DATA LABEL: Public

West Lothian Council

West Lothian Integration Strategic Planning Group

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

5 October 2015

A meeting of the **West Lothian Integration Strategic Planning Group** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189(a) West Main Street, Broxburn EH52 5LH** on **Thursday 8 October 2015** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence

2. Order of Business, including notice of 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. Integration of Health and Social Care in West Lothian - Report by Director (herewith)

5. SPG Terms of Reference and Procedures - Report by Director (herewith)

6. Draft Strategic Plan - Report by Director (herewith)

7. IJB Member Induction - Report by Director (herewith)

DATA LABEL: Public

NOTE For further information contact Val Johnston, Tel: 01506 281604 or email: val.johnston@westlothian.gov.uk

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 8 October 2015

Agenda Item: **4**

INTEGRATION OF HEALTH AND SOCIAL CARE IN WEST LOTHIAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide background information for members of the Strategic Planning Group (SPG) about the integration of health and social care in West Lothian and to assist an understanding of the context in which the SPG is to work.

B RECOMMENDATION

To note the current position in relation to the integration of health and social care in West Lothian, and the terms of the Integration Scheme in Appendix 1.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires councils and health boards to cooperate in the integration of health and social care services. An Integration Scheme is to be developed and submitted for approval by Scottish Ministers. The contents of the Integration Scheme are set out in the Act and statutory regulations, with some room for local variations and preferences in relation to the detail around those prescribed contents.

The Act requires certain statutory functions to be integrated (adult services) and allows the optional integration of other functions (children's services and criminal justice). Responsibility for those integrated functions is delegated to the IJB, and the IJB instructs council and health board how to deliver the services concerned and with what resources.

The IJB is to develop through its SPG a Strategic Plan for delivery of the integrated functions and associated services. The Strategic Plan is to inform the calculation of the sums to be paid by council and health board to the IJB for the performance of the integrated functions as well as an annual financial statement in which the IJB sets out the resources it proposes to use to deliver the outcomes contained in the Strategic Plan. The IJB is to report annually on its performance, in terms of both finance and service delivery.

The Integration Scheme for the West Lothian area was developed through the prescribed process and submitted for approval in March 2015. The Scheme has been approved by the Ministers and the necessary steps have been taken by them in the Scottish Parliament to have the West Lothian IJB formally established as a separate and distinct body to carry out the statutory functions to be delegated to it. A copy of the approved Scheme is in Appendix 1 for information.

The Scheme provides for the integration of adult and older people's services only. There is also provision made for certain hosted services which are to be managed by the Director through the IJB process. The Director is the Head of an integrated or joint management team between council and health board, and reports to the Chief Executive of each body as well as being responsible for delivery of services in accordance with IJB Directions and the Strategic Plan.

The IJB will be constituted in September 2015 and the first formal meeting of the IJB will be on 20 October 2015. This follows meetings held as a Shadow Board to carry out preparatory work needed to help the IJB operate and deliver from the start of its life. Many things which have been considered by and approved in principle by the Shadow Board will require to be submitted to the IJB itself for formal approval and adoption.

Until 1 April 2016 the IJB will have as its main task the preparation and finalisation of the Strategic Plan and the financial statement which must accompany it. After that date, money will be paid to it by council and health board and it will assume responsibility for the delivery of the integrated functions and related services.

D CONSULTATION

1. Relevant council and health board officers

2. Shadow IJB

E REFERENCES/BACKGROUND

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

F APPENDICES

1. West Lothian Integration Scheme

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted
National Health and Wellbeing Outcomes	The IJB and the Integration Scheme require to have regard to all National Health and Wellbeing Outcomes
Strategic Plan Outcomes	The IJB will require to have regard to all Strategic Plan outcomes
Single Outcome Agreement	As a community planning partner, the IJB will require to contribute to the delivery of the Single Outcome Agreement outcomes related to health and care
Impact on other Lothian IJBs	None

Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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8 October 2015

INTEGRATION SCHEME

BETWEEN

WEST LOTHIAN COUNCIL

AND

NHS LOTHIAN

(Resubmitted May 2015)

INTRODUCTION TO THE INTEGRATION SCHEME

This document is in two parts.

This first part of the document is a general Introduction and explanation of the vision and intentions of the council and NHS Lothian. The legislation leaves many things to be decided by the Integration Authority when it is established. Nevertheless, building on the successful West Lothian Community Health and Care Partnership model and working arrangements which have been in place since 2005, the council and NHS Lothian have a joint vision of the arrangements which will assist the Integration Authority in developing its Strategic Plan and carrying out its statutory role, and this Introduction sets out some of that vision.

The second part is the formal Scheme which has been agreed between the council and NHS Lothian and approved by both for submission to the Scottish Government for approval in accordance with section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"). It contains the provisions required by the Act and associated regulations, and those are the provisions which will be approved and which will be binding on the council, NHS Lothian and the new Integration Authority.

It is though essential to understand that the contents of this Introduction are not part of the Scheme and so will not be binding on the Integration Authority – when it is constituted it will be entitled in law to make its own decisions.

Aims and Outcomes of the Integration Scheme
The main purpose of integration is to improve the wellbeing of families, of communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Integration Scheme will assist the IJB in achieving the statutory National Health and Wellbeing Outcomes namely:-

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

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

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

4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.

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

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

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

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

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

The vision of the Parties is to enhance and develop the delivery of integrated health and social care services to the population of West Lothian with the intended impact of increasing the wellbeing of West Lothian citizens and reducing health inequalities across all communities in West Lothian.

In order to achieve this vision the Parties are strongly committed to the development of a preventative outcomes-based approach focusing on effective early interventions to tackle health and social inequalities. They will assist the Integration Authority to develop such an approach through their Board members and the support services to be provided by them to the Integration Authority.

The work of the Integration Authority, and in particular the preparation of its Strategic Plan, will be guided by the integration delivery principles, namely:-

- that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service users,
- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:-
    - is integrated from the point of view of service users
    - takes account of the particular needs of different service users
    - takes account of the particular needs of service users in different parts of the area in which the service is being provided
    - takes account of the particular characteristics and circumstances of different service users
    - respects the rights of service users
    - takes account of the dignity of service users
    - takes account of the participation by service users in the community in which service users live
    - protects and improves the safety of service users
    - improves the quality of the service
    - is planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care)

- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources.

Name of the Integration Authority

The legislation does not specify what name should be given to the new Integration Authority – it prescribes what form the body should take, but not the name to be used. The Parties have agreed that the name to be used for the Integration Authority in West Lothian should be "West Lothian Integration Joint Board". It is referred to in the rest of this Introduction and in the Scheme as "the Board".

The Chief Officer, or Director

The legislation requires the Board to appoint a Chief Officer who has responsibilities to the Board and for the management and operational delivery of the delegated functions. The Parties have chosen to use the word "Director" instead of Chief Officer – that designation fits better with terminology used within the Parties' existing orgainsations and using the phrase "Chief Officer" risks confusion with the Chief Finance Officer to be appointed, the Chief Finance Officer of the council and even the Chief Executives of both Parties.

The Director has responsibilities which are set out in the legislation, and which will be contained in a separate document to be approved by the Scottish Ministers under section 10 of the Act.

As well as the responsibilities of the post in relation to the delegated functions, the post will carry additional responsibilities and duties in relation to council and health board functions and services that are not delegated.The Director is in addition responsible for ensuring that service delivery improves the agreed outcomes and any locally agreed responsibilities for health and wellbeing and for assisting the Board in measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.

Role of the Board

The Board is to be established as a separate and distinct legal entity from the council and the health board. All three bodies have their own roles to play under this Scheme and to deliver on agreed outcomes – the Board's role is strategic and the council's and health board's roles are operational.

The legislation contains many legal requirements in relation to the Board's membership and constitution, but allows for some voluntary additional rules to be put in place. As part of the support services to be provided to the Board prior to and after its establishment the Parties will co-operate in preparing a proposed structure and draft constitutional documents to assist the Board in meeting those legal requirements, and including any voluntary additional rules the Parties consider are appropriate. On its establishment, the Parties intend that the Board will adopt that structure and those constitutional documents, but they recognise that the Board has the ultimate legal power to make those decisions for itself.

