarises specific recommendations included elsewhere within this Annual Audit Report. We have graded these findings according to our consideration of their priority for the IJB or management to action.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1	The IJB continues to forecast a significant budget gap through to the end of its MTFP in 2022/23 with no identified savings to address this.	<p>Early identification of planned savings is critical to ensure delivery of balanced financial positions through the MTFP period. The IJB should ensure that a plan to address budget gaps through to 2023 is agreed with partners as soon as possible.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Further development of the IJB's MTFP, including options to address the current budget gap to 2022/23, will be undertaken during 2020/21.</p> <p>In addition to existing arrangements in place with partner bodies and at wider Lothian level, the recently established West Lothian Health and Social Care Transformation Board will help ensure there is a joined up approach to financial planning.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: Ongoing throughout 2020/21 and updated MTFP to be reported to Board in first half of 2021, following the UK and Scottish Budget and confirmed funding settlements in relation to partner bodies.</p>

Appendix E: Prior Year Action Plan

This action plan summarises specific recommendations included within the 2019 West Lothian IJB Annual Audit Report. We have graded these findings according to our consideration of their priority for the IJB or management to action.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

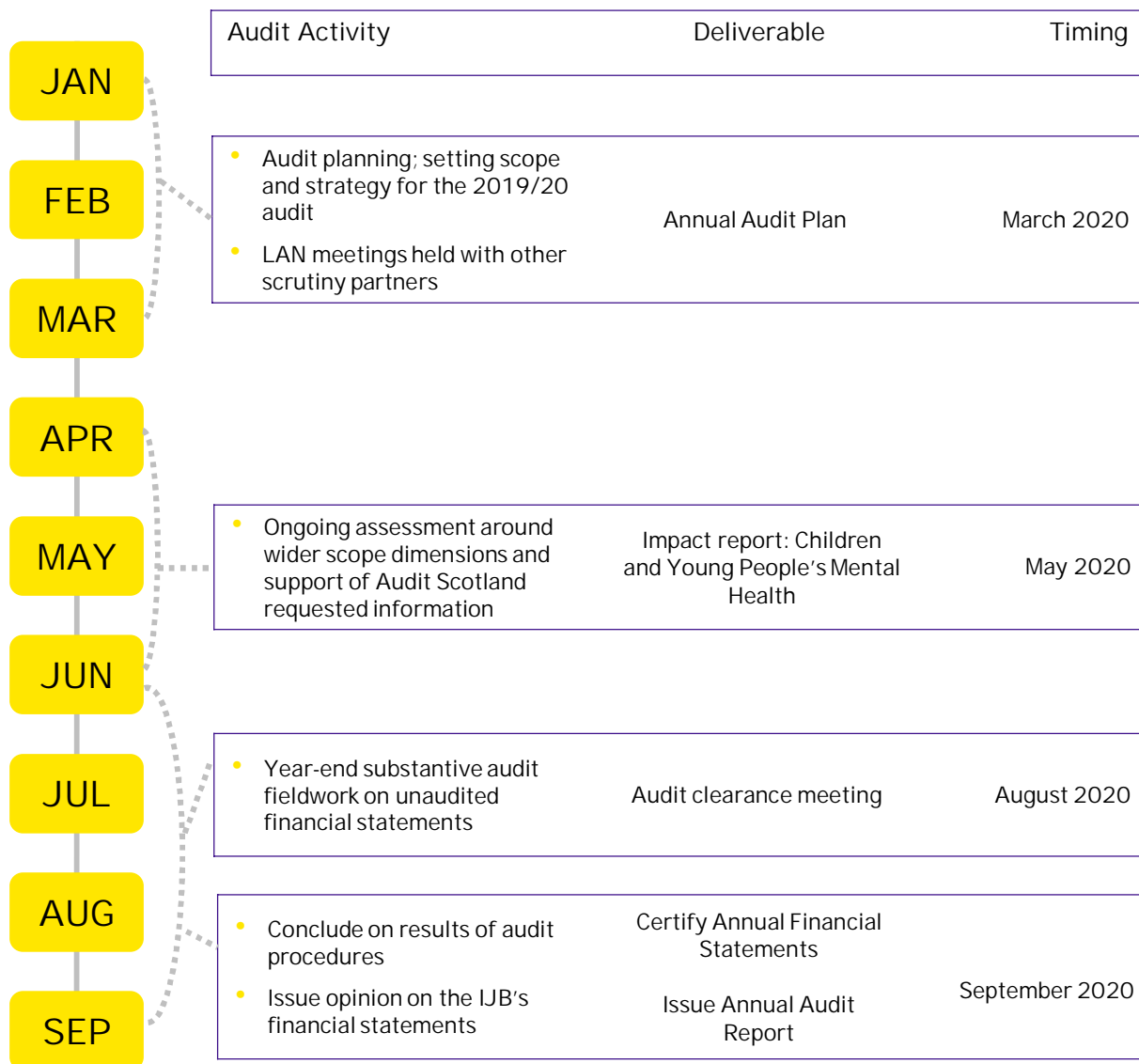
No	Findings and recommendation	Management response	Management response / Implementation timeframe
1	<p>The IJB reserves policy notes an indicative reserves target over the course of the IJB's medium term financial plan of 2% of net expenditure, which would amount to £5.1 million at 31 March 2019. In the current and forecast financial climate, it is unlikely general reserves of this level will be attainable going forward</p> <p>The IJB reserve policy update should take into account the IJB's MTFP and integration scheme as well as the wider financial environment.</p> <p style="text-align: right;"><i>Grade 3</i></p>	<p>The IJB Reserves Policy will be reviewed and updated during 2019/20, considering the comments made by external audit, and reported to the board for approval.</p> <p>Responsible officer: IJB Chief Finance Officer</p> <p>Implementation date: 31 March 2020</p>	<p>The IJB reserves policy was reviewed and updated in 2019/20 and presented to the Board in January 2020. The updated Reserves Policy proposed a prudent target level of uncommitted general reserves of £2 million. This will be kept under review by the Chief Finance Officer on an annual basis going forward. We have outlined our consideration of the current reserve levels held by the IJB in the financial management section of this report.</p> <p>Audit Assessment: Recommendation addressed, with ongoing monitoring required.</p>

No	Findings and recommendation	Management response	Management response / Implementation timeframe
2	<p>The IJB MTFP highlights a savings gap of £7 million in advance of the 2019/20 financial year, as a well as a number of key assumptions in the plan which could adversely impact savings requirements on realisation. The savings gap are materially related to health service delivery while the Council shows a balanced budget.</p> <p>Support from partners is critical to allow the IJB to continue to develop and deliver a MTFS.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Further development of IJB Medium Term Financial Strategy and savings proposals will be undertaken during 2019/20. This will involve close partnership working with partner bodies and finance. As well as existing arrangements in place, this will be enabled through joint Lothian Finance Group established comprising of NHS Lothian Director of Finance, Lothian Local Authority Section 95 officers and Lothian IJB Chief Finance Officers. A key area being progressed by the group is developing a more joined up approach to financial planning.</p> <p>Responsible officer: IJB Chief Finance Officer</p> <p>Implementation date: Ongoing through 2019/20 and updated MTFP to be reported to the Board in early 2020 following the 2020 Scottish Budget and confirmed funding settlements for partner bodies.</p>	<p>A Medium Term Financial Plan update paper was presented to the board in August 2019, following the Scottish Government's medium-term financial strategy being announced in May 2019. However, it was noted that the IJB's MTFP will be updated following the outcome of the Scottish Government's three-year financial settlement.</p> <p>As outlined in our financial sustainability section of this report, longer term financial planning remains a key area of risk and focus for the IJB. This risk has been further highlighted by the increased financial uncertainties and pressures resulting from the global pandemic.</p> <p>Audit Assessment: Recommendation partially addressed, with ongoing monitoring required.</p>

No	Findings and recommendation	Management response	Management response / Implementation timeframe
3	<p>We have observed the Committee's consideration of risk throughout the year through our attendance at meetings and noted rigorous review of the risks and how they are being mitigated and addressed by management.</p> <p>As the IJB continues to refine its risk management procedures we have highlighted a few ongoing areas for continuous improvement.</p> <p style="text-align: right;">Grade 3</p>	<p>Risk management procedures will continue to be reviewed and developed taking account of the areas for consideration identified to ensure continuing good practice is applied to the IJB's approach to risk management</p> <p>Responsible officer: IJB Director</p> <p>Implementation date: Ongoing throughout 2019/20</p>	<p>The IJB has continued to implement its risk management strategy throughout 2019/20. In May 2020, the IJB's risk manager presented the risk management annual strategy to the Audit, Risk and Governance Committee, concluding that "appropriate risk management arrangements are in place in accordance with the approved Risk Management Policy and Strategy." We noted that our recommendation outlined in our 2018/19 Annual Audit Report can still be implemented, namely the mapping of the Strategic Risk Register to each partners' Risk Register, ensuring awareness and escalation of risks across the partnership.</p> <p>Audit Assessment: Recommendation partially addressed, with ongoing monitoring and consideration required.</p>

Appendix F: Timing and deliverables of the audit

We deliver our audit in accordance with the timeline set by the IJB, in accordance with guidance from Audit Scotland. Below is a timetable showing the key stages of the audit and the deliverables through the 2019/20 audit cycle.



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WEST LOTHIAN INTEGRATION JOINT BOARD 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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INDEPENDENT AUDITOR'S REPORT

Report on the Audit of the Financial Statements to the Members of West Lothian Integration Joint Board and the Accounts Commission

Opinion on Financial Statements

We certify that we have audited the financial statements in the annual accounts of West Lothian Integration Joint Board ("the Integration Joint Board") for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of West Lothian Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis For Opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is four years. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of Material Misstatement

We have reported in a separate Annual Audit Report, which is available from the Audit Scotland website, the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

Responsibilities of the Chief Finance Officer and West Lothian Integration Joint Board Audit, Risk and Governance Committee for the Financial Statements

As explained more fully in the Statement of Responsibilities, Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Integration Joint Board's Audit, Risk and Governance Committee is responsible for overseeing the financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Report on Other Requirements

Opinions on Matters Prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on Which we are Required to Report by Exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial.

We have nothing to report in respect of these matters.

Conclusions on Wider Scope Responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of Our Report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Stephen Reid, *for and on behalf of Ernst & Young LLP*

Ernst & Young LLP
Atria One
144 Morrison Street
Edinburgh
EH3 8EX

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 through to 2022/23. 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 West Lothian 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.

The IJB's role and responsibility is to plan for the delivery of the functions which have been delegated to the IJB by West Lothian Council and NHS Lothian. These functions are:

- Adult Social Care
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services
- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from St John's Hospital, the Royal Infirmary of Edinburgh and the Western General Hospital).

Membership of West Lothian 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. The members of the IJB at March 2020 were as follows:

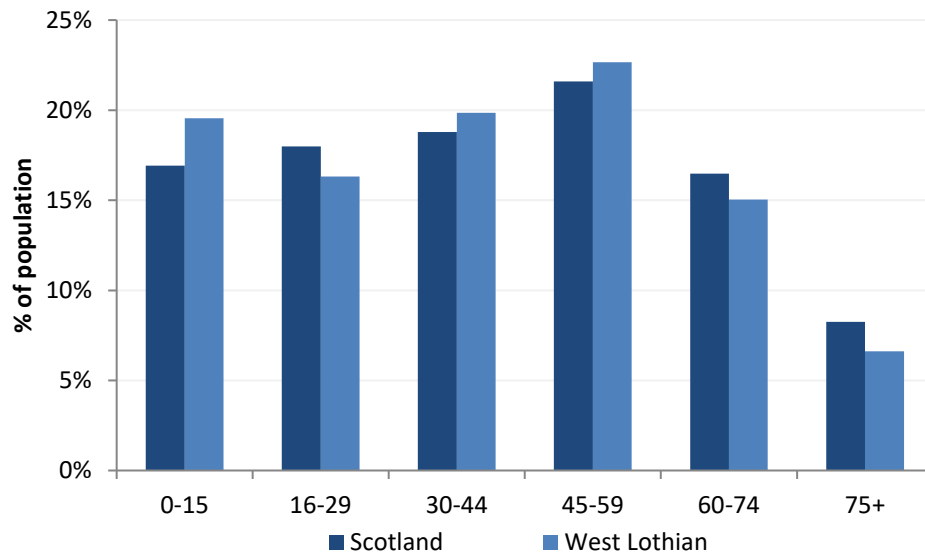
Member	Role
Harry Cartmill	Voting Member, Chair
William McQueen	Voting Member, Vice Chair
Martin Connor	Voting Member
Martin Hill	Voting Member
Alex Joyce	Voting Member
Dom McGuire	Voting Member
George Paul	Voting Member
Damian Timson	Voting Member
Elaine Duncan	Non-Voting Member – Professional Advisor
David Huddlestone	Non-Voting Member – Stakeholder Representative
Mairead Hughes	Non-Voting Member – Professional Advisor
Alan McCloskey	Non-Voting Member – Stakeholder Representative
Caroline McDowall	Non-Voting Member – Staffing Representative
Jo MacPherson	Non-Voting Member – Professional Advisor
Martin Murray	Non-Voting Member – Staffing Representative
Ann Pike	Non-Voting Member – Stakeholder Representative
Allister Short	Non-Voting Member – Chief Officer
Patrick Welsh	Non-Voting Member – Chief Finance Officer
Rohana Wright	Non-Voting Member – Professional Advisor

Note on changes during 2019/20:

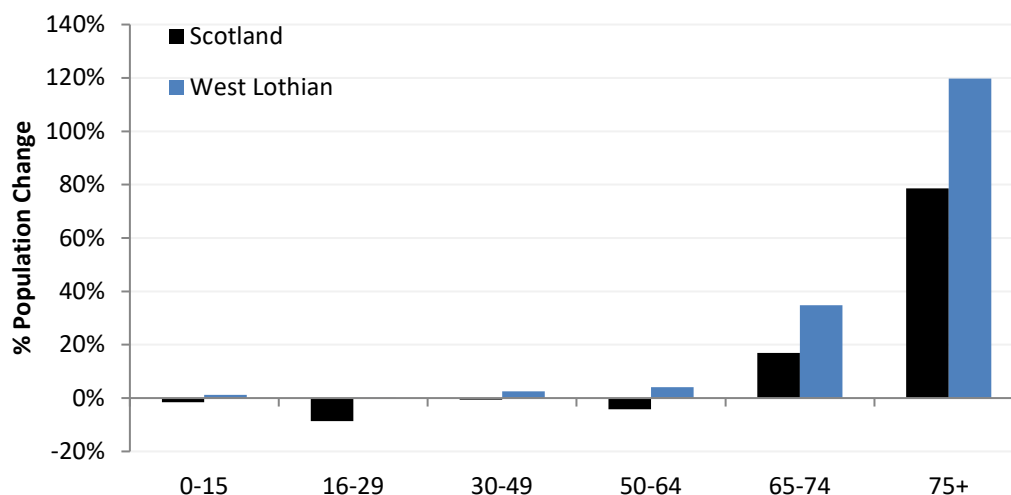
- The Chief Officer of the IJB was Jim Forrest until 30 September 2019 when Allister Short took on this role.
- The Chair of the IJB was Martin Hill until 21 September 2019 when Harry Cartmill took on this role.
- The Vice Chair of the IJB was Harry Cartmill until 21 September 2019 when William McQueen took on this role.