The Board's task is to set the strategic direction for the delegated functions through the Strategic Plan developed by its Strategic Planning Group in accordance with the policy framework and direction set by the Parties, and which will inform the method of determining the budget contributions to be made by the Parties. It receives payments from the council and health board determined in accordance with this Scheme to enable it to deliver on local strategic outcomes. It gives directions to the council and health board as to how they must deliver carry out the delegated functions in pursuit of the Strategic Plan and allocates payments to them to permit them to do that.

The practical and day-to-day link amongst the three bodies is the Director. The Director reports to the Board on strategy, finance and performance, and is responsible to the council and health board for the management and delivery of the delegated functions in accordance with this Scheme and in accordance with the directions issued by the Board to the Parties.

As well as being responsible for the Strategic Planning Group and the Strategic Plan, the Board also requires to publish an annual financial statement and an annual performance report covering both service delivery and financial performance. The members of the Board therefore have a role to play in the strategic oversight and scrutiny of the performance by the council and the health board of their roles in complying with directions from the Board and in implementing the Scheme, and will be able to carry out those responsibilities through receipt of regular and detailed reports on service and financial performance at Board meetings and advice about them at those meetings from the Director and other senior advisers.

As well as the requirement for the Parties to provide service and performance information to the Board, the Parties recognise that it is important that they are given assurance about the Board's performance of its roles and responsibilities in relation to its financial management of the budget to which the Parties will have contributed and its strategic role within the policy framework set by the Parties. The Parties intend that arrangements will therefore be put in place to ensure that regular monitoring reports are made by the Director to the Parties to assist them in that regard.

Board Membership

The legislation sets out the compulsory and additional Board membership but only requires the Scheme itself to say how many voting members will be appointed by the Parties. The Parties consider it is helpful in understanding the Scheme and how the Board will operate to set out those statutory rules about membership here in this Introduction.

Prior to the Board being constituted it will have the following members who will be appointed, will remain as members and will have their membership terminated in accordance with the Scheme and the governing legislation.

- There will be four West Lothian councillors as voting members on the Board, chosen by the council, and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving their position at the end of a three year period are eligible for reappointment.

- There will be four health board members as voting members on the Board, chosen by the health board and appointed for periods of three years unless their appointment is terminated earlier. The first period of appointment shall start on the date the Board is established. Members leaving position at the end of a three year period are eligible for reappointment.
- The council's Chief Social Work Officer will be a non-voting member.
- A registered medical practitioner chosen by the health board from its list of primary medical services performers will be a non-voting member.
- A registered medical practitioner chosen by the health board and employed by it otherwise than in the delivery of primary medical services will be a non-voting member.
- A registered nurse chosen by the health board and who is either employed by it or by a person or body with which the health board has entered into a general medical services contract will be a non-voting member.
- The Director will be a non-voting member.
- The Finance Officer shall be a non-voting member.

After it is constituted, the Board is to appoint in addition the following as non-voting members:-

- One member in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the Scheme.
- One member in respect of third sector bodies carrying out activities in West Lothian in relation to health or social care.
- One member in respect of service users in West Lothian.
- One member in respect of persons providing unpaid care in West Lothian.

In order to assist in the integration process, the Parties in preparing and agreeing their draft Scheme for consultation, agreed that it would be appropriate for there to be two Board members appointed in respect of the combined staff of the Parties engaged in the provision of the delegated services covered by the Scheme. That cannot be imposed on the Board as a requirement, since the Board must appoint its own additional Board members after it is established, but the Parties have agreed that they will co-operate in promoting that additional appointment after the Board is set up.

The Board has the legal power to appoint additional members if it wishes to do so, and the Parties recognise that the Board has the final decision-making powers about those additional members. The Parties however recognise the importance of close co-operation and working in securing the delivery of the outcomes and the success of the Board and so they have agreed that they will co-operate in securing the Board's agreement that it shall consult with them prior to making any such appointments and shall take their respective views into account in that process.

Corporate Governance

Apart from a requirement for the Board to establish Standing Orders containing certain prescribed rules, the legislation does not require any content in the Scheme in relation to the important aspect of corporate governance. The Parties nevertheless consider it appropriate and a matter of good practice to set out their intentions. Although they cannot restrict the Board's ability to decide and make its own structures and rules, neverthless the Parties have agreed an approach which

recognises the place and importance of good coprorate governance in any public body.

Corporate governance is a means of showing that the Board is properly run. It refers to the systems by which the an organisation directs and controls its functions and relates to the community. Good corporate governance will demonstrate to the Board's stakeholders and everyone interested in the delivery of the delegated functions that the Board is well organised to direct their delivery.

In accordance with principles of good corporate governance, on its establishment the Parties shall assist and encourage the Board to adopt and abide by sets of rules and procedures designed to ensure that:-

- the Board has a defined and effective decision-making structure
- decisions are taken by a body or person with the power to do so
- decisions are taken with regard to all relevant factors and circumstances, including access to health and social care professional advice, financial advice, risk advice and legal advice
- decisions are taken in a way which is open and transparent and with public access available unless in defined and exceptional circumstances
- decisions are properly recorded
- structures are in place to ensure decisions are acted upon and implemented
- legislation, rules and professional practice standards and guidelines about financial reporting and accounting practice are applied
- systems are in place to ensure performance and legal and financial compliance are monitored and scrutinised and any failures reported to the Board.

These are systems and procedures such as financial controls, decision-making procedures, standing orders, the risk register, internal audit service and codes of conduct.

They should cover matters such as the creation of committees and sub-committees, and their membership and remits; the calling of meetings and giving notice of meetings and meeting papers to members and to the public; the regulation and conduct of meetings and the keeping of a record of proceedings; wide public access to meetings and meeting papers and records; delegation of powers and authority to the Director and other officers of the Board; roles and responsibilities of Chair, Vice-Chair and Board members; payments to Board members; financial and performance monitoring and reporting; the management of risk; internal audit arrangements; and relationship with external auditors.

Audit

In relation to internal and external audit of its accounts, the Board is subject to the recently introduced regime of internal and external audit and governance under the Local Authority Accounts (Scotland) Regulations 2014. The legislation does not call for the Scheme to contain provisions in relation to these important aspects of financial governance, but the Parties nevertheless consider that they should prepare the way for the Board to make appropriate arrangements and to comply with its statutory responsibilities.

The way in which it will comply with those requirements is ultimately for the Board to determine when it is established but the Parties have agreed to encourage the Board to establish a Risk, Audit and Governance Committee to take a pro-active approach to risk, audit and governance and to have a scrutiny and advisory role in relation to those matters. It should not be a decision-making committee – it will have a scrutiny function and will be able to make recommendations to the Board about the matters within its remit. It will however be for the Board to accept or reject its recommendations and take whatever action it considers appropriate.

The functions of the committee will be carried out with the support of the Parties, and the Board and the Parties shall co-operate in ensuring the committee operates as an effective tool of corporate governance. The Parties shall make arrangements for the provision of the professional services and advice the Board needs in relation to the keeping of its accounting records and financial statements and their audit as it will for other more general support services which the Board will require in order for it to function.

Business Continuity and Emergency Planning

Although the legislation does not require the Scheme to make express provision for business continuity planning, the Parties nevertheless consider that appropriate and adequate arrangements should be made and that they are reviewed periodically and monitored for their effectiveness. The Parties shall therefore build on the existing arrangements in place through the West Lothian Community Health and Care Partnership, and shall develop those in the context of the statutory integration process and structure, under the control of the Director as part of the management arrangements applying to that post.

The Board will be able to seek assurance from the Director and from the Parties that appropriate business continuity and emergency planning arrangements are in place.

Procurement & Contracts

The Board does not have specific powers in relation to public procurement, only the general power to enter into contracts for any goods and services it requires to enable it to carry out its statutory role and functions. Any advice required in relation to future procurement or contract needs shall be provided by the Parties in accordance with the agreement they will put in place in relation to general support services the Board shall require to allow it to operate.

Strategic Plan

The Board is to approve a Strategic Plan which will be developed through its Strategic Planning Group in accordance with legislation. The Board has the legal authority to develop and approve a Plan of its own making. However, the Parties have agreed that the Board should be encouraged to develop and approve a Strategic Plan to cover the next decade, and that it should detail the high level outcomes to be achieved; the performance management approach to monitor progress against these; the strategic commissioning priorities for the Board; and a rolling three year action plan which will be reviewed and updated on an annual basis. Development of an approach like that will assist the Parties and the Board in

financial planning and policy making and assist in the achievement of goals, aims and outcomes.

Community Planning and Localities

Upon the enactment of the Community Empowerment (Scotland) Bill the Board will be a strategic partner within West Lothian's community planning arrangements and the Board's Strategic Plan will require to support wider community planning processes, in particular in delivering the agreed outcomes as defined in the West Lothian Community Planning Partnership Single Outcome Agreement.

The high level outcomes will be set within the context of West Lothian's Community Plan and Single Outcome Agreement and the Parties intend that reporting arrangements will include a commitment to report on progress against these to the Community Planning Partnership.

The legislation requires that the Strategic Plan includes arrangements for the area of West Lothian to be divided into at least two localities, to be determined by the IJB, and for the Plan to include measures for strategic aspects of services to be delivered to those different localities. As an important partner in the Community Planning Partnership, the Parties will work to ensure that the Strategic Plan has regard to and is consistent with the overall approach to community planning amongst the community planning partners in West Lothian.

Clinical and Care Governance

The Council is required by law to appoint a Chief Social Work Officer to oversee and make decisions in relation to specified social work services, some of which are delegated in relation to integration functions, and to report to and alert the council and councillors of any matters of professional concern in the management and delivery of those functions. The Chief Social Work Officer has a duty to make an annual report to the council in relation to the discharge of the role and responsibilities. The Chief Social Work Officer is to be a non-voting member of the Board but the Parties consider it is important that the Board's Standing Orders and other constitutional documents shall make provision for the Chief Social Work Officer to be given the same rights and privileges of access to the Board and Board members as they have in relation to the council and councillors. They also consider it to be a requirement of good corporate and care governance that the Board should adopt, that the Chief Social Work Officers shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

The Chief Social Work Officer will retain all of the statutory decision making and advisory powers they are given by statute and guidance, and the Director shall not be entitled to countermand or over-rule any decisions or instructions given by the Chief Social Work Officer in carrying out that statutory role.

The West Lothian Community Health and Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will continue, with the Clinical Director being appointed by NHS Lothian to that role. The Parties consider it is important that the Board's Standing Orders shall ensure that the

Clinical Director is given the same rights and privileges of access as are to be afforded to the Chief Social Work Officer, and that the Clinical Director shall also be required to make an annual report to the Board in relation to the aspects of their position which relate to the delivery of the delegated functions.

The Clinical Director and Chief Social Work Officer will also have roles in providing regular reports and professional advice to the Board, to its Risk Audit and Governance Committee should it establish such a committee, and to the Strategic Planning Group in addition to reporting into the committees established by the Parties in relation to risk, audit and governance matters.

Staff

The employment status of staff will not change as a result of this integration scheme ie staff will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.

Review

The Act calls for the Scheme to be reviewed by the Parties jointly within five years of it being approved. In addition, one or both of the Parties can require that the Scheme is reviewed at any time, or that a new Scheme is put in place, and that review is to be carried out jointly by the Parties. When the Scheme is reviewed, the Parties will carry out a consultation process as required by the Act prior to obtaining approval.

The Act also calls for the Strategic Plan to be reviewed every three years, or for a new Plan to be made at any time when called for by both the Parties where they feel the present Plan is or is likely to prevent them from carrying out any of their functions appropriately.

INTEGRATION SCHEME

1.0 The Parties

The Parties

a. The West Lothian Council, a local authority constituted under the local Government etc. (Scotland) Act 1994 and having its headquarters at West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF ("the Council")

and

b. Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Lothian") and having its principal offices at Waverley Gate,2-4 Waterloo Place, Edinburgh ("NHS Lothian")

together referred to as "the Parties"

2.0 Definitions and Interpretation

"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014

"The Parties" means the Council and NHS Lothian

"The Scheme" means this Integration Scheme (but not the Introduction)

"Integration functions" means the functions delegated by the Parties to the Integration Joint Board

"Integration Joint Board" or "IJB" means the West Lothian Integration Joint Board to be established by Order under section 9 of the Act, and is referred to as "the Board"

"Director" means the "Chief Officer" as referred to in section 10 of the Act

"Finance Officer" and "Proper Officer" mean the officer appointed under the finance and audit requirements in section 13 of the Act and section 95 of the Local Government (Scotland) Act 1973

"IJB Budget" means the total funding available to the Board in the financial year as a consequence of

- The payment for delegated functions from NHS Lothian under section 1(3) (e) of the Act;
- The payment for delegated functions from the Council under section 1(3) (e) of the Act;and
- The amount "set aside" by NHS Lothian for use by the Board for functions carried out in a hospital and provided for the areas of two or more local authorities under section 1(3) (d) of the Act

"Operational Budget" means the amount of budget delegated by one of the Parties to one of their managers in a financial year in order to carry out defined functions or services

"Strategic Plan" means the plan by which the Board is to be prepared and implemented in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act

"Outcomes" means the Health and Wellbeing outcomes prescribed in Regulations under section 5(1) of the Act and local outcomes set by the Parties and the Board, and set out in its Strategic Plan.

3.0 Integration Model and Integration Functions

This Scheme has been produced in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4) (a) of the Act will be put in place, namely the delegation of functions by the Parties to an Integration Joint Board, a body corporate that is to be established by Order under section 9 of the Act.

This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force and the integration functions shall be delegated on a date to be determined by the IJB as part of its Strategic Plan but by 1 April 2016 at the latest**.**

4.0 Local Governance Arrangements

Membership

The IJB shall have the following voting members:

a) **4** councillors nominated by the Council; and

b) **4** non-executive directors nominated by NHS Lothian, in accordance with articles 3(4) and 3(5) of the Integration Joint Boards Order.

The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

Non-voting members of the IJB will be appointed in accordance with article 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The term of office of members shall be the maximum of three years prescribed by regulation 7 of the Integration Joint Boards Order. Members can be reappointed after this period.

Chairperson and Vice Chairperson

The IJB is required to have a chairperson and vice-chairperson who will both be voting members of the IJB.

The Parties have decided that the position of Chair shall rotate between the Parties every two years, with the council holding the Chair for the first two years of the IJB's existence.

The term of office of the vice chairperson will mirror the arrangements for the Chair, with the holders of the posts alternating between the Parties accordingly. The provisions set out above under which the power of appointment of the chairperson

will alternate between the Parties will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.

Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

Support Services

The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act. In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, and joint working more generally.

In order to develop a sustainable long term solution, a working party will be convened, with membership from the Health Board and the four local authorities in Lothian. This working party will develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships.

Key matters that the working party will address are

(a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);

(b) defining what is meant by “professional, technical or administrative services”;

(c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;

(d) bringing all these elements together and devising a pragmatic and sustainable solution.

The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in the Parties for consultation and managing organisational change.

As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the parties, and, as soon as the terms have been finalised it is intended that the

agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

Within a year of the agreement taking effect the Parties and the IJB will undertake a review of the support services put in place pursuant to the agreement to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. There will then follow a process of annual review on the support services required by the IJB and this process will from part of the annual budget setting process for the IJB which is described in Section 10.

5.0 Delegation of Functions

The functions that are to be delegated by the NHS Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by the NHS Board and which are to be delegated, are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 are delegated only to the extent that they are exercised in the provision of services listed in Part 2 of Annex 1. Except where otherwise stated in the scheme those functions and services are delegated for persons aged 18 and over.

The functions that are to be delegated by the Council to the Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be delegated, are set out in Part 2 of Annex 2. These services are only delegated in relation to persons aged 18 and over.