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 as shown in the diagrams below (source: National Records of Scotland). 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. This is shown in the graph below which shows West Lothian's population aged 75 and over is forecast to increase by 119.7% by 2041.



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.

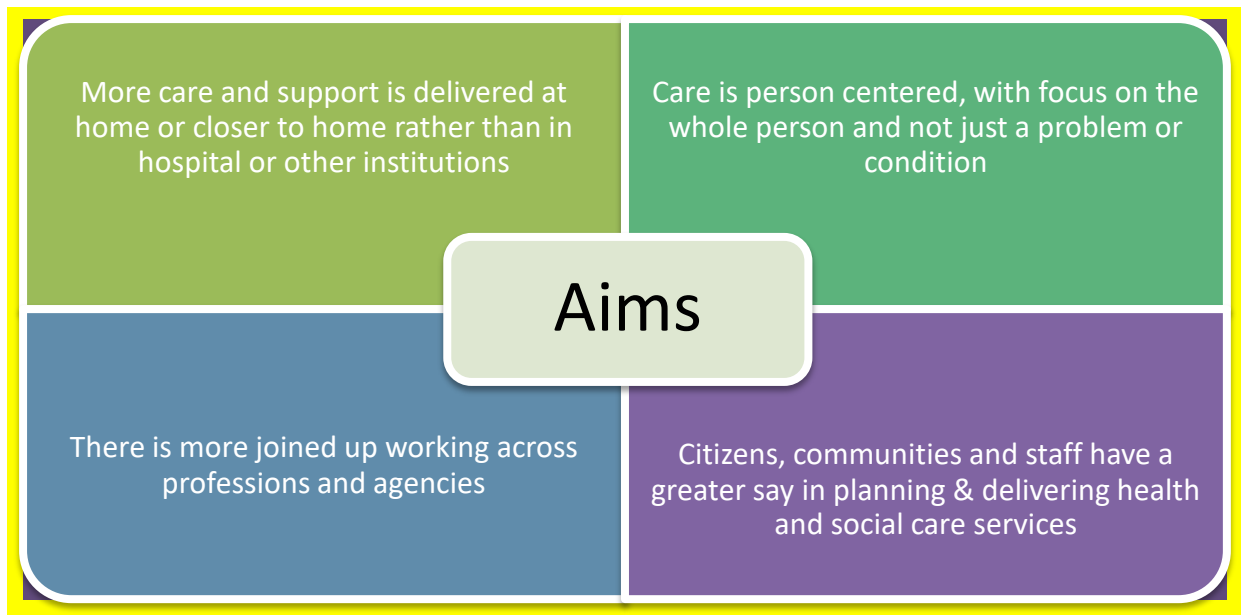
Organisational Developments and Performance

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 aims are set out below.



The Strategic Plan and the updated Strategic Commissioning Plans can be found at the following link: <https://westlothianhscp.org.uk/IJB-strategic-plan>

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 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%)
Source: Public Health Scotland – Information Services Division (ISD)			

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 2019/20 Annual Performance report was approved by the Board on 30 June 2020 and is available at the following link: <https://westlothianhsc.org.uk/IJB-strategic-plan>

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 financial position was also enabled through the planned use of earmarked IJB reserves. At 31 March 2020 earmarked IJB reserves total £63,000. The financial impact of COVID-19 was very 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.

The overall financial position for 2019/20 expenditure on IJB functions is shown in the table below.

Delegated Health Functions – NHS Lothian	2019/20 Expenditure £'000	2018/19 Expenditure £'000
Core West Lothian Health Services	122,584	115,624
Share of Pan Lothian Hosted Services	21,318	20,649
Share of Acute Hospital Services	34,747	32,583
Non-Cash Limited Services	20,448	19,322
Health Functions - Total	199,097	188,178
Delegated Social Care Functions – West Lothian Council		
Adult Social Care Services	69,728	63,543
Social Care Functions	69,728	63,543
TOTAL	268,825	251,721

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 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. This position will be closely monitored during the year in conjunction with partner bodies and mitigating actions will be taken as necessary, taking account of the Integration Scheme.

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 £7.1 million. Against this, additional funding provided to date by the Scottish Government to meet the additional costs associated with the pandemic is £2.658 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 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

An update on the position with key financial risks is provided at each meeting of the Board to ensure there is effective scrutiny and monitoring of these risks.

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

22 September 2020

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
22 September 2020

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
22 September 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 01/04/19 to 20/09/19	NHS Lothian
Harry Cartmill	Vice Chair 01/04/19 to 20/09/19 Chair 21/09/19 to 31/03/20	West Lothian Council
William McQueen	Vice Chair 21/09/19 to 31/03/20	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 October 2019 to March 2020 (£0 for 2018/19).

There were no IJB specific expenses recorded for voting members of the IJB during 2019/20 (2018/19 Nil). 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.

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 from 30 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 01/04/19 to 29/09/19	58	Nil	58	107
N/A	Allister Short Chief Officer 30/09/19 to 31/03/20	46	Nil	46	96
68	Patrick Welsh Chief Finance Officer	71	Nil	71	71
175	Total	175	Nil	175	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 £	For Year to 31/03/20 £		Difference from 31/03/19 £'000	As at 31/03/20 £'000
Jim Forrest Chief Officer 01/04/19 to 30/09/19	15,970	4,009	Pension	1	60
			Lump sum	3	181
Allister Short Chief Officer 30/09/19 to 31/03/20	N/A	9,634	Pension	N/A	21
			Lump sum	N/A	39
Patrick Welsh Chief Finance Officer	14,248	15,027	Pension	2	22
			Lump sum	1	26
Total	30,218	28,670	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

Exit Packages

The IJB did not support nor did it direct to be supported by its partners, any exit packages during 2019/20 (2018/19 Nil).

Allister Short
Chief Officer

Harry Cartmill
Chair

22 September 2020

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. The Board has no control over that process. That first review was scheduled to be 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 after council and health board prioritised resources for tackling the pandemic and it has been formally abandoned. The current Integration Scheme will remain in place until the review process is completed and changes are approved by the Ministers. The operation of the Board will not be affected and will continue under the current Scheme. The review will be revisited by council and health board in the latter part of 2020. There remains significant uncertainty around the ongoing implications of COVID-19 and a timetable will be set by them in light of prevailing and predicted pandemic circumstances. The Board's participation as a consultee has been included in the list of issues to be addressed in 2020/21 (page 32).

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 Committee, a strategic partnership committee 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 the bullet points 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. 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. In particular, the statutory annual performance report was published timeously.

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. An update was provided to the Board at its meeting on 11 August 2020. Ongoing costs and service consequences will be

incorporated into the regular budget monitoring reports. In addition, on 30 June 2020, the Board instructed a full review of the risk register in relation to COVID-19, to be reported to Audit, Risk and Governance Committee on 9 September 2020.

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. This statement has been updated under delegated powers where appropriate prior to finalisation of the annual accounts.

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

22 September 2020

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	69,697	0	69,697
28	0	28	Corporate Expenditure	31	0	31
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.

Movement in Reserves During 2019/20

	General Fund Balance £'000
Opening Reserve Balance at 1 April 2019	480
Drawdown of Reserve Balance During Year	(480)
Addition to Reserves During Year	63
(Decrease) or Increase in Reserves in 2019/20	(417)
Closing Reserve Balance at 31 March 2020	63

Movement in Reserves During 2018/19

	General Fund Balance £'000
Opening Reserve Balance at 1 April 2018	0
Addition to Reserves During Year	480
(Decrease) or Increase in Reserves in 2018/19	480
Closing Reserve Balance at 31 March 2019	480

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
480	Current Assets		63
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 were issued on 30 June 2020 and the audited accounts were authorised for issue on 22 September 2020.

Patrick Welsh
Chief Finance Officer
22 September 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 2019 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 IJB financial statements for 2019/20 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Local Government Accounting (2019/20), the IJB is required to prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity. This has been reinforced by the most recent CIPFA guidance bulletin 05 (closure of the 2019/20 financial statements) which states that while there is likely to be a significant impact of Covid-19 on local authority financial sustainability, the rationale for the going concern basis of reporting has not changed. The accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's funding from and commissioning of services to partners has been confirmed for 2020/21, and a medium term financial plan has been prepared through to 2022/23. The IJB is working within the context of the Covid-19 pandemic, an unprecedented global crisis. Work is ongoing through the mobilisation plan prepared by the IJB at the request of the Scottish Government to quantify the impact of Covid-19 on the IJB's financial performance going forward. However, ultimately additional costs will be met by the IJB's partners in line with the integration scheme. Therefore, the IJB considers there are no material uncertainties around its going concern status.

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

In accordance with the requirements of International Accounting Standards 10, events after the reporting period are considered up to the date on which the accounts are authorised for issue. This is interpreted as the date that the accounts were certified by the Chief Finance Officer following approval by the Board.

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.

In early 2020 the existence of a new coronavirus (Covid-19) was confirmed which has since spread across a significant number of countries, leading to disruption to businesses and economic activity, including significant disruption to the activity and future plans of all UK Government bodies. While the emergence of Covid-19 is not a post balance sheet event in itself, the potential impact from developments after the 31 March 2020 yearend have been considered accordingly for disclosure in the financial statements. These developments include:

- 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.

- Limited additional 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 year's financial statements. In particular, additional costs resulting from Covid-19 are estimated to be £7.1 million. Against this, initial additional funding provided by the Scottish Government to date is £2.658 million.

From our assessment we have not identified any financial impact on the 31 March 2020 financial position.

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. CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

The critical judgements made in the Financial Statements relating to complex transactions are:

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations' options that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none)
- The Annual Accounts contain estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.
- There are no items in the IJB's Balance Sheet at 31 March 2020 for which there is a significant risk of material adjustment in the forthcoming year.

3. PROVISIONS, CONTINGENT ASSETS AND LIABILITIES

3.1 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.

3.2 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.

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	28	25
CNORIS Fee	3	3
Total	31	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

Details of debtor balances with partner bodies are set out in Note 6 to the accounts.

PARTNER EXPENDITURE ANALYSIS

The following analysis sets out the 2019/20 expenditure incurred across IJB delegated functions. Information is provided to the Board throughout the year to enable them to review the financial performance of 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 Unscheduled Care Services	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	
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

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 11

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 updated Covid-19 financial implications and, based on this, provide a forecast outturn position for the year.

B RECOMMENDATION

It is recommended that the Board:

1. Notes the forecast outturn position for 2020/21 in respect of IJB delegated functions taking account of delivery of agreed budget savings
2. Notes the currently estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding
3. Notes that further updates on the 2020/21 budget position and progress towards achieving a balanced budget position will be reported to future Board meetings

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction is not required.
C2	Resource/ Finance	The 2020/21 budget resources relevant to functions delegated to the IJB are £243.101 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	

This report sets out the overall financial performance of the 2020/21 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.

Reporting on the performance of delegated resources is undertaken in line with the IJB's approved financial regulations and Integration Scheme. Increasing demands coupled with constrained funding means that a partnership working approach through the IJB, NHS Lothian and council will be vital in ensuring health and social care functions are managed within available budget resources.

This will require ongoing changes to current models of care delivery over the coming years as it is widely acknowledged that continuing with all existing models of care provision will not be sustainable going forward. The IJB as a strategic planning body for delegated health and social care functions is responsible for working with the council and NHS Lothian to deliver services taking account of its Strategic Plan and funding resources available for health and social care functions.

This report also provides the latest estimate on additional cost pressures for the year as a result of the current pandemic. This has impacted across the whole partnership and work on the disaggregation of Covid-19 costs, particularly across Health functions continues to be refined to ensure accurate information is provided at an IJB level.

While the Scottish government have committed to additional funding to offset these pressures the funding released to date is significantly lower than the anticipated pressure and the funding mechanism for the remaining funds has yet to be confirmed. It is anticipated that the partnership will be in receipt of further funding, however the figures presented in this report are based on the funding received to date and therefore presents a prudent view of the outturn position which is likely to improve in coming months based on additional funding being confirmed.

D2 Responsibility for In Year Budget Monitoring

Budget monitoring of IJB delegated functions is undertaken by Finance teams within the council and NHS Lothian who have responsibility for working with budget holders to prepare information on financial performance. This is in line with the approved West Lothian Integration Scheme which notes that when resources have been delegated via Directions by the IJB, NHS Lothian and West Lothian Council apply their established systems of financial governance to the delegated functions and resources. This reflects the IJB's role as a strategic planning body who does not directly deliver services, employ staff or hold cash resources.

Both NHS Lothian and West Lothian Council then provide the required information on operational budget performance from their respective financial systems, under the co-ordination of the IJB Section 95 officer, to provide reports to the Board on delegated health and social care functions.

In terms of in year operational budget performance, the approved West Lothian Integration Scheme notes that the council and NHS Lothian are ultimately responsible for managing within budget resources available. However, it is important that the IJB has oversight of the in year budget position as this influences the strategic planning role of the Board and highlights any issues that need to be taken account of in planning the future delivery of health and social care services. As a result, the Board has agreed that regular reports should be provided on financial performance of health and social care functions.

D3 2020/21 Summary Budget Outturn Forecast

The table below reflects the 2020/21 forecast position on the first overall year end forecast.

	2020/21 Budget £'000	2020/21 Forecast £'000	2020/21 Variance £'000
Core West Lothian Health Services	112,749	115,879	3,130
Share of Pan Lothian Hosted Services	23,856	24,213	357
Adult Social Care	76,103	77,661	1,558
Payment to IJB - Total	212,708	217,753	5,045
Share of Acute Set Aside	30,393	33,240	2,847
Unallocated IJB Uplift			(1,227)
Total	243,101	250,993	6,665

The table shows that at this stage of the financial year an overspend of £6.665 million is forecast against IJB delegated functions for 2020/21. This takes account of confirmed initial additional Scottish Government funding to meet the cost implications resulting from Covid-19. As detailed above, an overspend of £5.045 million is forecast on the payment to the IJB and an overspend of £2.847 million is forecast against the share of acute set aside resources attributed to West Lothian IJB.

It should be noted that at this stage there is £1.227 million of unallocated IJB budget uplift resources from NHS Lothian available in 2020/21 that are reflected in the overall forecast position. Discussions with NHS Lothian and other IJBs are progressing on how this funding will be used to meet overall Health budget

pressures. This is consistent with NHS Lothian and IJB financial plan assumptions which required this funding to be used to help meet pressures within IJB Health functions.

Appendix 1 provides further detail on the forecast position shown.

As noted above the overspend position is largely driven by Additional costs relating to the current pandemic. Covid-19 represents an unprecedented challenge for the delivery of health and social care services and there are significant additional costs arising in 2020/21. Taking account of this Health Boards and Integration Authorities have been asked by the Scottish Government to continue to submit regular Local Mobilisation Plan / Remobilisation Plan cost updates detailing the financial implications arising.

It is important to note that the expectation is that additional health and social care costs reported in these plans will be met by the Scottish Government. These plans and associated financial cost estimates are being closely reviewed by the Scottish Government in discussion with IJB Chief Finance Officers. The plans include both modelled costs for the year and the tracking of actual costs as they are being incurred.