In addition to the functions that must be delegated in accordance with the legislation, the Parties have chosen to delegate the following health functions to the IJB in relation to the following Health services for people under the age of 18:

i. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
ii. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
iii. General Ophthalmic Services
iv. General Pharmaceutical Services
v. Out of Hours Primary Medical Services
vi. Learning Disabilities.

6.0 Local Operational Delivery Arrangements

Management Arrangements

The Director shall be employed by one of the Parties and shall be seconded to the Board as its Chief Officer and a member of its staff. The Director will nevertheless be responsible and accountable to the Parties for the management and delivery of the integration functions in accordance with the directions issued by the Board to the Parties. They will be directed and managed by the Chief Executives of both Parties in that regard.

The Director is responsible to the Board for the delivery of the Strategic Plan.

The Parties and the Director shall secure the operational delivery of the integration functions in accordance with the Directions issued to the Parties by the Board.

They shall put in place a management structure, headed by the Director, to manage the delivery of and performance by them of the integration functions, and to manage the staff employed by the Parties in doing so. The integration services will be managed and delivered through close partnership working and protocols, and in conjunction with the health and social care and other functions of the Parties which are not integration functions.

The Parties shall provide the Board with information and performance management information required by it in terms of the powers conferred by the Act. The Parties recognise the importance of close co-operation and working in securing the delivery of the outcomes. The Board will therefore consult with and take account of the views of the Parties in decisions regarding the information to be provided and the dates and regularity to apply to its provision. The Director shall use that information to provide regular reports to the Board on at least a quarterly basis, and including sufficient information to ensure that the membership of the Board is able to adequately oversee the carrying out of the integration functions by the Parties. The Board shall have the ability to request and receive such additional information in relation to service performance and financial performance as is reasonably required by them to perform that duty.

In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and the Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the Council will advise the Chair of the IIJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the West Lothian Area.

The Parties acknowledge that the Director's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Director's role in operational delivery shall not displace:

a) the responsibilities of each Party regarding compliance with directions issued by the IJB; or

b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

Strategic Planning

The Board is required to establish a strategic planning group to develop a strategic plan in accordance with the legislation describing the strategic vision and direction for the Board over the next decade.

The Board is one of four Boards in the area of the Health Board and the Parties and the Board require to work in co-operation amongst themselves and with those other local authorities and Boards in preparing their Integration Schemes, in developing their respective Strategic Plans, in the delivery of the integration functions, and in the interaction with health and social care functions which are not integrated.

In developing this Scheme the Parties have taken into account the other Schemes being developed between the health board and other councils in its area, and the effects that all of those Schemes, and this one, may have on the others.

The Board also requires to have regard to the impact its Strategic Plan will have on services, facilities and resources to be used in relation to the Strategic Plans after their adoption or whilst they are being developed in those other areas. The Parties' will support the Board in putting in place a process and system to secure close collaboration, co-operation and the sharing of relevant information amongst the Chief Officers of the four integration authorities and amongst the Strategic Planning Groups of those integration authorities. The Parties shall ensure through the line management arrangements for the Director set out in the Scheme, that the Director provides information to the other integration authorities where the Board's Strategic Plan is likely to have a significant impact on the Strategic Plans of those other integration authorities, and makes representations on behalf of the Board to those other integration authorities where the interests and objectives of the Board and its Strategic Plan may be affected by the Strategic Plans elsewhere .

In particular, the Parties will provide the support the Board requires for the adoption of arrangements and processes which ensure that the strategic impacts on the other integration authorities and their strategic plans are brought to the attention of the Board in its decision making, both in regard to integration functions and other functions and services which are not delegated.

In addition a template will be introduced for West Lothian IJB, with the support of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on neighbouring IJBs and on services provided by the Parties

which are not delivered in the course of carrying out functions delegated to West Lothian IJB.

Lothian Hospitals Strategic Plan

NHS Lothian will develop a plan (the 'Lothian Hospitals Strategic Plan') to support the IJBs to fulfil their duties. The Lothian Hospitals Strategic Plan will not bind the IJB and the strategic plan of the IJBs will inform the Lothian Hospitals Strategic Plan.

The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs whose delegated functions are delivered by NHS Lothian in a hospital. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015.

The purpose of the Lothian Hospital Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:

- Responsive to and supports each IJB Strategic Plan; and
- Supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the IJB (e.g. tertiary, trauma, surgical, planned and children's services).

The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

Performance Targets and Reporting Arrangements

The Parties shall develop and agree between them a list of the targets, measures and arrangement in relation to the performance of the delegated functions, and shall do so prior to the constitution of the Board. After the constitution of the Board, the Parties shall agree with the Board and, prior to the date of delegation of functions, a final list of such targets, measures and arrangements and the frequency with which information about them is to be provided.

The Parties shall also develop and agree between them a separate list of targets, measures and arrangements in relation to health and social care functions which have not been delegated and which are to be taken into account by the Board in its preparation of the strategic plan.

In developing and agreeing those matters, the Parties shall build on the successful performance measuring, monitoring and reporting systems operated through the West Lothian Community Health and Care Partnership. They shall through officers of

both Parties develop those systems further by identifying those performance indicators and outcomes for which responsibility shall pass to the Board in relation exclusively to integration functions and those for which responsibility shall be shared where they relate to both integration functions and functions and services which have not been delegated. Those outcomes and indicators will be refined to reflect and support the priorities set out in the Board's Strategic Plan. The Parties and the Board shall ensure that the systems, outcomes and indicators put in place are regularly reviewed, refreshed and updated to reflect changes to those priorities, to the Strategic Plan and other changes in circumstances.

After it is established, the Board will be responsible for the development of its own performance management approach to enable the Board to monitor progress against quality improvement and service delivery required to achieve the high level outcomes in the strategic plan. To continue the development work of the Parties to be carried out prior to the establishment of the Board, the Parties will encourage that Board to adopt an approach to performance management which will detail the suite of performance indicators to be used to monitor progress against the high level outcomes and will confirm the reporting arrangements on performance.

7.0 Clinical and Care Governance

Introduction

This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place.

The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue following the establishment of the IJB and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.

Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework (pursuant to section 6 of this Scheme).

The IJB will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the IJB, the committee will advise the chairperson of the IJB and the Director of that matter and will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

The Parties shall ensure that its standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, the IJB's place as a common decision-making body within the framework for

delivery of health and social care within the West Lothian Area and the Parties role in supporting the IJB to discharge its duties.

The voting members of the IJB are engaged in the governance of their respective Party, and it is likely that they will be members of one or more committees of the relevant Party.

The Parties will use reasonable endeavours to appoint voting members of the IJB (regardless of which party nominated the voting members) onto the NHS Lothian and Council governance arrangements with a remit relevant to the clinical and care governance of integration functions.

Within its existing governance framework, NHS Lothian has :

- A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-

    • NHS Lothian Participation Standards

    • Volunteers/Carers

    • Information Governance

    • Protection of Vulnerable People including children, adults, offenders

    • Relevant Statutory Equality Duties

  And

- A staff governance committee, the remit of which is to support and maintain a culture within Lothian NHS Board where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored

The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.

West Lothian Community Health and Care Partnership has as part of its arrangements in relation to clinical and care governance appointed a Clinical Director to advise and report to that Partnership Board. That arrangement will

continue in the IJB, with the Clinical Director appointed by the Health Board providing clinical expertise to the IJB as a non-voting member.

Within the Council, the Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. The Chief Social Work Officer will provide a copy of this annual report to the IJB.

The Chief Social Work Officer also reports annually to the Council on standards achieved, governance arrangements including supervision and case file audits and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of this annual report to the IJB.

The intention of using the existing NHS Lothian and Council committees as a primary source of assurance is to recognise that the parties will have continuing governance responsibilities for both integration and non-delegated functions, and that the parties wish to minimise unnecessary bureaucracy. The IJB will be engaged through its membership being on these committees, and its relationship with the committee chairs. The IJB will be in a position to holistically consider the information/ assurance received from the Parties, and arrive at a determination for all of its functions. If the IJB is in any way dissatisfied with the information or assurance it receives from the parties, or the effectiveness of the parties committees, it may give a direction to the parties to address the issue, or revise its own system of governance.