At the time of writing this report, the full year cost linked to the West Lothian Mobilisation Plan is estimated at £7.1 million for 2020/21. It should be noted that acute costs resulting from the pandemic are included in the overall NHS Lothian Mobilisation plan. A summary of the key areas of additional anticipated costs included in the West Lothian plan 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 Prescribing Costs – this includes the impact of increased volumes and price increases. Price per item over the first quarter has been significantly higher than anticipated
- GP Practice Costs – This relates to additional payments made to GP practices for additional practice costs and extending opening required as a result of the pandemic
- Additional Care Home Capacity – this relates to contractual arrangements put in place at the start of the pandemic to purchase additional care home beds to increase capacity available over the short term
- 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 was suspended as a result of Covid-19 due to the impact it has had on delivery of chargeable care (e.g. closure of day care centres). This is now due to recommence from 1 October 2020. Contributions from care home residents have also reduced over recent months.

At this point the partnership has received total funding of £2.444 million along with additional Living Wage funding of £214,000. This is set against estimated additional costs resulting from Covid-19 of £7.1 million to give estimated net unfunded Covid-19 costs of approximately £4.7 million at this stage. As noted earlier in this report, further work being progressed to disaggregate Health Covid-19 costs may impact on this figure.

D4 Summary of Key Budget Issues and Pressures

Core West Lothian Health Services

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership.

Community Equipment - An overspend of £323,000 is forecast for 2020/21. This is due to an increase in purchases aids and adaptations and other equipment and products to help facilitate early discharge.

There is also an overspend of £761,000 forecast for General Medical Services driven by payments made to GP's during the Covid-19 pandemic. It is anticipated that additional Scottish Government funding will be provided to meet these costs but to date this has not been confirmed.

A pressure of £440,000 is also noted relating to Mental Health Services. This is as a result of locum staff being utilised to cover consultant vacancies. There are also pressures associated with the cost of new drugs.

Prescribing is forecast to overspend by £1.338 million. This is due to a number of issues

- Price – higher cost per item being used to calculate future costs which has resulted in the prescribing forecast being increased from previous month's forecast.
- Short supply issue of mental health drugs driving up cost of drugs
- Increase in prescribing high cost respiratory drugs linked to inhalers
- Additional costs being anticipated for flu vaccination

Hosted Services

These functions and resources represent a share of Lothian Hosted services delegated to the IJB, the majority of which are operationally managed outwith West Lothian Health and Social Care Partnership.

Within hosted services, the main pressure relates to Lothian Unscheduled Care which is forecast to overspend by £503,000 This is largely due to increased use of locums over the first half of the year. Further review is also taking place of the skill mix between across medical and nursing staff to ensure it is appropriate.

Adult Social Care

These functions and resources relate fully to service areas directly under the operational management of the West Lothian Health and Social Care Partnership.

Internal Care Homes - There is a forecast overspend of £1.058 million, which is linked to the pandemic and reflects use of agency staffing, costs from sickness absence and lower than anticipated income from resident contributions.

Older People Assessment and Care Management – There is a forecast pressure of £1.389 million in this area essentially due to costs resulting from Covid-19. The pressure here reflects the costs of sustainability payments to support care providers during the pandemic.

Support and Other Services – There is a forecast overspend of £243,000 which is associated with additional staff cover costs, mainly linked to Covid-19 implications.

Acute Set Aside Services

These functions and resources represent a share of acute hospital services which although delegated to the IJB, are operationally managed outwith the West Lothian Health and Social Care Partnership. The forecast overspend for the West Lothian share of acute services is £2.847 million which reflects the impact of Covid-19 as well as core budget pressures. The key pressures are noted below.

Emergency Department and Minor Injuries – An overspend of £619,000 is forecast, which is largely due to nursing and medical staffing pressures experienced at St. Johns Hospital associated with the continued use of additional and supplementary staffing to cover for staff vacancies and absence.

General Medicine - An overspend of £828,000 is forecast This is mainly due to higher than planned nursing spend regarding recruitment problems, high sickness absence and increased overtime at the peak of the pandemic. Increased drug costs are also contributing to the forecast pressure.

Junior Medical staff – An overspend of £977,000 is forecast. The ongoing use of locum and agency staff to provide full rota cover is largely responsible for the pressure in this area. The overspend also reflects additional staffing costs due to Covid-19.

General Surgery – An overspend of £313,000 is forecast mainly due to staffing pressures and increased drug costs

Appendix 2 sets out the key 2020/21 budget risk areas that have been identified as a result of the budget monitoring undertaken to date and the current budget position in each. A number of strategic financial risks are also included which will continue to be updated upon as the financial year progresses

D5 Progress on Delivery of Savings

As part of the 2020/21 budget contribution to the IJB from the council and NHS Lothian there is £6.731 million of budget savings identified. At this stage, the monitoring undertaken estimates that this will be substantially achieved (96% of savings forecast to be achieved). The overall forecast position for the IJB takes account of the position on savings noted.

The summary split of these savings is shown in the table below along with the actual level of savings considered to be achievable at this stage

2020/21 Budget Savings	2020/21 Budgeted Savings £'000	2020/21 Forecast Achievable £'000	2020/21 Variance £'000
Core West Lothian Health Services	1,169	1,135	34
Share of Pan Lothian Hosted Services	81	219	(138)
Adult Social Care	4,681	4,681	0
Share of Acute Set Aside	800	399	401
Total Savings	6,731	6,434	297

Appendix 3 provides further detail on the areas in which these savings are being delivered.

This represents good progress on the delivery of 2020/21 savings. NHS Lothian and the council have established processes in place for monitoring and reporting on the delivery of savings and regular updates will be provided to the Board on progress with delivery of savings. To ensure a joined up overall health and social care approach to financial planning and the delivery of savings, the Chief Officer, Chief Finance Officer and other key officers will continue to review progress on delivery of overall West Lothian saving proposals.

D6 Summarised Budget Position

The 2020/21 monitoring position for IJB delegated functions delivered by the council and NHS Lothian is a forecast overspend of £6.665 million for the year. This is made up a £5.045 million overspend on core health and social care functions and a £2.847 million overspend relating to acute set aside functions, offset by a £1.227 million of unallocated IJB funding.

The position reflects that to date confirmed additional Scottish Government funding of £2.444 million along with £214,000 for the Living Wage has been received to offset the financial implications of Covid-19

Various management actions are being progressed within the West Lothian Health Social Care Partnership and at a wider NHS Lothian level and Scottish Government level to help ensure spend can be managed within available resources.

D7 Future 2020/21 Budget Updates

As previously agreed by the Board, an update on the status of budget risk areas and the overall budget position will be reported to each meeting during 2020/21 to help ensure the Board have the appropriate oversight and scrutiny of financial performance.

Further updates on options for managing the currently forecast overspend based on discussions with partner bodies will be provided to the Board reflecting ongoing updates to mobilisation / remobilisation plan costs and the ongoing refinement of Covid-19 costs attributable to Health IJB functions.

E CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

F REFERENCES/BACKGROUND

West Lothian Integration Scheme

West Lothian IJB 2020/21 Budget Update – Report to IJB on 30 June 2020

G APPENDICES

Appendix 1 – IJB 2020/21 Budget Update

Appendix 2 – IJB Finance Risk Update

Appendix 3 – Delivery of 2020/21 Budget Savings

H CONTACT

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

Tel. No. 01506 281320

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

22 September 2020

WEST LoTHIAN INTEGRATION JOINT BOARD - 2020/21 BUDGET UPDATE

	2020/21 Budget £'000	2020/21 Forecast £'000	2020/21 Variance £'000
Core West Lothian Health Services			
Community Equipment	1,039	1,362	323
Community Hospitals	2,469	2,451	-18
District Nursing	4,233	3,954	-279
General Medical Services	29,446	30,207	761
Mental Health	17,188	17,628	440
Other Core	3,456	4,021	565
Prescribing	34,333	35,671	1,338
Resource Transfer	20,585	20,585	0
Core West Lothian Health Services - Total	112,749	115,879	3,130
Share of Pan Lothian Hosted Services			
Hosted GMS	3,384	3,561	177
Hospices	1,089	1,090	1
Learning Disabilities	2,903	2,984	81
Lothian Unscheduled Care Service	2,062	2,565	503
Mental Health	255	255	0
Oral Health Services	3,666	3,596	-70
Other Hosted Services	1,024	972	-52
Rehabilitation Medicine	1,425	1,308	-117
Psychology Service	2,148	2,255	107
Sexual Health	1,361	1,296	-65
Substance Misuse	698	690	-8
Therapy Services	2,461	2,340	-121
UNPAC	1,380	1,301	-79
Share of Pan Lothian Hosted Services - Total	23,856	24,213	357
Adult Social Care			
Learning Disabilities	18,008	17,722	-286
Physical Disabilities	8,131	7,906	-225
Mental Health	4,398	4,309	-89
Older Peoples Assessment and Care Mangement	32,035	33,424	1,389
Care Homes and Housing with care	8,479	9,537	1,058
Occupational Therapy	1,949	1,417	-532
Support and Other Services	3,103	3,346	243
Adult Social Care - Total	76,103	77,661	1,558
PAYMENT TO IJB - TOTAL	212,708	217,753	5,045
Acute Set Aside			
Accute Management	1,042	1,168	126
Cardiology	1,487	1,536	49
Diabetes	770	789	19
ED & Minor Injuries	5,821	6,440	619
Gastroenterology	1,095	1,173	78
General Medicine	6,492	7,320	828
General Surgery	1,883	2,196	313
Geriatric Medicine	5,331	5,319	-12
Infectious Disease	1,413	1,336	-77
Junior Medical	1,155	2,132	977
Therapies	1,141	1,120	-21
Outpatients	109	88	-21
Rehabilitation medicine	589	635	46
Respiratory Medicine	2,065	1,988	-77
Acute Set Aside - Total	30,393	33,240	2,847
TOTAL DELEGATED IJB FUNCTIONS	243,101	250,993	7,892
Unallocated IJB Uplift			-1,227
NET OVERSPEND IJB FUNCTIONS			6,665

Appendix 2

IJB Finance Risk Schedule

2020/21 Financial Risks

Risk Area	Value of Pressure	Impact / Description
Community Equipment	£323,000	The forecast overspend is due to an increase in purchases of mattresses, rental and purchase of paramedical equipment, OT aids and a bulk purchase of incontinence products to facilitate early discharge and is as a consequence of Covid-19. This pressure is highlighted in the West Lothian Mobilisation Plan and is anticipated to be subject to additional funding when released by the Scottish Government.
General Medical Services	£761,000	This overspend is due to additional payments made to GPs during the Covid outbreak. Again, it is anticipated that this will be subject to additional funding which will reduce the overspend.
Mental Health	£440,000	The forecast overspend for Mental Health is as a result of using high cost locum staff to cover consultant vacancies along with cost pressures relating to new drugs. This will continue to be monitored going forward and it is anticipated that the cost pressure will reduce as posts are recruited to.
Prescribing	£1,338,000	The prescribing overspend is driven by a number of issues including cost and volume pressures. Short supply issues and additional flu vaccination costs are also included. The forecast overspend will continue to be included in the Covid-19 additional cost returns submitted to the Scottish Government.
Lothian Unscheduled Care	£503,000	The forecast overspend is largely due to increased use of locums. Further work is also being undertaken to review the skill mix across medical and nursing staff to ensure it is consistent with staff budget assumptions and availability and appropriate for service delivery.
ED and Minor Injuries	£619,000	There is a forecast overspend of £619,000 for ED and Minor Injuries. The overspend reflects use of agency and bank nurses employed on a month to month basis to meet unfilled vacancies and provide cover for sickness absence. Staffing pressures and the allocation of existing staffing budgets at acute sites is being considered further, in conjunction with safe staffing work and work ongoing in relation to IJB budget and cost allocations.
General Medicine	£828,000	There is a significant forecast overspend for General Medicine. The overspend relates to nursing pressures in the main General Medicine wards within St John's Hospital driven by activity alongside nursing gaps being filled on a supplementary basis and cover for sickness particularly in untrained nursing. Additional staffing costs at the peak of the pandemic along with increased drug costs are also contributing to the forecast pressure.
General Surgery	£313,000	The forecast overspend for General Surgery is resulting from increased staffing costs and higher than anticipated drug costs
Junior Medical	£977,000	There continues to be a significant forecast overspend for Junior Medical. This is due to ongoing pressures due to gaps in rota's and rota's requiring additional staffing to be compliant. The overspend also reflects additional staffing costs due to Covid-19.

Appendix 2

Respiratory Medicine	£106,000	The Respiratory Medicine pressure reflects staffing pressures. Similar to other pressures this reflects use of agency and bank nursing and cover for sickness absence.
Internal Care Homes for Older People	£1,058,000	There is a significant forecast overspend for Internal care Homes for Older People. This is partly due to an ongoing pressure from the requirement to cover core vacancies, staff sickness and other absences. Work is ongoing to identify a sustainable solution to this problem including review of staffing levels. In addition, it also reflects additional costs resulting from the pandemic which are included in the mobilisation plan.
Older People Assessment and Care Management	£1,389,000	The pressure for Assessment and Care Management is driven by the additional cost to support external care providers including care homes and care at home. It includes increased hourly rates for care at home providers and sustainability payments to care homes to help ensure the care sector is financially supported during the pandemic.
Support and Other Services	£243,000	The forecast overspend for Support Services is related to spend associated with covering for staff absences.

Strategic Risks

Risk Area	Impact / Description
Covid Pandemic	The Covid pandemic impacts across the whole of Health and Social care with very significant implications for service delivery and associated financial consequences. There remains a great deal of uncertainty over how long the current restrictions will remain in place and how far reaching the long term effects of the pandemic will be.
Brexit	The UK is due to leave the European Union in January 2021. At this stage financial implications are still not possible to quantify but as Brexit becomes clearer over the coming months any financial implications resulting will need to be considered as part of budget monitoring and medium term financial planning. Risks associated with no deal could result in material financial implications.
Pay Awards / Costs	Health and council pay awards have been agreed for 2020/21 so there is a degree of certainty around costs for the current financial year. Negotiations will commence shortly for 2021/22 in what is expected to be a very challenging financial backdrop. Any pay award agreed will require to be fully funded to avoid further budget pressures arising.
Workforce Planning	Effective workforce planning will be important to ensuring health and social care services are delivered effectively and efficiently. Updates on workforce planning for health and social care functions will be considered further in future updates to the IJB.
Future Years Savings	There are very challenging savings targets for 2020/21 and future years. Failure to fully deliver on any element of the planned changes will put additional pressure on other areas. The process of identifying further potential efficiencies to address any funding gap in future settlements is being progressed across the Health and Social Care partnership.
Demographic Growth	Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly over 75s. These demographic forecasts will result in increased financial pressure and it will be important that forecast assumptions are kept under review.
Contributions Policy	Income generated by the Contributions policy is directly related to the level of service being delivered to Service Users. Some of these services have been impacted by Covid 19 and this is likely to be the case for at least the remainder of the financial year which may result in an increased shortfall in the income generated.
Living Wage	The 2021 Living wage is due to be announced in November. Any above inflationary increase will add additional financial burdens. It will be important that future living wage uplifts continue to be funded by the Scottish Government.
Prescribing	Prescribing continues to be a very volatile area with a large overspend forecast in the current year. This area is particularly impacted by changes in supply and availability and will continue to be monitored closely throughout the year.
Mental Health	The demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding in liaison with Scottish Government will be required going forward. Implications of the pandemic are being closely monitored.
Delayed Discharge	Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. However, this is dependent on capacity being available in community care

WLIJB Savings 2020/21

2020/21 Quarter 1 Update on Delivery of Savings

	2020/21 Budgeted Savings £'000	2020/21 Forecast Achievable £'000	2020/21 Variance £'000
Social Care Savings			
New Models of Adult care	1,108	1,108	0
Eligibility Assessment / Technology	3,133	3,133	0
Income and Contributions	440	440	0
	4,681	4,681	0
Health Savings			
Community Equipment	20	0	20
Community Hospitals	50	50	0
GP Prescribing	935	935	0
PC Services and Management	14	0	14
Mental Health Service Redesign	150	150	0
Hosted Services Redesign	81	219	-138
Acute Services Redesign	800	399	401
	2,050	1,753	297
Total	6,731	6,434	297

Note

Although care income has been impacted in the current year, the above reflects that the increased targets are anticipated to be achievable on a recurring basis taking account of client numbers and chargeable services provided.

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 13

CARE AT HOME

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

- A.1** The purpose of the report is to provide the Integration Joint Board with an update on the delivery of Care at Home services in West Lothian.

B RECOMMENDATION

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

C SUMMARY OF IMPLICATIONS

- C1 Directions to NHS Lothian and/or West Lothian Council** The existing direction will be reviewed on an annual basis.

- C2 Resource/ Finance** The agreed budget for the Care at Home Framework is:
2019/20 – 23/24 is £32.8m.

- C3 Policy/Legal** Relevant legislation includes:

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

- C4 Risk** The risk associated with supply of care at home services is captured in the IJB risk register which is scrutinised bi-monthly by the Audit Risk and Governance Committee

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	N/A
C7	National Health and Wellbeing Outcomes	<p>The delivery of Care at Home Services in West Lothian, in line with the National Health and Wellbeing Outcomes, aims to:</p> <ul style="list-style-type: none"> • focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. • ensure that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.
C8	Strategic Plan Outcomes	<p>The delivery of Care at Home Services contributes to the delivery of the Strategic Plan's outcome in particular:</p> <p>Older people are able to live independently in the community with an improved quality of life.</p> <p>We live longer healthier lives and have reduced health inequalities.</p>
C9	Local Outcomes Improvement Plan	<p>Older people are able to live independently in the community with an improved quality of life</p> <p>We live longer, healthier lives and have reduced health inequalities.</p>
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

D.1 Strategic Relevance

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

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

D.2 Care at Home in West Lothian

A whole system approach is taken to the delivery of Care at Home services in West Lothian with services delivered by both the internal service and also by our partners in the independent sector. As at 7th September 17,374 hours of care were delivered, 91.4% of these hours were delivered by the independent sector.

As reported to the IJB in March 2020, following a competitive tendering exercise the West Lothian Care at Home Framework was awarded on 1st October 2019.

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

Eleven providers were invited onto the framework, five of which were existing framework providers.

D.3 Performance

Since the last report submitted to the Board on 10th March the number of unmet needs has decreased from 1363 hours of care to 615 hours of care as at 7th September 2020.

During the same time period the numbers of hours of care delivered by external providers has increased from 14,051 to 15,877 hours of care as at 7th September 2020.

D.4 Response to COVID -19

From the outset of the emergency it was agreed that a one system approach, involving both internal and external providers, would be taken to ensuring the continued delivery of essential care at home services across West Lothian.

All providers reviewed their business continuity plans and service users were allocated a Red/Amber/Green rating to ensure that, if required, resources could be targeted effectively. Provider's staffing capacity was closely monitored on a weekly basis to ensure that emerging risks to service capacity could be identified and appropriate support put in place. It should be noted that there was no interruption of service supply during the period.

The partnership also recognised the risk associated with the financial viability of care providers and put in place a wide range of measures to support the financial stability of the sector.

Dedicated staff were in place to support providers to ensure the delivery of care at home services. Close contact has been maintained with providers on a minimum of a weekly basis. This built on the processes that were in place to implement the West Lothian Care at Home Framework looking at recruitment and retention of staff, approaches to recruitment, capacity, business planning, business continuity planning etc. These processes were built upon existing partnership working with providers which were further enhanced through increased direct contact.

Providers had access to a range of supports including:

- access advice and information
- provision of PPE
- facilitating access to testing of staff
- provision of training
- guaranteeing levels of income to providers,
- reviewing and advising on individual provider's business continuity plans

The partnership's integrated discharge hub was strengthened from the outset of the pandemic to facilitate safe and timely discharge from inpatient settings to community settings. This included dedicated staff member responsible for managing communication between hospital team and care at home providers.

Fortunately, the HSCP did not need to make changes to any care at home packages in response to COVID 19 other than at the request of service users or their families / carers. There were 175 Care at Home service users who chose to suspend their packages of care during this period. The most common reason was family members being available to support the delivery of care due to lockdown. These packages were held open to ensure that care and support hours can be resumed as and when required.

Where individuals chose to suspend or reduce their package of care, social work teams and providers maintained regular contact to ensure any emerging issues were identified at the earliest opportunity.

As reported to the Board on 10th March, historically, Care at Home providers in West Lothian faced challenges in recruiting care staff. Although this was a national issue, local providers faced a range of additional pressures insofar as the West Lothian care sector competed with strong performance in the retail and distribution markets.

Since 23rd March Providers have reported a significant improvement in their ability to successfully recruit and retain staff and were able to increase their overall staff pool by 104 new staff members. This was due to targeted recruiting and benefiting from the recruitment of staff new to care.

Changes to the Protecting Vulnerable Group (PVG) process reduced the length of time for these checks to be made and also contributed to this improvement in recruitment which in turn had improved the supply of care at home service.

The improvement in recruitment has increased the capacity of care at home services in West Lothian, this is being kept under review as lockdown restrictions ease and other sectors remobilise.

D.12 Summary and Conclusion

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

COVID - 19 presented numerous challenges, the response to which would not have been possible without effective partnership working with both internal and external providers. The successful delivery of Care at Home Services during the pandemic was underpinned by solid partnership arrangements effective communication and engagement, a proactive approach to planning and timely information sharing.

We will build on the lessons learned during this period to take forward the strategic ambition for the delivery of more co-ordinated and streamlined services to ensure people receive the services and supports they require where and when they need them.

E CONSULTATION

None

F REFERENCES/BACKGROUND

None

G APPENDICES

H CONTACT

Sharon Houston
Business Support

Sharon.Houston@westlothian.gov.uk

22nd September 2020

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 14

SUPPORTING CARERS IN WEST LOTHIAN

REPORT BY HEAD OF SOCIAL POLICY

A PURPOSE OF REPORT

- A.1** The purpose of the report is to provide the Integration Joint Board with an overview of the investment made to support unpaid carers in West Lothian.

B RECOMMENDATION

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

C SUMMARY OF IMPLICATIONS

- | | | |
|-----------|--|--|
| C1 | Directions to NHS Lothian and/or West Lothian Council | A direction(s) is not required. |
| C2 | Resource/ Finance | Activities will be carried out within existing budgets. |
| C3 | Policy/Legal | Carers (Scotland) Act 2016
Integration Joint Board (IJB) Strategic Plan 2019–2023
Draft Carers Strategic Policy Statement
and other related statutory instructions and guidance |
| C4 | Risk | There are no new risks anticipated. |
| 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 | N/A |

C7	National Health and Wellbeing Outcomes	National Well-Being outcomes in accordance with: The Carers (Scotland) Act 2016 The IJB Strategic Plan The GIRFEC (SHANARRI) wellbeing outcomes
C8	Strategic Plan Outcomes	Implementation of the Carers (Scotland) Act 2016 and the West Lothian Carers Strategy 2020 - 2023 will make a positive contribution to strategic plan outcomes
C9	Local Outcomes Improvement Plan	Older people are able to live independently in the community with an improved quality of life We live longer, healthier lives and have reduced health inequalities.
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

- D.1** The West Lothian Health and Social Care Partnership is committed to working in partnership in delivering the best outcomes for adult carers and young carers and for the people they care for. We recognise that caring for family or friends is incredibly rewarding but that it can also be emotionally, financially, and physically challenging and that carers may at times require support to continue in their caring role and to stay in good health themselves.

The West Lothian Integration Joint Board's strategic aims are to ensure that:

- More care and support is delivered at home or closer to home rather than in hospital or other institutions
- Care is person centred, with focus on the whole person and not just a problem or condition
- There is more joined up working across professions and agencies
- Citizens, communities and staff have a greater say in planning & delivering health and social care services

The IJB Strategic Plan recognises the vital role that carers have to play in the delivery of these strategic aims

D.2 West Lothian Carers Strategy

The West Lothian Carers Strategy was presented to the previous IJB Board meeting and sets our vision for unpaid carers in West Lothian. The Strategy details how we plan to achieve our aims and priorities to ensure that carers' physical and emotional health and wellbeing is supported, that breaks from caring are available, and that young carers are supported to be children first. Following the presentation of the Strategy, the IJB Members requested further information on the investment to support unpaid carers.

D.3 Investment in supporting Unpaid Carers in West Lothian

In order to support unpaid carers in West Lothian the partnership has made the following investment:

2017/2018	£2,830,099
2018/2019	£3,485,206
2019/2020	£3,811,683

Expenditure to support carers increased by £981,584 over the two years from 2017/18 to 2019/20. This in comparison to the additional funding of £786,000 secured from the Scottish Government to support the implantation of the Carers Scotland Act 2016 over the same period.

The funding from the Scottish Government has been invested to ensure the provision of additional respite and short breaks from caring and ensuring all carers who meet the eligibility criteria have a personalised Adult Support Plan or Young Carers Statement in place and to that information and advice services are available to all carers in West Lothian.

It should be noted that further funding of £339,000 was received from the Scottish Government in the current financial year and this will also be fully invested to support Carers in their caring role

Between 1st October 2018 and 31st August 2020, 620 Adult Carer Support Plans have been completed. To support this activity the partnership employed two additional Social Workers based within Adult Services and Services for Older People.

In 2019/2020 there was an increase of 12% in the number of people being supported by accessing respite and short breaks from caring when compared to 2018/19.

Supporting Carers

Carers play a vital role in society and there is a long history in West Lothian of working in partnership with unpaid carers. It is important that carers are recognised as equal partners in planning and decision making. It is recognised that support must also be available to carers who need it to ensure they are not only able to fulfil their caring role but also able to lead a good life beyond their caring responsibilities.

Going forward there will continue to be a focus on early intervention and prevention to ensure that carers have access to high quality information, advice and supports, including breaks from caring when needed.

E CONSULTATION

None

F REFERENCES/BACKGROUND

1. **Carers Scotland Act 2016**
<https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>
2. **West Lothian Integration Joint Board Strategic Plan 2019 – 2023**
[Strategic Plan for 2019-23](#)
3. **West Lothian Carers Strategy 2020- 2023**

G APPENDICES

None

H CONTACT

Sharon Houston
Business Support

Sharon.Houston@westlothian.gov.uk

22nd September 2020

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 15

CLINICAL GOVERNANCE ANNUAL REPORT

REPORT BY CLINICAL DIRECTOR

A PURPOSE OF REPORT

- A1** The purpose of the report is to provide an annual update on clinical governance arrangements and an overview of clinical service developments

B RECOMMENDATION

- B1** The Board is asked to:
1. Note the contents of the report
 2. Be assured that services are being developed which are integrated and innovative
 3. Recognise the commitment of staff in delivery of safe effective and person centred care whilst managing the response to the Covid-19 pandemic and associated challenges

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 | Compliance with legislation |
| C4 | Risk | The risk in relation to sustainability of primary care 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 National Health and Wellbeing Outcomes
C8	Strategic Plan Outcomes	All Strategic Plan Outcomes
C9	Local Outcomes Improvement Plan	<ul style="list-style-type: none"> • People most at risk are protected and supported to achieve improved life chances • Older people are able to live independently in the community with an improved quality of life • We live longer, healthier lives and have reduced health inequalities
C10	Impact on other Lothian IJBs	None

D TERMS OF REPORT

D1 Background

The Integration Joint Board is responsible for the adult health and social care functions delegated from NHS Lothian and West Lothian Council. Services are managed through the Senior Management team headed by the Chief Officer, Head of Health, Clinical director, Chief Nurse and Chief Social Work Officer with support from heads of service, finance and planning colleagues.

D2 Systems and processes are in place throughout the Partnership to deliver and monitor person centred, safe and effective care through operational management structures with clear escalation routes to the Senior Management Team as required.

D3 Governance Arrangements

The Health & Care Governance Framework and associated work plan was approved by the IJB on 26 June 2019. The Framework covers the delegated functions set out in the West Lothian Integration Scheme and was developed to ensure that explicit local lines of accountability exist across health and social care, with clear paths of escalation where evidence of risk is beginning to rise.

- D4** The Framework builds on existing duties, systems and processes already in place within NHS Lothian and West Lothian Council for the proactive promotion of safe, high quality, integrated care for the residents of West Lothian. Whilst there are appropriate assurance processes in health and social care services, it is acknowledged that there is further work to do to develop joint assurance processes across the health and social care partnership.
- D5** Formal meetings of the Health and Care Governance Group have been suspended since March 2020 as key staff were involved in responding to the COVID-19 pandemic. Assurance, however, continued to be delivered across the partnership through NHS Lothian and West Lothian Council governance routes.
- D6** The recent report of the inspection into the effectiveness of strategic planning in the partnership highlighted that a more integrated approach to clinical and care governance was required which is something we recognised. The inspection noted that West Lothian Council and NHS Lothian had separate processes in place for quality assurance, improvement and the management of and learning from complaints and these are areas that we will need to address in our action plan going forward.
- D7** We look forward to a new chair of the group being appointed following the retirement of the previous post holder and to the support they will be able to offer in driving forward this important area of the partnership's work.
- D8 Primary Care**
The 2018 GMS contract places responsibility on Health and Social Care Partnerships to implement its principal elements as laid out in the Memorandum of Understanding (MoU) by 31/3/21. The West Lothian Primary Care Implementation and Improvement Plan (PCIP) lays out our strategy and progress towards these goals, alongside a broader range of primary care development activities across West Lothian to create a resilient service that is fit for the future.
- D9** The Scottish Government temporarily suspended the requirement to provide full updates of PCIPs due to Covid 19. This reporting will recommence in October 2020. An interim update of the West Lothian plan focusing on the key areas of the MoU is provided in Appendix 1. This details progress and the key priorities up to 31/3/21.
- D10 The Vaccination Transformation Plan** is largely complete. Travel vaccination clinics have temporarily been de-prioritised and the deadline for HSCPs to provide a full flu vaccination service has been pushed back to 2021/22. West Lothian HSCP does have plans in place to assist GP practices with the flu vaccination campaign this year through provision of additional clinics to draw footfall away from practices.