Clinical and Care Governance Risk

There is a risk that the plans and directions of the IJB could have a negative impact on clinical and care governance, and professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this risk.

Professional Advice

NHS Lothian has within its executive membership three clinical members (referred to below as 'Executive Clinical Directors'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

The Council has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at

risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.

The Chief Social Work Officer must be a non-voting member of the IJB. The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:

- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
- A registered medical practitioner employed by NHS Lothian and not providing primary medical services.

NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to above. The appointees will be professionally accountable to the relevant executive clinical director. NHS Lothian will develop a role description for the appointments referred to above, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.

The three health professional representatives referred to above will each also be:

- A member of an integrated professional group (should it be established); and/or
- A member of a NHS Lothian committee; and/or
- A member of a consultative committee established by NHS Lothian.

If a new "integrated professional group" is established, the Chief Social Work Officer must also be a member.

The three health professional representative set out above and the Chief Social Work Officer will be expected by the Parties to play a lead role in:

- Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
- Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.
- The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council's Chief Executive as and when appropriate.

The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.

NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.

The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.

In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.

If the issue is not resolved to their satisfaction, they must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:

- The relevant Executive Clinical Director must ensure that appropriate advice is tendered to the board of NHS Lothian on all matters relating to professional standards;
- The relevant Executive Clinical Director must set out in writing to NHS Lothian any objections they may have on a proposal that may compromise compliance with professional standards;
- The board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the board of NHS Lothian on those objections;
- If board of NHS Lothian decides to proceed with a proposal despite those objections, the relevant executive clinical director will be provided with written authority from the board of NHS Lothian to act on the proposal. NHS Lothian must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
- Once the relevant executive clinical director has received that written authority, they must comply with it.

The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical

Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, they must immediately notify the relevant executive clinical director(s) of their concerns.

The Chief Social Work Officer will be a non-voting member of the IJB, and as such, will contribute to decision making, and will provide relevant professional advice to influence service development.

In the event that the IJB issues a direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Director of their concerns and if their concerns are nor resolved by the Director to their satisfaction must then raise the matter with the Chief Executive of the Council.

Professionals Informing the IJB Strategic Plan

With regard to the development and approval of its Strategic Plan, the IJB is required to:

- establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from both NHS Lothian and the Council in its membership, as well as representation from health professionals and social care professionals. NHS Lothian and the Council will make recommendations to the IJB with regard to the representation from health professionals and social care professionals;
- consult both NHS Lothian and the Council on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.

There will be three opportunities within these arrangements for professional engagement in the planning process;

  - at the IJB;
  - in the context of the work of the strategic planning group; and
  - as part of the consultation process with the Parties associated with the Strategic Plan.

The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- Area Clinical Forum;
- Local consultative committees that have been established under section 9 of the National Health Service (Scotland) Act 1978;
- Managed Clinical/ Care Networks;

- West Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- Any integrated professional group established.

NHS Lothian and the Council will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- NHS Lothian Medical Director;
- NHS Lothian Nurse Director;
- NHS Lothian Director of Public Health & Health Policy;
- NHS Lothian Allied Health Professions Director;
- Chief Social Work Officer.

The engagement of the Council's professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.

The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner by the IJB.

External scrutiny of clinical and care functions

NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.

The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and their reports feed into the Council's system of governance.

The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

Service User and Carer Feedback

The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.

8.0 Director

Appointment

The first Director will be appointed to the post by the Board as required by the Act, but, to reflect the significance of the post to the Parties and the Director's duties and responsibilities, it is expected that the appointment shall be made after consultation by the Board with the Parties and of the jointly agreed holder of the shadow Director post.

Prior to the establishment of the Board the Director's job description, person specification, terms and conditions, salary, pension, responsibilities and powers shall be agreed jointly between the Parties, and appropriate approval obtained under the separate mechanism contained in the Act. Those will reflect and include the responsibilities the Director will have, by agreement between the Parties, to the Parties in relation to matters other than those affecting the integration functions.

Upon the appointment by the Board of the Director, the Parties shall at the same time confirm the appointment of the Director in relation to their own organisations and shall ensure that appropriate powers are delegated to him/her by the Parties to enable him/her to meet the requirements of the post.

Any future appointment to the post of Director shall follow an open and transparent process, except that the recruitment, selection and appointment process shall be carried out by the Board, in reliance on professional advice to be provided to the Board as part of the agreed support services. The Parties shall ensure the availability of appropriate technical, legal and human resources advice through the arrangements to be put in place for the provision of support services as set out in the Scheme, and through an appointment process designed by the Board to reflect the significance to the Parties of the post.

If an interim replacement for the Director of the Board is required, in line with a request from the Board to that effect (on the grounds that the Director is absent or otherwise unable to carry out their functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Board on an interim basis.

Operational Role

In terms of the Act the Director will report to and advise the Board in relation to its role and powers over the delegated functions, and they will also be accountable to the Chief Executives of the Parties in relation to operational and service delivery matters.

The Director will be a member of each of the council and health board senior management teams and together with the Chief Social Work Officer will have appropriate delegated powers to enable them to discharge their duties and to manage the two services and secure the operational delivery of the integration functions jointly and in an integrated manner.

Except for the services identified in Annex 3 the Director will be the senior manager in each of the Parties responsible for delivery of the delegated functions in accordance with directions from the Board, and for the delivery of other health and social care functions which have not been delegated to the Board.

Directors responsible for the Western General Hospital, the Edinburgh Royal Infirmary, St Johns Hospital and the Royal Edinburgh will provide delegated services on these hospital sites that will not be operationally managed by the Director.

Specific NHS Lothian functions will be managed on a pan Lothian basis as a 'hosted' service by one of the four Chief Officers in Lothian. Annex 3 describes the functions

which NHS Lothian is proposing to the IJBs as suitable for management under hosted services arrangements.

A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established before the IJBs are established to ensure close working arrangements between a) Chief Officers and Directors responsible for hospital services and b) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

9.0 Workforce

The Parties will provide for workforce development in relation to the staff employed in the delivery of the integration functions and will develop an integrated Workforce Development and Support Plan, and an Organisational Development Plan in relation to teams delivering services. The Parties shall ensure the completion of those Plans prior to the constitution of the Board and they shall be put in place at the date of delegation of the integration functions.

10.0 Finance

Finance Officer

In relation to the preparation of its accounts and their audit, the Board is governed by the same legislation applying to local authorities and will require to make arrangements for the proper administration of its financial affairs; this will include the appointment of a Finance Officer with this responsibility. The Finance Officer will be employed by the Council or NHS Lothian and seconded to the Board. The holder of the post should be a CCAB-qualified accountant, and the Board should have regard to the current CIPFA Guidance on the role.

In the event that the Finance Officer position is vacant or the holder is unable to act, the Director shall secure, in consultation with the Board Chair, and through agreement with both the council section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the Board

The Board will determine its own internal financial governance arrangements; and the Finance Officer will be responsive to the decisions of the Board, and the principles of financial governance set out in this Scheme.

Principles of Financial Governance

The following principles of financial governance shall apply:

- NHS Lothian and the Council will work together in a spirit of openness and transparency

- NHS Lothian and the Council will ensure their payments to the Board are sufficient to fund the delegated functions in line with the financial elements of the Strategic Plan
- NHS Lothian and the Council payments to the Board derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Board, through its Strategic Plan and through the directions issued by it, may, however, be able to influence such commitments over time; and both Parties will work with the Board on service redesign proposals in relation to integration functions.

Financial Governance

The Parties will contribute to the establishment of a Board budget. The Director will manage the Board budget.