- D11 Pharmacotherapy Services** are now provided for all practices and the range of services offered covers the full range of activities laid out in the Scottish Government pharmacotherapy plan, albeit not all elements are delivered in all practices, as priorities for each practice are set by the GPs themselves and depends on the existing skill mix within the practice.
- D12 Community Treatment and Care Centres (CTACS)** are now funded for all practices and delivered by nurses based in practice premises, to facilitate patient access and an integrated team approach. The addition of phlebotomy services for chronic disease monitoring is currently being scoped and will complete the work around CTACS. Funded phlebotomy services are already in place in 12 practices (historical provision) and we anticipate this being in place for the remaining 10 practices by Early 2021.
- D13 Link Workers** were deployed in 12 practices prior to Covid-19; currently they are working remotely but will be reinstated in practices once it is feasible to do so. Additional link workers have been contracted and trained during the pandemic period and are now ready for deployment to the remaining practices.
- D14 Additional Staff and Urgent Care.**
All practices have been provided with additional staff to help reduce GP workload. This includes a mix of physiotherapy advanced practitioners, mental health nurses, pharmacists, pharmacy technicians and link workers. These staff are available regularly throughout the week to offer prompt appointments for patients and contribute to delivery of urgent care.
- D15** The Mental Wellbeing Hubs, which offer same day access, also play an important role in urgent care provision
- D16** The paramedic home visiting service contracted from Scottish Ambulance Service (SAS) was suspended at the start of the Covid-19 pandemic due to capacity issues. An options appraisal will be carried out by the end of 2020 to assess whether this should be reinstated or alternative model of support be provided.
- D17** Recruitment to other staff groups was temporarily paused due to Covid-19 but has now resumed. Recruitment of pharmacists continues to be slow and challenging with significant “churn” in the system as some new staff gravitate towards the city after a short period of time and replacements then need to be recruited and trained.
- D18 Impact of Covid-19 on Primary Care Services**
GP practices across West Lothian have continued to provide services throughout the pandemic period, in accordance with guidance issued by the Primary Care Tactical Group and the Lothian Local Medical Committee on infection control, social distancing and reducing footfall in practice buildings. Buddy groups were set up at the beginning of the pandemic to assist with business continuity in the event of staff illness however all practices have remained open and to date none have required support from their buddy group.

- D19** Looking forward, practices have now been asked to resume Enhanced Services; this will prove challenging, particularly for services that require face-to-face contact, such as cervical screening and minor surgery.
- D20** Primary care is normally a fast-moving, high-volume environment, but the increased time required for cleaning between patients and the need to keep patient numbers in waiting rooms low both have a substantial impact on capacity and flow in the system. More staff hours would be needed to resume pre-Covid activity levels; even if these were available, the physical space in health centres is constrained which limits the scope for additional clinics. Options for GPs to work remotely are being actively explored with e-health; two West Lothian practices have been identified to participate in a pilot of remote working to free up space in practice buildings.
- D21 Covid Assessment Centre**
The West Lothian Covid Assessment Centre (CAC) was set up swiftly in the early phase of the pandemic as part of NHS Lothian's Covid-19 pathway, to provide a safe environment for those suspected Covid-19 patients requiring face to face assessment. The service was a collaboration between West Lothian GPs, the HSCP, dental staff and St John's site, who worked together to offer different elements of service provision. The service ran from 8/4/20 to 19/6/20 and assessed a total of 262 patients, of whom 41 were admitted to hospital. Originally designed to assess up to 60 patients per day, numbers were fortunately much lower than anticipated and by June all peripheral CACs in Lothian were closed, and service provision consolidated at the Western General base. Nevertheless, the West Lothian CAC was a very successful project which ran smoothly and safely at a time of high anxiety, and recognition is due to all who collaborated in this endeavour which demonstrated collaborative working at its best.
- D22 Flu Campaign**
This season's flu campaign is set to be the most challenging of our time, with larger numbers of eligible patients combined with the need for physical distancing presenting an unprecedented logistical challenge. West Lothian GP practices have all submitted their flu plans for adults over 65 and those under 65 in the at risk groups.
- D23** Additional capacity for delivery of the programme will be provided by West Lothian HSCP in a range of locations to reduce the pressure on practices and draw footfall away to other venues. In addition, the HSCP will be providing vaccination services for staff, housebound patients and children under 5. Recruitment to our new vaccination workforce has been good and we anticipate having staff in post by October 2020. The expansion of the eligible cohort to include all adults aged 55-64 represents an additional workload which will be undertaken once the other priority groups have been vaccinated.
- D24 GP Clusters and Quality**
Cluster working has become more strongly embedded over the past year. The desire to tackle more ambitious projects has emerged and work such as the pan-West Lothian Pain Management initiative, launched across both

clusters in late 2019, has demonstrated the potential for transformational change when Practices focus on joint initiatives and embrace new ways of working at scale.

D25 Cluster meetings paused briefly due to Covid -19 but resumed in July, with participants sharing good practice and lessons learned to assist with the pandemic response. West Lothian HSCP continues to provide administrative and data support to clusters and to liaise closely with the cluster leads to identify opportunities for joint working.

D26 The NHS Lothian Primary Care Quality Improvement Network has developed guidance, "*Rethinking Primary Care Chronic Disease Management in NHS Lothian after the Covid19 Pandemic, The Quality Planning Perspective*" which will be rolled out through Cluster and Practice Quality Leads to emphasise a quality improvement approach to chronic disease management going forward. The key elements of this are:

- A pan Lothian approach to avoid individual practices needing to 're-invent the wheel',
- Development of a proportional and pragmatic approach to match current capacity,
- Acknowledgement of the need for collaborative interface working,
- Alignment with parallel work streams such as Community Treatment and Care (CTAC) clinics,
- Facilitation of early tests of change to get some changes implemented before a potential second wave of the pandemic.

D27 Practice Stability

Practice stability has continued to be good throughout 2019-20. No practices are operating with restricted or closed lists and no practices have had to be taken into section 2c arrangements. Staffing levels have improved markedly compared to the position back in 2014 when 67% of practices reported GP vacancies equating to a deficit of 67 GP sessions per week across West Lothian. Currently only 4 practices report any GP or ANP vacancies (18%) totalling 10 GP sessions and 2 WTE ANP positions.

D28 REACT, Frailty and Care Homes

REACT Hospital at Home has continued to develop over the past year, with consistently higher activity levels and shorter length of stay than the equivalent services in other parts of Lothian (Table1). The main focus of Hospital at Home is to provide expert clinical care at home for elderly patients and reduce the number and length of hospital stays, both through admissions prevention and early supported discharge.

D29	Table 1	H@H admissions by team Aug 2019-Jul 2020	Average Length of Stay (days)
	Compass	902	6.77
	ELSIE	460	8.71
	MERRIT	438	4.73
	REACT	1161	2.98

D30 The integrated discharge hub on St John's site plays a key role in co-ordinating all services required to ensure a safe, successful and timely discharge and has collaborated with in-patient teams to reduce the number of delayed discharges.

D31 This year saw the launch of the Discharge to Assess initiative (D2A) which aims to support patients to return home at the earliest opportunity after an episode of acute illness and assess their ongoing care and support needs in their own environment. This has been a success, facilitating more timely discharges and more collaborative working between HSCP teams and St John's Hospital.

D32 The majority of patients accessing D2A require some rehabilitation intervention and this is supported by the REACT rehabilitation team who focus on improving patient's functional capacity and personal outcomes.

D33 Impact of Covid-19

REACT adapted well to the challenges and adopted new ways of working. Closer working relationships have been developed with Care Homes and GPs. When Primary Care capacity was stretched the service saw an increase in requests to undertake more home visits. At the same time the Rapid Access Clinic and routine outpatient clinics such as the Parkinson's Disease clinic could no longer operate and all patients had to be assessed at home. Consideration is now being given to an ongoing redesign of the Parkinson's Disease service, moving away from an outpatient clinic-based to a more community-based service, which could also involve the development of a West Lothian Parkinson's Disease Specialist Nurse role.

D34 The West Lothian Care Home Team is a new service established in February 2019 to provide support to the 16 Older People care homes across the HSCP area. The service was built in phases. Initially, time was spent getting to know managers and staff to build good working relationships; following this teaching was delivered to staff on Anticipatory Care Planning (ACP). The next phase involved making pro-active contact with residents following acute hospital admissions to plan their ongoing care. The team have worked to identify the learning needs of care home staff and have developed resources to meet those needs.

D35 During the COVID pandemic the focus of the team shifted to supporting discharges from hospital to care homes. This included undertaking a pre-admission assessment for new residents to establish the individual needs of

the person being placed into long term care and to support the transition from hospital to the care home environment.

- D36** The team has been expanded to 2 Advanced Nurse Practitioners, 2 Nurse practitioners and 1 part time staff nurse, and several new initiatives are being developed including the development of a “frailty passport” to improve communication for transfers of care; the standardisation of clinical assessment for the deteriorating resident; quality of clinical skills across all care homes and a revised Tissue Viability Pathway to improve access to specialist advice when required.
- D37** These interventions aim to reduce avoidable hospital admissions, increase the use of robust anticipatory care planning and improve staff and resident experience of care. Evaluation of impact of interventions is in progress.
- D38** **Care Home Governance During Covid-19**
In June 2020 the Scottish Government issued revised directions covering accountability and responsibility for standards of care in Care Homes which made Health Board Nursing Directors responsible for overall standards of care including Infection Prevention and Control (IPC), delivery of nursing care, support to the care home workforce and staff training. Health Board Medical Directors became responsible for provision of medical and pharmacy support to care home residents. These changes have led to a requirement for enhanced oversight of clinical care for care home residents in Lothian.
- D39** The HSCPs provide nursing support teams for care homes in their area and participate in a daily pan-Lothian Care Home Huddle. In turn, these HSCP discussions feed in to a weekly Lothian wide multi-agency Strategic Oversight Group. The Nurse Director has oversight of a health protection nursing team that provides IPC input to care homes, including Covid-19 testing and advice. In addition, a regime of supportive review visits to care homes is carried out by the HSCP Care Home Support Team together with designated Social Workers.
- D40** HSCPs across Lothian have different models for providing care home support. In West Lothian care is provided by GP practices with a link to the REACT team for additional Medicine of the Elderly (MOE) input. Nursing support to West Lothian care homes has been enhanced during the pandemic period, with additional staff being deployed where needed. Fortunately, cases of Covid-19 in our care homes have been few, and measures taken have proved effective in containing any outbreaks.
- D41** **The Frailty Redesign Programme** laid out in the draft Older People's Commissioning Plan sets out the longer term strategy for services for older people in West Lothian. The original draft commissioning plan presented to the IJB prior to the pandemic has now been redrafted to provide more detail and clarity about the proposed approach. With a three tier structure, the plan has a focus on early intervention and prevention, and was recently presented to the Strategic Planning Group, where feedback was positive.

D42 Mental Health Services

Mental health services in West Lothian have undergone a full-scale redesign, in line with the recommendations of the 2016 Needs Assessment. Following a difficult period of intense pressure with staffing shortages and long waiting times, the current picture is much healthier, with services to patients considerably improved.

D43 A multidisciplinary Community Mental Health Team (CMHT) for patients with severe and enduring mental illness now sits alongside two new Community Wellbeing Hubs, which offer a wide range of services for patients with less severe mental health issues.

D44 Mental Health Nurses in GP practices now supplement these services by providing first point of contact for patients with mental health problems presenting to GP surgeries.

D45 The **Community Wellbeing Hubs** opened to patients on 24/6/19 and offer a highly innovative and integrated approach, which has been developed with the collaboration of primary care, secondary care and the 3rd sector. A “one-stop shop” for patients with moderately severe mental health problems such as chronic depression and anxiety, the hubs combine individual and group therapies with link worker support from LAMH – a 3rd sector organisation - to address practical problems and assist the patient in overcoming social isolation. In addition, open access sessions of stress relieving therapies such as mindfulness and yoga are available to encourage patients to try out non-medical approaches to their symptoms.

D46 Patients have individualised treatment plans which are person-centred, focusing on the individual’s needs and goals. Accordingly, the range of therapies on offer is broad and includes services not previously available in West Lothian such as wellbeing workshops and interventions for people with sleep difficulties.

D47 The hubs were designed to be a high volume service, offering a substantial increase in service provision. Prior to Covid-19, attendance rates grew steadily until February 2020, when 325 new patients per month were being seen. Following a dip at the beginning of the pandemic, the hubs began operating a phone support service, and numbers have since increased again. Overall, 2394 new patients contacted the service in the first year of operation.

D48 In addition to 1:1 sessions nine different group therapy modules are offered alongside wellbeing classes in mindfulness, yoga and tai chi. During the pandemic, staff have taken the opportunity to undertake additional training and all link workers are now trained to deliver “living life to the full” interventions.

- D49** The first year evaluation of the hubs has recently been completed including data on attendances and outcomes, along with patient, GP and staff feedback. 89% of patients surveyed felt the service had “*helped them a great deal*” to cope with their problems more effectively. Key features of the service that both patients and GPs appreciated were: prompt access, a welcoming and safe environment, holistic approach with a wide range of professionals “under one roof”, choice of interventions and the setting of achievable goals.
- D50** Face to face contact has been suspended during the pandemic however the hubs are spacious and have remained open for staff, who continued to offer assessments and support via telephone. Link worker input into GP practices has also temporarily been paused but these staff have also maintained phone contact with patients.
- D51** Initially the number of contacts dropped, but as the pandemic has progressed more patients have sought support with issues such as health anxiety and social isolation and staff have responded resourcefully offering 1:1 phone based therapies and signposting to online resources.
- D52** Recommendations from the first year evaluation will now be taken forward, including the expansion of the link worker role, the development of a robust community signposting directory and the enhanced use of technology to offer interventions such as group therapy online. Expansion of opening times beyond the traditional working week is also under consideration, and will be considered once referral numbers stabilise as the pandemic recedes.
- D53** **Community Mental Health Team (CMHT)** was established in September 2019 and became fully functional in February 2020 once recruitment was completed. The role of the CMHT is to support people with complex mental health problems living in the community. Aligned to the East and West localities of West Lothian, the team provides a blend of nursing, medical, psychology, social work and occupational therapy staff and aims to deliver more seamless services to the West Lothian population.
- D54** Key features of the new model include:
- A **single point of referral** – all referrals come via the GP to a unified triage service which assesses each case and allocates patients to the most suitable forms of support and intervention.
- A **fully integrated multidisciplinary model**, where psychiatry, psychology, nursing, occupational therapy and social work all form part of the same team, eliminating the need for internal referrals.
- Expanded scope** – the range of patients eligible for CMHT input has been increased to include conditions such as personality disorder and treatment resistant depression, thereby offering support to a wider range of patients.
- Social work assessment of needs** related to difficulties with day to day living skills or self-neglect, posing significant risk of hospitalisation or homelessness. This “all about me assessment”, delivered through the Self Directed Support (SDS) system, has an eligibility criteria which is managed through social policy team.

D55 As with all new service developments there has been a period of adjustment while the service establishes an understanding of its eligibility criteria, both within the teams and also with reference to those who refer in to the service. From January to August 2020 the team have received 212 referrals.

D56 The development of the CMHT alongside the development of the Mental Wellbeing Hubs and the restructuring of the Primary Care CPN service, plus the incorporation for the first time of psychology services into the team has added to the challenge around who does what and where referrals should be sent. Triage meetings have been set up to streamline this activity and clarity around eligibility criteria will come as the service matures and all involved gain a better understanding of what each has to offer.

D57 Outcomes measures for the CMHT include:

- Supporting patients to remain independent within their own home
- Supporting patients to engage with mental health treatments
- Reduce the number of call outs to emergency services
- Reducing the risk of harm to vulnerable adults

Outcome data have not yet been processed but will be made available at a future date.

D58 Impact of Covid 19

The restrictions imposed by the pandemic have significantly affected the joint working developments that were planned. All cases have been risk assessed and most psychiatry and psychology contacts have been completed through telephone or using “Near me” consultations.