The Parties are required to implement the Directions of the Board in carrying out the delegated functions in line with the strategic plan, provided that the Board delegates the required level fo resources to meet the anticipated cost of the delegated functions. The Parties will apply their established systems of financial governance to the payments they receive from the Board. The NHS Lothian Accountable Officer and the Council section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

The Director in their operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets (as defined in section 10 of this Scheme) that may be delegated to them by the Parties, and is accountable for this to the NHS Lothian Chief Executive and WLC section 95 officer.

The Board will develop its own financial regulations. The Finance Officer will periodically review these financial regulations and present any proposed changes to the Board for its approval.

The Council will host the Board Financial Accounts and will be responsible for recording the Board financial transactions through its existing financial systems.This will include the ability to establish reserves.

The Board's Finance Officer will be responsible for preparing the Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

As part of the financial year end procedures and in order to develop the year-end financial statement, the Finance Officer will work together with NHS Lothian and the Council to coordinate an exercise agreeing the value of balances and transactions with Council and NHS Finance teams. Each Party will provide information to this process on their recorded income, expenditure, receivable and payable balance with the IJB. The Board's Finance Officer will lead with the Parties on resolving any differences.

The Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Board's Strategic Plan. The Finance Officer will also be responsible for preparing the annual financial statement that the Board must publish under section 39 of the Act, which sets out what the Board intends to spend in implementation of its Strategic Plan.

The Finance Officer will be responsible for producing finance reports to the Board, ensuring that those reports are comprehensive.

The Finance Officer will liaise closely with the Council s95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of their role section 6 of this scheme has set out the process the Parties will undertake to determine how professional, technical and administrative services will be provided to the Board. The initial focus of this work includes finance support.

Payments to the Board (made under section 1(3) (e) of the Act)

The legislation on Integration uses the term 'payment' to describe the budget contributions that the Parties will delegate to the Board. In the interests of clarity, whilst the term 'payment' is used in this document to remain consistent with the legislation, it is not anticipated that cash transfers will take place between Parties and the Board. Rather, the term 'payment' can be taken to mean the budget contributions of the partner organisations that have been agreed as resources delegated to the Board.

Prior to the start of each financial year, the Parties will agree a schedule of payments to the Board (covering their initial calculated payment for the financial year and the dates for transactions).

Any difference between payments into and out from the Board will result in a balancing payment between the Council and NHS Lothian which reflects the effect of the directions of the Board.

Initial Payments to the Board

The Council and NHS Lothian will identify a core baseline operational budget for each function that is delegated to the Board. This will be used as the basis to calculate their respective payments into the Board budget.

The Council and NHS Lothian already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the Board.

Resource Transfer

The “resource transfer” payments from NHS Lothian to the Council will continue to be made after the Board is established, as these payments are effectively core funding of functions that will be delegated by the Council. Taking account of the process above, the resource transfer payment from NHS Lothian to the Council will be reviewed on an annual basis.

Hosted Services

NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to all four IJBs in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.

In order to identify the core baseline budget for each of the hosted services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time. NHS Lothian will follow the same process for subsequent years:-

- Local activity and cost data for each service within each local authority area
- Population distribution across the local authority areas
- Patient level activity and cost data
- Historically applied and recognised percentages.

The Council and the Board will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

Due Diligence

The Parties will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the Board. This will allow the Parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the Board to carry out its integration functions.

If any such review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant Party will be notified. The relevant Party will be required to take action to ensure that services can be delivered within the available operational budget

The Parties recognise that of the functions which are to be delegated to the Board, there are some where there is greater potential for the actual expenditure to vary significantly from projections. The Parties will identify what those functions are, and will ensure that information is provided to the Board so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting. This will help the Board and the Parties determine how any particular variances (should they arise) should be

handled (see section below), as well as how the Board decides to direct the use of the Board budget in the future.

This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the Board will routinely receive.

Determining the schedules for the Initial Payments

The Council section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the schedules for their respective party. The amounts to be paid will be the outcome of the above processes. They will consult with the Director and officers in both Parties as part of this process.

- The Council section 95 officer and the NHS Lothian Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under section 1(3) (d) of the Act.
- The Council section 95 officer and the NHS Lothian Director of Finance will refer the draft schedules to the Director so that they may have an opportunity to formally consider it.
- The Council section 95 officer and the NHS Lothian Director of Finance will thereafter present the final draft schedules to the Parties. This schedule must be approved by the Director of Finance of NHS Lothian, the Council section 95 officer and the Director.
- The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

Subsequent section 1(3) (e) Payments to the Board

The calculation of payments in each subsequent financial year will essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

The starting position will be the payments made to the Board in the previous financial year. The Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the Board, the Board's performance report for the previous year, and the content of the Board's Strategic Plan.

The Parties will also have due regard to the impact of any service re-design activities that have been direct consequence of Board directions.

In all subsequent financial years, the Board will be established and the Director and Finance Officer will have been appointed to their posts. The Parties will engage the

Board, Director, and Finance Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the Board, subject to annual approval through their respective budget setting processes.
- The Parties will ensure the Director and Finance Officer are actively engaged in their financial planning processes. The Director will be expected to feed into the planning processes with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity and expenditure. The Director of Finance of NHS Lothian, the section 95 Officer of the Council and the Board Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.

The set-aside of resources for use by the IJB under section 1(3) (d) of the Act

In addition to the section 1(3)(e) payments to the IJB, Lothian NHS Board will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant Lothian NHS Board budgets for the delegated hospital services (excluding overheads).

In order to identify the core baseline budget for the set-aside functions in each council area, the Health Board shall initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of services in each council area, and their respective populations at a given point in time. NHS Lothian will follow the same process for susequent years:-

- Local activity and cost data for each service within each council area
- Population distribution across the council area
- Patient level activity and cost data
- Historically applied and recognised percentages.

The Parties and the IJB will review the proposals from Lothian NHS Board referred to above, as part of a due dilligence process, and the core baseline budget will be jointly agreed.

Process to agree payments from the Board to the Parties

The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, having agreed with the IJB the resources required to deliver the said directions.

The Board will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompnay its directionsto them for carrying out the functions delegated to the Board. The Party receiving a direction from the Board shall implement it, having agreed with the Board the level of resources required to do so.

The Finance Officer is responsible for providing the Board with appropriate information and advice, so that it may determine what those payments should be.

Each direction from the Board to the Parties will take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- the delegated function(s) that are to be carried out
- the outcomes to be delivered for those delegated functions
- the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, directions can be amended by a subsequent direction by the Board.

Where amounts paid to the Board are subject to separate legislation or subject to restrictions stipulated by third party funders, the Board must reflect these amounts in full, in determining the level of the payments to be made to the Parties in respect of the carrying out of the relevant function or functions. However, the Board is not precluded from increasing the resource allocated to the relevant services.

Financial Reporting to the Board

Budgetary control and monitoring reports (in such form as the Board may request from time to time) will be provided to the Board as and when it requires. The reports will set out the financial position and outturn forecast against the payments by the Board to the Parties in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to operational budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

NHS Lothian will provide information on the set-aside budgets which will be contained in financial reports to the Board.

Through the process of reviewing the professional, technical and administrative support to the Board and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new Board. Until that model is in place, both Parties will provide the required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Finance Officer to provide reports to the Board on all the Board's delegated functions.

It is expected by the Parties that as a minimum there will be quarterly financial reports to the Director, quarterly reports to the IJB for section 1(3) e and 6 monthly reports to the Director and the IJB on the set-aside and hosted service budgets. The IJB can request more reports if required.

Process for addressing variance in the spending of the Board

Treatment of forecast over- and under-spends against the Operational Budget

The Board is required to deliver its financial out-turn within approved resources.

Section 15 of this scheme sets out the arrangements for risk management, and financial risk (within the Board and both Parties) will be managed in line with those arrangements.

The Parties will make every effort to avoid variances arising. A key measure in this regard will be the due diligence activities, and the sharing of information with the Board, so that the Board has the best opportunity to allocate resources effectively. The Parties will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.

Where financial monitoring reports indicate that an overspend is forecast on the NHS Lothian or the Council operational budget for delegated functions, it is agreed by the Parties that the relevant party should take immediate and appropriate remedial action to prevent the overspend. The manager leading this remedial action could be the Director in his or her operational capacity within the affected party.

In the event that such remedial action will not prevent the overspend, then Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Finance Officer will then present that recovery plan to the Board as soon as practically possible. The Board has to be satisfied with the recovery plan, and the plan is subject to its approval.

Additional Payments by the Parties to the Board

Where such a recovery plans is projected to be unsuccessful and an overspend occurs at the financial year end, and where there are insufficient reserves held by the Board to meet the overspend, then the Parties may make additional payments to the Board. The Finance Officer and the Parties shall engage in discussion and negotiation about the amounts to be paid by each Party and the date or dates upon which any such payments are to be made.

The Parties recognise that the delivery of delegated functions in accordance with the Strategic Plan depends on their co-operation between each other and with the Board and that all three parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. In such discussions the Parties recognise and accept that an overspend is at the risk of the Party incurring the overspend and the residual amount of overspend after usage of reserves must, in the absence of any other agreement, be met by that Party.

Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the Board, then the dispute resolution mechanism in this Scheme may require to be implemented.

Underspends

As part of their normal financial management systems, the Parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the operational budgets then the following shall apply:

- if the underspend is fortuitous and unrelated to any IJB direction then the underspend should be returned to the affected Party (through an adjustment to the payments to the IJB)
- the IJB will retain all other underspends.

In the event that this happens within the operational budgets, any underspend shall be returned to the integration Party delivering that service for the Board, except where the Parties agree that the underspend should be retained by the Board for future use. For example, this could relate to specific management action planned to result in an underspend.

The Board may hold reserves, as determined by its Reserves Policy.

Treatment of variations against the amounts set aside for use by the Board

A process will be agreed between NHS Lothian and the IJB to manage any variations within the set-aside budget. This process will reflect any variations in the activity that was used to establish the set-aside budget. Any cost variations will be managed in the same way as overspends and underspends within the Integrated payment as laid out above. This process will be reflect the guidance issued by the Scottish Government - 'Guidance on Financial Planning for Large Hospital Services and Hosted Services'.

Redetermination of payments (made under section 1(3) (e)) to the Board

Redeterminations of payments made by the Parties for the carrying out of integration functions would apply under the following circumstances:

- Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the Board
- The Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels
- Transfer of resources between set aside hospital resources and integrated budget resources delegated to the Board and managed by the Director.
- The Parties need to recover funds to offset a material overspend in their non delegated health and social care budgets subject to availability of funds.

In all cases full justification for the proposed change would be required and both Parties and the Board would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the Board (described earlier) to the affected functions.

Any required additional payments will be added to the schedule of payments for the financial year.

Redetermination of payments (made under section 1(3) (d)) to the Board

Redetermination of set-aside payments will be carried out on the same basis as under section 1(3)(e), above.

Use of Capital Assets

The Board, NHS Lothian and the Council will identify all capital assets which will be used in the delivery of the Strategic Plan.

Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the Board to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.

The Parties will ensure that their capital asset planning arrangements take due cognisance of the above implications and requriements.

The Director of the Board will consult with the Parties to identify the specific need for improvements/changes to assets owned by each which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Director will present a business case to the Parties to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.

The Board, the Council and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

Audit and Financial Statements

Financial Statements and External Audit

The legislation requires that the Board is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973 (section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003, the Local Authority Accounts (Scotland) Regulations 2014 and other regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice. The Parties will agree a clear timetable for the preparation of the Board's annual accounts which will incorporate a process to agree any balances between the Board and the Parties.

The Finance Officer of the Board will supply any information required to support the development of the year-end financial statements and annual report for both Parties. Both Parties will need to disclose their interest in the Board as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both Parties will report the Board as a related party under IAS 24.

The Board financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

The Accounts Commission will appoint the external auditors to the Board.

The financial statements will be signed in line with the governance arrangements for the Board and as specified in the Local Authority Accounts (Scotland) Regulations 2014, made under section 105 of the Local Government (Scotland) Act 1973.

In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

11.0 Participation and Engagement

Consultation on this Integration Scheme was undertaken in accordance with the requirements of the Act.

The stakeholders consulted in the development of this scheme were

- All prescribed consultees
- Staff of Parties.

As well as the stakeholders described above the draft scheme was posted on the West Lothian Community Health and Care Partnership website to allow wider exposure and comment from the general public.

Formal internal and external consultation was conducted between 15 January and 20 February 2015.

All responses received during the consultation were reviewed and taken into consideration in the production of the final version of this scheme.

A second draft was produced for approval by the Parties to submit to the Scottish Government.

The Parties will enable the IJB to develop a Participation and Engagement Strategy by providing appropriate resources and support. The Participation and Engagement Strategy shall ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of delegated functions. The Parties will encourage the IJB to access existing forums that the Parties have established, such as West Lothian Citizens' Panel and other networks and stakeholder groups with an interest in health and social care. The strategy shall be developed alongside the Strategic Plan and will be presented for approval to the IJB within one year of the establishment of the IJB. The strategy will be subject to regular review by the IJB.

12.0 Information Sharing and Confidentiality

There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, City of Edinburgh Council, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This Protocol is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the IJBs, once they have been appointed by the IJB, on behalf of the Pan-Lothian Data Sharing Partnership.

The Pan-Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.

Procedures for sharing information between the Council, NHS Lothian, and, where applicable, the IJB will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and their respective delegated functions. This will also form the process for amending the Pan Lothian and Borders General Information Sharing Protocol.

The Council and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The IJB may require to be Data Controller for personal data if it is not held by either by the Council or NHS Lothian.

Arrangements for Third Party organisations access to records will be jointly agreed by all contributing partners prior to access.

Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, being the separate responsibility of each organisation. Shared datasets governance will be agreed by all contributing partners prior to access.

Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of respective organisations, and the Chief Officers of the Lothian IJBs.

Once established, agreements and procedures will be reviewed bi–annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required.

The information sharing agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

13.0 Complaints

Any person will be able to make complaints either to the Council or NHS Lothian. The Parties have in place well publicised, clearly explained and accessible complaints procedures which allow for timely recourse and signpost independent

advocacy services where appropriate. There is an agreed emphasis on resolving concerns locally and quickly, as close to the point of service delivery as possible.

Complaints can be made to:

West Lothian Council by telephoning 01506 280000, emailing customer.service@westlothian.gov.uk, in writing to Customer Service Centre, West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF, in person at any Council office or by filling in the online complaints form.

NHS Lothian by telephoning 0131 536 3370, emailing craft@nhslothian.scot.nhs.uk, in writing to NHS Lothian Customer Relations and Feedback Team, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG or in person by visiting Waverley Gate.

There are separate complaints regimes and procedures which apply to councils and health boards, statutory and otherwise. The Parties are not able to dictate arrangements that the Board may wish to put in place in relation to the handling of complaints which may be directed at the Board, but the Parties shall ensure that a single gateway is provided for complaints to be made which relate to their performance of the delegated functions, to be managed by the Director as part of the management arrangements to be made by the Parties.

Complaints regarding the delivery of a delegated service will be made to, and dealt with by, the Party that delivers that service, in line with their published complaints procedure and consistent with any statutory complaints handling arrangements that apply. It is the responsibility of the Party receiving the complaint to make sure that it is routed to the appropriate organisation / individual so that a service user only needs to submit a complaint once.

Complaints made to the Board or to one or both of the Parties in relation to the delegated functions shall be allocated by the Director to one of the Parties to address, having regard in particular to the statutory social work services complaints procedure.

The Parties shall co-operate with each other and with the Board in the investigation and handling of complaints in relation to the delegated functions. When a complaint covers both health and social care functions, responsible officers within the Parties will, where necessary, work together to make sure all parts of the complaint are investigated and responded to within established time limits and the complainant is correctly signposted to the options open to them if they remain dissatisfied. Wherever possible there will be a joint response from the identified Party rather than separate responses.

14.0 Claims Handling, Liability & Indemnity

The Parties agree that the Parties will manage and settle claims arising from the exercise of integration functions in accordance with common law and statute.