D59 Occupational therapy, social work and nursing staff have had some of their contacts through these mediums but have also met patients face to face when necessary. Those not based in the team base have found it difficult to connect as easily with their colleagues and collaborate in shared care treatments. Contact has been maintained through use of email and telephone but it is fair to say that as a new developing service the disruption imposed by social distancing measures has had a negative impact. That said all of the staff should be commended for the standard of achievements in relation to consistent service delivery. The team have been able to maintain services and have been responsive to all open cases and new referrals. As they now move into the remobilisation phase the new normal includes increased face to face contact and more contact between CMHT team members.

D60 Acute Care and Support Team (ACAST) is a mental health service based in St John’s Hospital which accepts referrals from across the system including A&E and GPs, and provides acute assessment and brief ongoing support for mental health patients in crisis. The impact of the pandemic and lockdown on the mental health of the nation has been highlighted in the media, and this has been noticeable in the ACAST service, with changes in the number and type of presentations through the pandemic period being detected.

ACAST referrals average around 35 patients per week however there has been a notable increase, with referrals reaching 70 per week in mid July. Patient mix reflects a wide age range with 68% of attendees in 26-64 year old category and an even split by sex.

D61 With referral routes changing throughout the pandemic it has been difficult to clearly identify the cause of changes in referral patterns, other than to note an increase in attendances overall. Higher crisis attendances may be due to a reluctance to access routine care throughout lockdown and whether this continues at higher levels will be clearer in the coming months.

D62 As an acute service, changing patterns of presentation are noted more quickly than in other services and some trends that have emerged during the pandemic include:

- Increase in domestic violence leading to instability in mental health
- Increased frequency of misuse of a range of illicit substances
- Increased frequency of alcohol misuse and dependence
- Primary triggers for presentation due to personal financial pressures and loss of employment

D63 Addictions Services

Referrals to addictions services in West Lothian continue to grow, with 1040 referrals between 1/08/19 and 31/07/20 representing a 10% increase on the previous year. There were an additional 257 referrals to HMP Addiewell.

D64 Over the past year there has been significant improvement in addictions services in West Lothian. Previously the service had come under pressure due to changes to funding and staff shortages which had a detrimental impact on waiting times performance against the national target. The A11 target states that 90% of clients should be in treatment within 3 weeks of referral and no people should be waiting more than 6 weeks. The service can now evidence a significant improvement in performance which has resulted in the A11 waiting times target being met every month since June 2019. This progress is the result of an A11 recovery plan which included 3rd Sector partners receiving additional resources to support clients transferring from statutory services.

D65 When lockdown commenced the Breakaway Drop-ins ceased but clients were advised to self-refer by telephone. Both new referrals and the open caseload were assessed and prioritised using the Red, Amber, Green (RAG) system and contact was via telephone or direct contact depending on assessed need. Following the easing of restrictions referrals have increased totalling in excess of 100 in July.

D66 Service Developments

Last year in Scotland there were 1,187 deaths from drug overdoses, representing a 27% increase on the previous year and the highest since records began in 1996. The majority of these deaths (86%) resulted from opioid overdose. Drug related deaths have therefore become an area for priority action.

D67 According to research, injectable buprenorphine (Buvidal) has the potential to contribute to the reduction of opioid overdoses compared to current standard treatment, due to prolonged release at more stable levels, and a rapid and sustained blockage effect against other opioids. Buvidal doses last for either 7 or 28 days.

D68 The move to wider use of Buvidal was accelerated by lockdown, as it offers a series of benefits:

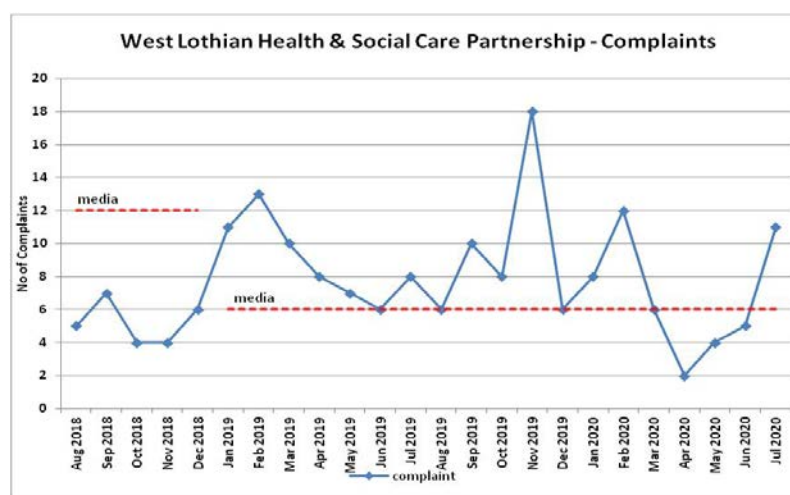
- Removes the need for daily dispensing/attendance at pharmacy
- Reduces the number of health staff/patient interactions
- Improved treatment retention for homeless/sofa surfing patients
- Improved treatment outcomes for patients newly released from custody

To date, 54 patients in West Lothian have been switched to Buvidal, with a high acceptability /retention rate of 81%.

D69 The West Lothian Alcohol and Drugs Partnership (ADP) have completed a system-wide review and needs assessment process to look at how services can be better configured to meet the needs of service users. The draft commissioning plan has been presented to the Strategic Planning Group and following consultation the plan will be finalised.

D70 Complaints and Adverse Events

Complaints data is presented in chart below. Health complaints continue to be managed using the NHS Lothian DATIX system and managed in partnership with the NHS Lothian Patient Experience Team. Complaints are routinely scrutinised to ensure that lessons are identified and practice reviewed.



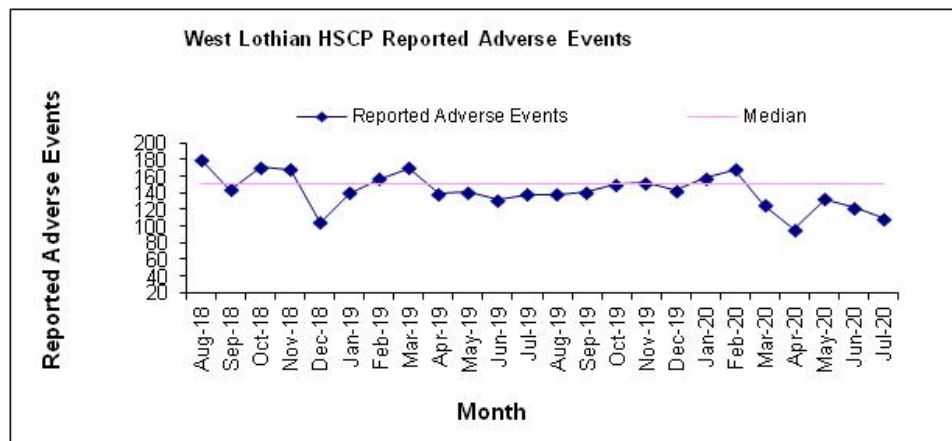
D71 Adverse Events

The HSCP continue to manage adverse events using the NHS Lothian adverse event policy and procedure. Adverse events reported are illustrated in the following chart.

The partnership has reviewed and developed process for managing suicide

reviews to bring practice in line with other areas of Lothian. The new procedures now include initial care summaries being completed for all mental health deaths.

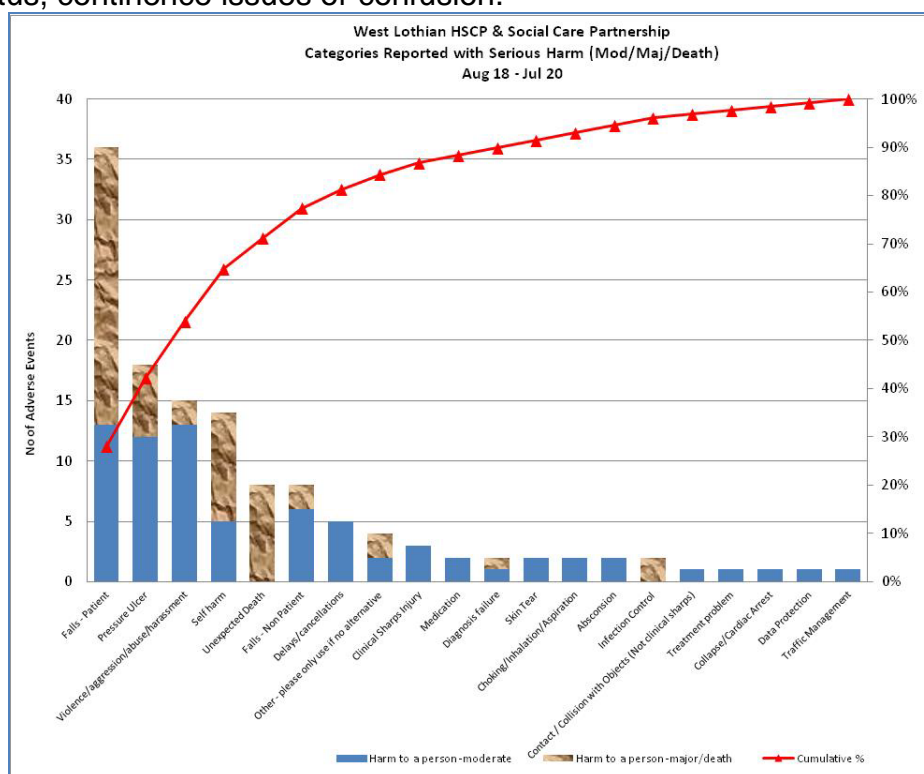
D72



D73 The management of adverse events was impacted by Covid-19. As services begin to return to more normal levels and staff return to their substantive roles, arrangements are now in place to ensure that there is greater focus on recording and managing adverse events within the required timescales and agreed processes.

D74 Over the past 2 years 55 major harm incidents and 73 moderate harm incidents have been reported. As shown in the chart below patient falls account for the highest number of major harm incidents. Patient falls are associated with significant morbidity and mortality. Falls risk assessments are completed on admission and at regular intervals throughout inpatient stays to identify any concern with the patient's balance, mobility, nutritional status, continence issues or confusion.

D75



D76 Review of patient falls adverse events resulting in significant harm identified that the majority of these occurred within Psychiatry of Old Age Inpatient Wards and Community Hospitals. Where indicated changes have been made to patient environments and use of 4AT screening promoted where patients are confused alongside risk assessments to determine appropriate interventions to help reduce the risk of falling.

D77 Significant Adverse Event Review

A Significant Adverse Event Review Panel meets regularly and consists of the Head of Health, Chief Nurse and Quality Improvement Facilitator from NHS Lothian Quality Improvement Support Team. The panel review the significant adverse events for the HSCP and engage with managers and practitioners in reviewing the events and improvement plans.

D78 Duty of Candour

All adverse events with major harm or death are reviewed by senior staff through the DATIX system at the time of reporting. For events reported with a severity of moderate harm, there is a local arrangement in place through the monthly adverse event management group to discuss decision making regarding potential requirement to follow the Duty of Candour process. Duty of Candour was not invoked during 2019/20.

D80 External Review

The Mental Welfare Commission undertook four inspections within mental health inpatient facilities during 2019/20 in the following areas:

- Intensive Psychiatric Care Unit – St John’s Hospital
- Pentland Court
- Maple Villa
- Ward 17 – St John’s Hospital

D81 The reports from the Commission were in the main very positive. Recommendations were made, however, in respect of auditing care plans, risk assessment documentation, improving the environment, process to ensure compliance with adults with incapacity legislation and arrangements in place for monitoring compliance with procedures.

D82 Recommendations from these inspections relate to improving the quality of care plans and documentation, input from pharmacy, improving the patient environment and reviewing the remit of wards to consider the differing needs of patients. These recommendations are being taken forward by the Mental Health Management Team.

D83 Conclusion

The paper has summarised the key developments over 2019-20 and highlighted the impact that Covid -19 pandemic has had on service provision. Some of the key developments are supporting the planned transformational change programmes within primary care, older people and mental health delivery and the Board is asked to recognise the commitment of staff in delivery of safe effective and person centred care whilst managing the response to the Covid-19 pandemic and

associated challenges.

E CONSULTATION

Senior Management Team, Quality Improvement Team, GP Clusters

F REFERENCES/BACKGROUND

Rethinking Primary Care Chronic Disease Management in NHS Lothian after the Covid19 Pandemic, The Quality Planning Perspective (July 2020), Primary Care QI Network

G APPENDICES

Appendix 1: Primary Care Improvement Plan Interim Update July 2020

H CONTACT

Dr Elaine Duncan
Clinical Director
Elaine.M.Duncan@nhslothian.scot.nhs.uk
01506 281009

22 September 2020

APPENDIX 1

WEST Lothian PRIMARY CARE IMPLEMENTATION AND IMPROVEMENT PLAN 2018-2021

Interim update July 2020

INTRODUCTION

This brief update of the West Lothian Primary Care Improvement Plan(PCIP) summarises the current position with respect to implementation of the 5 key areas of the MOU, and outlines our key priorities for the next 6 months.

1. Vaccination transfer

Work Stream	Plan	Next Steps
Childhood Vaccinations	Staff nurses attached to health Visiting Teams	In place
Travel Vaccinations	Pan-Lothian approach using a hub and spoke model, with WGH travel service acting as a centre of expertise, supporting staff deployed in other parts of Lothian	Confirm capacity needed in each area of Lothian. Identify locations for local travel clinics. Recruit staff.
Pregnant women	Pertussis vaccinations and flu vaccinations for pregnant women – now delivered at St John's Hospital.	In place – may be adjusted during Covid 19
Shingles, Pneumovax	Deliver through CTAC	In place – practices to provide lists
Health Centre Staff	Deliver through CTAC	In place
Ad hoc – hep B, tetanus	Deliver through CTAC	In place
Annual Flu Programme		
- Housebound/Carers/Spouses	Deliver via District Nursing teams	In place – practices to provide lists
- Care Homes	Deliver via District Nursing teams	In place
- Nursing Homes	Own staff to deliver	In place
- Children 2-5	Staff nurses attached to Health Visiting teams	In place
- School Age Children	Community Vaccination Team to deliver in schools	In place
- Under 65s At Risk & Over 65s	Support practices to deliver – clinics to be offered through additional staff contracted by HSCP deployed in practices and LUCS base at SJH	Plans under development – 12 posts to be recruited to create a vaccination team with other primary care work during rest of year.

Next steps:

Clarification of funding plans for flu programme for this year, organisation of booking and recording systems for flu vaccines undertaken out with practice settings. Travel vaccines to remain on hold for now.

2. Pharmacotherapy

Band 7 pharmacist provision is now in place in all practices 4-6 sessions per week. The majority of practices also have Band 5 pharmacy technician 2-3 sessions/week, and additional trainee technicians are also in place in some practices. Tasks carried out by all pharmacy staff are determined by the practice, orientated towards reduction in GP workload and vary according to GPs' priorities.

Next steps:

Recruitment is in progress for additional pharmacist & technician support. Need identified for a manager for the growing technician workforce – post to be advertised.

Review activity data for practice based pharmacists & technicians and map against the pharmacotherapy plan to identify areas for further development.

3. CTACS

All Practices have funded CTACs within their practice premises. These provide those services agreed by the Lothian-wide CTACs Group:

- Suture Removal
- Dressings/Wound care
- Ear check/syringing
- Injections: B12, Depo-Provera & others
- Catheter change
- Doppler
- ECG

Next steps:

Phlebotomy input needed for Primary Care Chronic Disease Monitoring (CDM) -not secondary care work- is to be scoped. 12/22 practices already have some funded phlebotomy hours (historic provision). Some CDM such as DMARD monitoring & warfarin has its own funding stream. NHS Lothian also funds some phlebotomy for practices through a Local Enhanced Service. Bearing these in mind, the costs need to be calculated for the additional CDM phlebotomy needed.

Nurses contracted to form the flu vaccination team will become part of the CTACs workforce and will be deployed to carry out additional roles such as frailty screening/frailty link nurse activity when not needed for vaccination clinics. They will also support the transfer of vaccinations such as shingles and pneumovax to the CTACs which can be carried out at any time of year.

4 & 5 Additional staff and urgent care

Recruitment is currently underway for additional pharmacists, advanced physiotherapy practitioners and mental health nurses to increase provision. Recruitment is also proceeding for a team of nurses to form a winter vaccination team, with other primary care support functions throughout the rest of the year such as increasing CTAC capacity and undertaking frailty assessments.

There is a certain degree of overlap between the additional staff/urgent care work strands e.g. the mental health hubs, which can see same-day demand, and physiotherapy APPS/practice based mental health nurses, who can see patients within 48 hrs, which provide support with urgent care.

The paramedic home visiting service has been paused due to Covid 19 as the Scottish Ambulance Service (SAS) did not have capacity to continue. Even pre-Covid, this service had not expanded as we had hoped due to persistent capacity issues.

Next steps:

Undertake options appraisal to consider the future provision of a home visiting service and the optimum method of supporting urgent care requirements.

Suggestions have included expanding our Care Home Support Team to provide an acute visiting service to care homes, or employments of Physician's Associates to work in practices alongside GPs to manage same-day demand.

6. Link workers

Link workers have been deployed in 12 practices to date. Deployment of additional link workers who were undergoing induction has been paused due to Covid 19, and those who were working in practices are currently working remotely providing phone consultations.

Next steps:

Link workers will be deployed in all practices once restrictions on face to face consultations are lifted.

Other Key Actions

Premises

The commitment by Scottish Government in its letter of 13/9/19 to an in-year allocation to release space and make improvements to premises was very welcome; West Lothian received an allocation of £154K and additional capacity has been created in 10/22 practices by minor changes to the use of space and installing new workstations. Several other practices have already had substantial upgrades in recent years and so do not require increased capacity at this time.

Next steps

Plans were in place to carry out more major building works in 2 partnership centres prior to Covid-19 – these works have been halted until now but plans will now be reviewed to ensure they are still appropriate and these projects will recommence.

Use of Technology

Practices have adopted the use of Near Me video consulting during the Covid -19 outbreak. In addition, the use of Secure Global Desktop has been expanded to allow GPs and other staff to work from home if necessary. Combining the two, the move towards phone and video consultations coupled with the facility to work from home creates potential to solve some of our premises issues by regularly scheduling "working from home " days for GPs and other staff groups. For this to free up space within the health centre, the current set-up whereby a GP working from home effectively "occupies" the PC in their consulting room, thereby preventing others from using it, needs to be resolved. Options are being explored with e-health and include the use of laptops or the availability of additional PCs within practices located out with consulting rooms, for use by those logging in from home.

Additional digital approaches include the use of e-consult; this was previously piloted in West Lothian and then offered to all practices as a roll-out in late 2019. At that time the decision of the practices was that they did not wish to invest PCIF monies in the scheme, but due to recent events this idea is being reconsidered and will be discussed again with the Primary Care Forum Implementation Group.

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 16

CHIEF OFFICER REPORT

CHIEF OFFICER

A PURPOSE OF REPORT

The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

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	Local Outcomes Improvement Plan	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

D1 COVID-19 Update

- 1.1 There continues to be remobilisation of services across health and social care as well as ongoing support to ensure we respond effectively to the Covid-19 pandemic. The Care Home Oversight Group continues to meet on a daily basis to review the current position within each of the care homes, both for older people and adults – this has been a very challenging time for care homes and we would want to acknowledge their commitment in providing the best possible care to residents in what are very difficult circumstances. In light of increasing numbers of positive Covid-19 cases across Scotland, we are reviewing arrangements across health and care services to ensure that patients, service users and staff remain safe – this includes continued provision of PPE, redesign of clinical and care environments to support physical distancing and timely access to testing as and when required. A further piece of work is a planned resilience session across the 4 HSCTs and Local Authority colleagues to scenario plan a response to a local lockdown and how this would be effectively managed. As detailed elsewhere in the IJB Board papers, we are also embarking on a significant flu vaccination programme as part of our overall response to Winter planning.

D2 Meeting Arrangements

- 2.1 On 10 September 2020, the First Minister announced some delays in progressing Phase 3 of the Coronavirus Route Map and some tightening of existing measures. From 14 September, new regulations come into force limiting social gatherings in Scotland to a maximum of six people from two households. This applies both indoors and outdoors.
- 2.2 The reopening of some businesses, premises and venues is also delayed and remote working should remain the default position for those who can do so.
- 2.3 Given the latest update to the regulations and guidance, the IJB and its associated committees and groups should continue to take place virtually. This will be reviewed at the next Scottish Government update.

D3 Communication and Engagement Strategy Update

- 3.1 The need for the partnership to provide an operational response to the Covid-19 pandemic has meant that progress in relation to a number of the actions identified within the communication and engagement action plan has been slower than originally planned. Many of the staff from the partnership who would have been involved in engagement activities have been working from home and there has been a requirement to place on hold the majority of non-essential face to face work to protect both our staff and people in our communities in line with government advice. In addition to home working, staff from the Customer and Community Team have also been redeployed to support other service areas since the start of the pandemic and some are still providing ongoing support in those services.
- 3.2 Prior to the pandemic, work had begun on reviewing communication methods across the partnership and included: an audit of the location of all public information points (i.e. notice boards and digital screens); draft plans being prepared on standardisation and coordination of information; the setting up of a HSCP media and web content management group; and production of a media calendar. There are plans in place for some of work streams to resume in the coming months, but it will be important to review the planned activity in light of the pandemic response to ensure that the priorities reflect learning from recent experience. Given also that the need for physical distancing is likely to continue for some time, and that it will not be possible to meet face to face in large groups, it will be important to explore new ways of engaging with our communities in the coming months. The partnership will need to be innovative in its approach to reaching its stakeholders and ensure that engagement activities can continue in a meaningful way going forward.
- 3.3 There has been considerable focus on recruitment and raising the profile of working in social care. A partnership video was produced promoting career opportunities in social care roles which supported the Scottish Government's social care recruitment campaign. An online page for induction training for fast track recruitment was created along with online advertising and a targeted recruitment drive.
- 3.4 Unfortunately, the date for development of and in-house HSCP careers campaign has been delayed due to the work load within corporate communication services. The likely date for completion will now be Jan 2021 rather than June 2020.
- 3.5 Two new Twitter accounts have been set up for the partnership – one by the mental health team with a specific focus on mental health issues and a general West Lothian HSCP account. The mental health account is well utilised and procedures are being put in place for the ongoing management of the general HSCP account. It is hoped that the general HSCP Twitter account will become one of the main means of communicating across the partnership going forward.
- 3.6 It is acknowledged that the outcome of the recent strategic inspection raises issues of partnership identity, communication and engagement. It will be necessary to ensure that the action plan being developed in response to the report's recommendations provides clear direction for the ongoing development of communication and engagement which focuses on positive outcomes for people through integrated health and social care.

D4 Annual Review of Support Services

- 4.1 The Ministerial Strategic Group for Health and Community Care requested that every Health Board, Local Authority and Integration Joint Board jointly submit a self-evaluation of progress with integration to the Scottish Government and an associated plan for improvement. The partners submitted their joint action plan on 23 August 2019.
- 4.2 Under recommendation 3.1, statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB, it was agreed that a formal review of support services will be conducted annually and that support services currently provided to the IJB should be formalised to assure Board Members that appropriate support is in place, particularly in relation to fulfilling the Board's statutory obligations.
- 4.3 The IJB's Audit Risk and Governance Committee, at its meeting of 11 December 2019, considered that formal Service Level Agreements were not necessary subject to assurance that appropriate alternative arrangements were in place.
- 4.4 During the pandemic, many staff have been redeployed to support the response to Covid-19. Some staff have not yet returned to their substantive posts and it would, therefore, be more meaningful to conduct a full review of support available to the IJB when staffing stabilises. The IJB continues to meet its statutory obligations and to move forward with its programmes of transformational change with the support of the council and NHS Lothian.

D5 Review of Adult Social Care

- 5.1 The Scottish Government has announced an independent review to consider the idea of a national care service. The review is part of the Programme for Government commitment and will be chaired by Derek Feeley, former director general of Health and Social Care in the Scottish Government, and will report by January 2021. As IJB Members will be aware, adult social care comprises a wide array of services and non-clinical support in a range of settings, involving care homes, care at home, day services, and community support for people with a range of needs. Across Scotland, social care supports more than 200,000 people including those with disabilities, older people, people with mental health problems and those with drug and alcohol problems. The review will take into account the experiences of those supported by, and who work, in social care, as well as looking at funding, governance, administration and delivery. The review will also consider the needs, rights and preferences of people who use services, their families, and their carers. It is worth noting that the possible remit and structure of a potential national care service has not yet been set out. It could cover a range of organisational, funding and delivery options, which will be for the independent review to consider. Further information on the Review will be shared with IJB Members and there will be the opportunity for the Board to contribute to the review process.

E CONSULTATION

None

F REFERENCES/BACKGROUND

None

G APPENDICES

None

H CONTACT

Allister Short – 01506 281002 allister.short@westlothian.gov.uk

22 September 2020

West Lothian Integration Joint Board

Date: 22 September 2020

Agenda Item: 17

REDESIGN OF URGENT CARE – IMPLEMENTING THE NATIONAL MODEL IN LOTHIAN

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

This paper provides an update on the national redesign of urgent care programme and the project delivery across Lothian.

B RECOMMENDATION

To note the planned phased approach across Lothian of the implementation of the national redesign of urgent care.

C SUMMARY OF IMPLICATIONS

C1	Directions to NHS Lothian and/or West Lothian Council	A direction(s) may be required to be issued following agreement to the terms of the report.
C2	Resource/ Finance	The resource and financial implications of the programme of work are still being quantified and costs are due to be submitted to Scottish Government
C3	Policy/Legal	This new development is part of the Programme for Government
C4	Risk	The main risk associated with the programme will be the need to change how some members of the public access unscheduled care and the need to avoid unintended consequences/pressures on other parts of the health and care system.
C5	Equality/Health	There will need to be a detailed equalities impact assessment prior to this new development being introduced.
C6	Environment and Sustainability	None
C7	National Health and Wellbeing Outcomes	The redesign of urgent care supports the ambition of improving health outcomes through ensuring people receive the right care, at the right time.

- | | | |
|------------|--|--|
| C8 | Strategic Plan Outcomes | The redesign of urgent care delivers against the strategic plan outcomes of reducing unplanned attendances at A&E departments. |
| C9 | Local Outcomes Improvement Plan | The programme supports the development of improved local access to health services. |
| C10 | Impact on other Lothian IJBs | This work is being undertaken in partnership with all four Lothian IJBs through the Unscheduled Care Board |

D TERMS OF REPORT

D1 Background

- 1.1 Our aims of working across the health and social care system to provide quality care as close to home as possible, promoting independent healthy lives, and reducing unwarranted harm caused by long hospital stays, are now even more important as we seek to reduce the risk of Covid-19 infection to patients and the wider public.
- 1.2 We need to minimise the need for patients to travel outside their local area to access care and ensure the benefit of any face-to-face contact in a healthcare setting outweighs the risk of attendance.
- 1.3 The national redesign of urgent care programme accelerates the work that was being developed through the Lothian Unscheduled Care Programme Board, which includes membership of the four Lothian IJB Chief Officers and chaired by Allister Short, Chief Officer West Lothian IJB, to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.
- 1.4 Scottish Government have set out in their Programme for Government 2020 that the first phase of the redesign of urgent care will be in place by Winter which aims to protect public, patients and staff by minimising overcrowding at acute hospital front doors. Current access to urgent primary care or emergency care will remain unchanged. However, it is estimated that around 20% of people currently accessing care at acute front doors could receive the care they need at home or closer to home.
- 1.5 A new 24/7 pathway for urgent care, via a national single point of access provided by NHS24 on 111, will encourage people who are not in need of immediate emergency treatment to get a clinical assessment by phone prior to travelling to a Minor Injury Unit or Emergency Department.
- 1.6 For those people that NHS24 determine need further clinical consultation they will refer them to local hubs to provide further assessment by providing virtual or face-to-face consultations in as scheduled a way as possible.

D2 Implementation in Lothian

- 2.1 We are taking a phased approach in Lothian working across the acute sites and HSCPs for implementation. A project infrastructure has been established with a project operational delivery group and new project board meeting weekly to enable progress and decisions to take place at pace. The project board reports to the Lothian Unscheduled Care Programme Board. The aims and deliverables of the two phases of the project are described below.

D3 Phase 1 aims and deliverables – go live end of October 2020

- 3.1 1. Schedule as many adult self-presenters to the acute front doors as possible to smooth demand, reduce overcrowding and reduce covid infection risk (children are out of scope).
- 3.2 2. Deliver this by a national single point of access through NHS24 (111) available 24/7, while continuing to provide existing primary care out of hours service and covid community pathway also via 111.
- 3.3 3. One Lothian interface with NHS24 via an expanded Flow Centre to provide oversight and administration for all NHS24 referrals to Lothian 24/7 – receive referrals and schedule virtual and face-to-face appointments to:
- a. Minor Injuries Assessment (WGH MIU, RIE MIU, SJH ED)
 - b. RIE ED
 - c. SJH ED
 - d. Covid Assessment Centre(s) (as per existing mechanism)
 - e. LUCS (as per existing mechanism)

D4 Phase 2 aims and deliverables – to be implemented from November 2020 with timeline to be determined

- 4.1 1. Sustainable urgent care pathways that provide the right care in the right place at the right time – improving patient and professional experience, providing care closer to home and reducing hospital admissions, including:
- a. Same day community care services
 - b. Same day secondary care services
- 4.2 2. Enhanced process for secondary care triage of same day referrals from GPs or other Healthcare Professionals via flow centre
- 4.3 3. Access to all referral pathways to SAS clinicians

D5 Risks

- 5.1 While this new urgent care model is a welcome development to improve access to unscheduled care services to Lothian residents in a way that provides care closer to home, there are a number of risks that will need to be mitigated through project delivery:

- 5.2 - This model depends on people accessing care firstly via NHS Inform and Pharmacy First, and then via their own GP. Most urgent care is provided by GPs and if a small proportion of those people who would normally contact their own GP call 111 there is a risk that this pathway will be overwhelmed, and rather than reduce demand at the acute front doors it generates more demand, particularly in the early implementation when alternative pathways are still being developed. Clear national and local public messaging is required.
- 5.3 - This model could introduce additional non-value adding steps into the patient journey providing a poor experience, and potentially bouncing people around the system and effective triage and signposting at the NHS24 initial triage is crucial.

D4 Next steps

Phase 1 project implementation is now well underway and further updates will be provided.

E CONSULTATION

This is a national development but there has been, and continues to be, consultation with clinical teams and senior managers across NHS Lothian.

F REFERENCES/BACKGROUND

Scottish Government – Programme for Government 2020

G APPENDICES

None

H CONTACT

Allister Short – 01506 281002 allister.short@westlothian.gov.uk

22 September 2020

West Lothian Integration Joint Board Audit Risk and Governance Committee

Date: 22 September 2020

Agenda Item: 18

WEST LOTHIAN SEASONAL FLU PROGRAMME UPDATE

REPORT BY CHIEF OFFICER

A PURPOSE OF REPORT

- A1** The purpose of this report is to present to the Board the West Lothian Seasonal Flu Vaccination Delivery Plan.

B RECOMMENDATION

- B1** *The Board is recommended to:*

- 1. Note the contents of the report*
- 2. Acknowledge the planning for delivery of the flu programme and support implementation as outlined in the plan*
- 3. Recognise the challenges of delivering the programme due to the impact of Covid 19 on our health and social care system*
- 4. Be assured that effective plans are in place to deliver the flu programme this winter to protect those at risk, prevent ill health and minimise further impact on health and social care services*

C SUMMARY OF IMPLICATIONS

- | | | |
|-----------|--|--|
| C1 | Directions to NHS Lothian and/or West Lothian Council | <i>A direction(s) is not required.</i> |
| C2 | Resource/ Finance | <i>It is estimated the delivery of the programme will cost circa £1.4m. The available funding is £0.8m giving a potential overspend £0.6m. This projected overspend has been included as a Covid 19 mobilisation cost in the most recent NHS Lothian mobilisation plan submitted to the Scottish Government.</i> |
| C3 | Policy/Legal | Changes to the eligible group in accordance with Scottish Government requirements in context of ongoing Covid 19 pandemic |

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. 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 outcomes applicable
C8	Strategic Plan Outcomes	All outcomes applicable
C9	Local Outcomes Improvement Plan	Relevant to all health and well being outcomes
C10	Impact on other Lothian IJBs	Programme planned in conjunction with Lothian Vaccination Transformation Programme, GMS Oversight Group and four Lothian HSCPs

D TERMS OF REPORT

Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinnings and most effective elements of winter planning with prevention of flu in the community decreasing the number of admissions and presentations to both primary and secondary care.

D1

In the context of COVID 19, flu vaccination is important to protect the health of the most vulnerable members of our population and our staff who care for them and to decrease the pressure on health and care services that may need capacity to respond to surges in COVID 19 during the flu season.

D2

The 2020/21 flu programme has been planned in collaboration with the GMS Oversight Group, the Lothian Vaccination Transformation Programme (VTP) and the four Lothian Health and Social Care Partnerships with the aim to take some of this activity away from GP practices in 2020/21 and to test new approaches and methodologies.

D3

Under the new GMS contract partnerships should transfer the full vaccination programme from GP practices to the HSCP by the end of 2020/21. This means that West Lothian HSCP can use a blended model to deliver the flu programme this year but must be ready to transfer the full programme by end of March 2021.

D4

West Lothian GP practices have agreed to continue to deliver flu vaccinations to their adult population and to those at risk in 2020/21. The HSCP through the Primary Care Improvement Fund (PCIF) aim to recruit 12 WTE band 5 nursing staff to support the transfer of the total vaccination programme. The adult flu plan delivered by the GP's for 2020/2021 is not dependant on the recruitment of the additional nursing staff however as staff are recruited they will be deployed through the Community Treatment Assessment Centres (CTACs) to support the GP practice's where possible. The HSCP aim to have a full complement of nursing staff in post by March 2021 in preparation for 2021/2022 transition.

D5

This year's flu programme involves transformation of delivery and expansion of the programme cohort as eligible groups are expanding in the context of the COVID pandemic. Delivery of the programme is planned over a 10 week period to maximise the public health benefits commencing from 21 September 2020. Taking account all those in the eligible groups and an expected 10% increase in uptake rates it is estimated that West Lothian needs to deliver up to a total of 87,300 flu vaccinations in 2020/2021.

D6

Eligible Groups

As in previous years the following groups remain eligible for flu vaccine:

- Preschool children aged 2-5 years
- All Primary School children in P1-7
- All patients aged 65 years and over
- Patients aged 6 months and over with chronic respiratory / heart / kidney / liver disease, diabetes, asplenia or dysfunction of the spleen / immunosuppression
- Pregnant women
- People in long stay residential care or care homes
- Unpaid carers and young carers
- Health care workers
- Morbid obesity (adults with Body mass index $\geq 40\text{kg/m}^2$)

For 20/21 the flu vaccine is also to be offered to the new cohorts set out below:

- Social Care Workers who provide direct personal care in adult care homes, children residential settings, secure care facilities or care at home
- Those who live in the same home as individuals falling within the Covid 19 shielding group
- All people who will be aged 55-64 years by March 2021

D7

Health and social care workers and households of those shielding should be vaccinated from the commencement of the flu vaccination programme. Patients aged 55-64 years old, not otherwise eligible through qualifying health condition or employment, should be vaccinated in a second phase in December at the latest. This phased approach is aligned to the availability of vaccines, and prioritisation of the cohorts who are most at risk from the seasonal flu.

D8

Scottish Ministers have indicated that the programme should be extended to those aged 50-54, if vaccine supply allows. This will be reviewed in line with uptake rates and vaccine supply as the programme progresses.

D9

D10 Appendix 1 sets out the planned West Lothian delivery model for 2020/21

Vaccine Supply

Flu vaccinations are supplied through a national contract with anticipated delivery dates for child flu vaccine in early September and adult flu vaccine in mid September.

D11

Accommodation for storage of vaccines has been increased with four additional vaccine fridges have been ordered to support the programme. These have been sited at key locations across the county to support local access and maintain the cold chain.

D12

Finance

The projected financial gap resulting from the programme in 20/21 is £3.4m for NHS Lothian of which circa £0.6m relates to WLHSCP. This overspend has been included as a Covid19 mobilisation cost in the latest NHS Lothian local mobilisation plan submitted to the Scottish Government. The expectation is that the financial gap on the flu programme will be funded by Scottish Government but this has yet to be confirmed.

D13

The projected additional cost for the vaccine alone in 20/21 is £1.1 million for Lothian of which £0.2m relates to WLHSCP. The total costs of the flu programme are estimated to increase by almost 100% compared to 2019/20.

D14

Governance

The Vaccination Transformation Programme Adult Flu Vaccination subgroup (VTP Adult Flu Subgroup) of the Vaccination Transformation Programme (VTP) Strategic Group has been meeting to discuss the 2020/21 flu vaccination campaign and has representation from General Practice, Practice Nursing, HSCPs, Primary Care, Community Care, Public Health, Acute Services, Pharmacy, Infection Prevention and Control and eHealth. The discussions take account of COVID 19 planning, the options to transfer the work previously done by practices as part of VTP and to consider the potential to transfer any of this work this year. The remit of the VTP Adult Flu Subgroup has been expanded to include all aspects of flu including staff flu.

D15

The Community Vaccination Team (CVT) is a pan Lothian service hosted in East Lothian and funded through the Expanded Immunisation Budget under Public Health. The CVT delivers the primary school flu programme across the whole of Lothian. Governance for primary school flu vaccination is within the remit of East Lothian HSCP.

D16

For the 2-5 years flu vaccination, the governance framework is routed through the HSCP Chief Nurses.

D17

Staff consent form processing remains a challenge. We now have access to Occupational Health 'COHORT' system for entering NHS staff data from consent forms and reporting. Due to historic issues with incomplete return of consent forms, a paper back up system is agreed with weekly deadlines. HSCP Chief Nurses are making arrangements to include social care workers in their service delivery models.

D18

Work continues to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner while maintaining good Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme is an important part of the programme plan.

D19

There are challenges relating to the delivery of the Flu Programme which may have an adverse impact on the plan:

- Insufficient deployment / recruitment of staff affecting planned activity;
- IT implementation and recording systems affecting the appointing of patients and recording of activity;
- Covid-19 surges initiating lockdown measures;
- Flu vaccine delivery and storage complications if Covid vaccine arrives during the 2020-21 Flu Programme;
- Additional time required for each immunisation due to social distancing measures.

D20

Conclusion

The partnership has been working in collaboration with key partners across Lothian, the West Lothian GP practices and community teams to develop the flu delivery plan and is prepared for implementation from 21 September 2020. The planned delivery model will be augmented following recruitment of additional staff which will also support the transfer of all vaccinations from Primary Care from March 2021.

D21

E CONSULTATION

Lothian HSCPs, GMS Oversight group, Lothian VTP Adult Flu Subgroup and Strategic Group, Primary Care Forum Implementation Group, GP practices and community teams.

E1

F REFERENCES/BACKGROUND

F1 *SGHD/CMO(2020)19 Adult Flu Immunisation Programme 2020/21*

G APPENDICES

G1 *Appendix 1: West Lothian Flu Vaccination Delivery Plan 2020/21*

H CONTACT

Isobel Penman, Interim General Manager
Isobel.penman@nhslothian.sco.nhs.uk

Dr Elaine Duncan, Clinical Director
Elaine.m.duncan@nhslothian.scot.nhs.uk

01506 281009
22 September 2020

Appendix 1: West Lothian Flu Vaccination Delivery Plan 2020/21

Cohort	Delivery plan
>65 and <65 At Risk	<ul style="list-style-type: none"> West Lothian GP practices will use an appointment booking system – due to Covid social distancing restrictions Clinics will be mix of in-hours and out-of-hours, mid-week and weekends Venues will be a mix of GP practices and local community centres (used in previous years) and Outpatient area at St John's Hospital (OPD1). The clinics will start w/c 21st September 2020 and run for a period of 12 weeks Mop up clinics will be arranged throughout December and January
55 – 64yrs and 50 – 54yrs (if vaccine supplies allows)	<ul style="list-style-type: none"> West Lothian GP practices will use an appointment booking system - due to Covid social distancing restrictions Clinics will be mix of in-hours and out-of-hours, mid-week and weekends Venues will be a mix of GP practices and local community centres (used in previous years) and Outpatient area at St John's Hospital (OPD1). The clinics will start w/c 21st September 2020 and run for a period of 12 weeks Mop up clinics will be arranged throughout December and January
12yrs – 18 yrs at Risk	<ul style="list-style-type: none"> West Lothian practices will use an appointment booking system - due to Covid social distancing restrictions Clinics will be mix of in-hours and out-of-hours, mid-week and weekends The clinics will start w/c 21st September 2020 and run for a period of 12 weeks Mop up clinics will be arranged throughout December and January
Care Homes	<ul style="list-style-type: none"> West Lothian have 12 Independent Care homes and 4 local authority care homes Independent care homes will peer vaccinate staff and vaccinate residents All care home staff can access Staff Flu Clinics West Lothian HSCP Care Home Team will offer support if required District Nursing Team will prioritise the 4 West Lothian Local Authority Homes as soon as vaccine is available (wk beg. 21st September)

Shielding patients and households of shielding patients	<ul style="list-style-type: none"> • High Risk / Shielding patients and households of shielding patients will be vaccinated by their GP practice. GP practices are phoning patients to book them in for the first clinics they have available • Housebound Shielding patients and their households will be vaccinated and prioritised by the District Nursing Teams.
Housebound patients	<ul style="list-style-type: none"> • WL District Nursing Team will provide vaccinations to housebound patients • Vaccines will start week commencing 21st September 2020. • The expected housebound caseload is approximately 6000 patients
Community Pharmacy	<ul style="list-style-type: none"> • Offer option to >65 and <65 • 25 West Lothian Community pharmacies have signed the Service Level Agreement (SLA) to support the flu programme for this year. • 70 vaccines per pharmacy proposed (more will be allocated if demand suggests high uptake)
Primary School	<ul style="list-style-type: none"> • The Community Vaccination Team will provide this service and will attempt to provide some mop-up. • The mop-up option has previously been within the remit of GP practices as per the national influenza Directed Enhanced Service (DES). In addition, NHS Lothian has a local enhanced service (LES) for primary school children to cover the following groups. We await final confirmation on LES. <ul style="list-style-type: none"> ○ At risk children where the parent requests early vaccination in the season when their child's school may be scheduled later in the season ○ Children requiring a second dose of vaccine ○ Home schooled children ○ Children requiring intramuscular flu vaccine for clinical or faith reason • Agreement is required to continue this arrangement this year with GP practices
6 Months – 5 years at Risk and 2-5yrs and not at school	<ul style="list-style-type: none"> • 6-month-5yrs At Risk groups and the 2-5 yrs. Flu programme will be delivered by the Public Health Staff Nurses attached to WL Health Visiting Teams. • Vaccinations will commence week beginning 21st September 2020
Staff Flu Vaccination and Social Care	<ul style="list-style-type: none"> • This continues to be organised by our District Nursing Clinical Nurse manager with local leads identified across acute and community settings. • Delivery will have to be adapted due to COVID restrictions and an

Workers	<p>increase focus on peer vaccinators will be key. Vaccines will be delivered in place of work to avoid unnecessary travel to other locations.</p> <ul style="list-style-type: none"> • Local Authorities, private or third sector employers will be offered appointment based clinics rather than drop in to promote social distancing during COVID 19. • The HSCP aim to deliver the staff flu within a 10 week programme – mop up sessions will be available • Staff Flu Clinics / Peer vaccine will commence week beginning 21st September. • Clinics will run in-hours and out-of-hours • Staff can attend any clinic across Lothian with appropriate ID and consent form
Maternity Services	<ul style="list-style-type: none"> • St John's Hospital maternity day assessment will offer flu vaccination • Starting early October 2020 for all pregnant women who are booked at St John's • Women who are not due a routine appointment at St John's will be advised by community midwifery to telephone the day assessment unit for a Flu vaccine appointment.

WEST LOTHIAN INTEGRATION JOINT BOARD

WORKPLAN

MEETING DATE: 22 September 2020

Item	Lead Officer	Meeting Date	Recurrence	Reason
Chief Officer Report To include: <ul style="list-style-type: none"> • Communication and Engagement Strategy Update • Annual Review of Support Services • COVID-19 Update 	Allister Short	September 2020		
Alcohol and Drug Partnership Commissioning Plan	Nick Clater	September 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
Quarter 1 Forecast and Update on Mobilisation Plan	Patrick Welsh	September 2020		
Presentation on commissioned services – Care at Home		September 2020		
Care at Home Update Report	Jo MacPherson	September 2020		Per Board's decision on 10 March 2020
Support for Carers	Jo MacPherson	September 2020		

Item	Lead Officer	Meeting Date	Recurrence	Reason
Joint Inspection Report	Yvonne Lawton	September 2020		
Alcohol and Drug Partnership Commissioning Plan	Yvonne Lawton	September 2020		
Pandemic Response and Review of Commissioning Plan Actions	Yvonne Lawton	September 2020		
Pandemic Response and Review of Commissioning Plan Actions for Learning Disability, Physical Disability and Mental Health	Yvonne Lawton	September 2020		
Redesign of Urgent Care	Allister Short	September 2020		
Flu Vaccination Programme	Allister Short	September 2020		
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

Item	Lead Officer	Meeting Date	Recurrence	Reason
				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
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)
Older People’s Commissioning Plan	Yvonne Lawton	November 2020		
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

Item	Lead Officer	Meeting Date	Recurrence	Reason
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