15.0 Risk Management

The Parties already operate an agreed Risk Management Strategy through the past successful operation of the West Lothian Community Health and Care Partnership.

The Parties shall carry that strategy forward prior to and after the establishment of the Board. Each Party has in that strategy identified the risks relevant to existing partnership working arrangements and the Parties shall develop that list to take account of legislative requirements and risks arising from new integrated delivery of the delegated functions. The Director will produce and agree a list of the risks proposed to be monitored and reported by them under the risk management strategy.

The Parties shall provide the support and expertise of their own risk officers in developing and implementing the Board's strategy and risk management measures and procedures. Risk management resources within each partner body will continue to be available to support risk areas that have been delegated to the Board and the development of the Board risk strategy.

An integrated Health and Social Care Risk Register, based on an agreed methodology for the assessment of risk, will be maintained and reviewed at regular intervals.

The Parties shall make arrangements to ensure that the Board will receive regular reports on the risk management strategy.

These arrangements shall be put in place by the Board, supported by the Parties, prior to the date of delegation of the integration functions.

16.0 Dispute Resolution Mechanism

In the event of a failure by the Parties and the Board to reach agreement between or amongst themselves in relation to any aspect of the Scheme or the integration functions, the Director shall use their best endeavours to reach a resolution through discussion and negotiation with the Parties and the Board.

In the event that the matter remains unresolved, a meeting to seek a resolution shall take place amongst the Chief Executives of the Parties, the Chair of the health board, the Leader of the council, the Director and the Chair and Vice-Chair of the Board within 21 days.

In the event that the matter remains unresolved after this stage the Parties will proceed to mediation.

In the event that mediation is unsuccessful then the Parties will notify Scottish Ministers and seek a direction in accordance with s52 of the Act.

ANNEX 1

Part 1 Functions delegated by the health board to the Board

Functions prescribed for the purposes of section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978(a) All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of – section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation);

	section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25th October 2013); section 79 (purchase of land and moveable property); section 82use and administration of certain endowments and other property held by Health Boards); section 83(power of Health Boards and local health councils to hold property on trust); section 84A(power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98(charges in respect of non residents); and paragraphs 4, 5, 11A and 13 of Schedule

	1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7	

(persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation; section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 200);

	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Part 2 Services currently provided by the Health Board which are to be delegated

- accident and emergency services provided in a hospital
- inpatient hospital services relating to the following branches of medicine—
  - general medicine
  - geriatric medicine
  - rehabilitation medicine
  - respiratory medicine
  - psychiatry of learning disability,
- palliative care services provided in a hospital
- inpatient hospital services provided by general medical practitioners
- services provided in a hospital in relation to an addiction or dependence on any substance
- mental health services provided in a hospital, except secure forensic mental health services
- district nursing services
- services provided outwith a hospital in relation to an addiction or dependence on any substance
- services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital
- the public dental service
- primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- services providing primary medical services to patients during the out-of-hours period
- services provided outwith a hospital in relation to geriatric medicine
- palliative care services provided outwith a hospital
- community learning disability services
- mental health services provided outwith a hospital
- continence services provided outwith a hospital
- kidney dialysis services provided outwith a hospital
- services provided by health professionals that aim to promote public health.

ANNEX 2

Part 1 Functions delegated by the council to the Board

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948 Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958 Section 3 (provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968 Section 1 (local authorities for the administration of the Act)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities)	So far as it is exercisable in relation to another integration function.
Section 8 (research)	So far as it is exercisable in relation to another integration function.
Section 10 (financial or other assistance to voluntary organisations etc for social work)	So far as it is exercisable in relation to another delegated function.
Section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs)	So far as it is exercisable in relation to another delegated function.
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another delegated function.
Section 12AA (assessment of ability to provide care)	

Section 12AB (duty of local authority to provide information to carer.) Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.) Section 13ZA (provision of services to incapable adults) Section 13A (residential accommodation with nursing) Section 13B (provision of care or aftercare.) Section 14 (home help and laundry facilities) Section 28 (The burial or cremation of the dead) Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals) Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)	So far as it is exercisable in relation to another delegated function. So far as it is exercisable in relation to another delegated function. So far as it is exercisable in relation to another delegated function.
The Local Government and Planning (Scotland) Act 1982 Section 24(1) (The provision of gardening assistance for the disabled and the elderly)	
Disabled Persons (Services, Consultation and Representation) Act 1986(**b**) Section 2 (rights of authorised representatives of disabled persons)	

Section 3 (assessment by local authorities of needs of disabled persons)	
Section 7 (persons discharged from hospital)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (duty of local authority to take into account abilities of carer)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000(**c**)	
Section 10 (functions of local authorities)	
Section 12 (investigations)	
Section 37 (residents whose affairs may be managed)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (matters which may be managed)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (duties and functions of managers of authorised establishment)	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (authorisation of named manager to withdraw from resident's account)	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (statement of resident's affairs)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (resident ceasing to be resident of authorised establishment)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (appeal, revocation etc)	Only in relation to residents of establishments which are managed

	under integration functions.
The Housing (Scotland) Act 2001 Section 92 (assistance to a registered for housing purposes)	 Only in so far as it relates to an aid or adaptation
The Community Care and Health (Scotland) Act 2002 Section 5 (local authority arrangements for residential accommodation outwith Scotland) Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission) Section 25 (care and support services etc) Section 26 (services designed to promote well-being and social development) Section 27 (assistance with travel) Section 33 (duty to inquire) Section 34 (inquiries under section 33: Co-operation) Section 228 (request for assessment of needs: duty	 Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to the provision of housing support services.

on local authorities and Health Boards) Section 259 (advocacy)	
The Housing (Scotland) Act 2006 Section 71(1)(b) (assistance for housing purposes)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007 Section 4 (council's duty to make inquiries) Section 5 (co-operation) Section 6 (duty to consider importance of providing advocacy and other services) Section 11 (assessment Orders) Section 14 (removal orders) Section 18 (protection of moved persons property) Section 22 (right to apply for a banning order) Section 40 (urgent cases) Section 42 (adult Protection Committees) Section 43 (membership)	
Social Care (Self-directed Support) (Scotland) Act 2013 Section 3 (support for adult carers) Section 5	Only in relation to assessments carried out under integration functions.

(choice of options: adults) Section 6 (choice of options under section 5: assistances) Section 7 (choice of options: adult carers) Section 9 (provision of information about self-directed support) Section 11 (local authority functions) Section 12 (eligibility for direct payment: review) Section 13 (further choice of options on material change of circumstances) Section 16 (misuse of direct payment: recovery) Section 19 (promotion of options for self-directed support)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
PART 2 Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014	
The Community Care and Health (Scotland) Act 2002 Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

Part 2 Services currently provided by the Local Authority which are to be delegated

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

ANNEX 3

The provisions within this annex are not intended to create legally binding obligations. They are intended to be illustrative of the proposed management arrangements for the functions delegated to the IJB.

The IJB will issue directions to the Parties via its Chief Officer. Those directions will in the main require that the Chief Officer take forward the development of the IJB's Strategic Plan, and lead on ensuring that the plan is delivered. As the Chief Officer will not be personally managing all of the integration functions, ensuring the Strategic Plan is being delivered will include getting assurance from other Chief Officers (for hosted services – see below) and other managers in NHS Lothian and the Council.

The Chief Officer will have direct management responsibility for the following services:

- All Council services described in Annex 2, Part 2.
- All NHS Lothian services describe in Annex 1, Part 2 with the exception of the following:

<u>Hosted Services</u>

There are NHS Lothian services for which it would not be suitable for the Chief Officer to have operational management responsibility. The factors contributing to determining these services are the degree of medical specialism of the service and scale of the service required for it to be safe, efficient and effective.

It is proposed that the following services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as Joint Director of NHS Lothian (area in brackets confirms the Chief Officer who would manage this service)

- Dietetics (Midlothian)
- Art Therapy (Midlothian)
- Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian Chief Executive)
- Lothian Unscheduled Care Service (East Lothian)
- Integrated Sexual and Reproductive Health Service (Edinburgh)
- Clinical Psychology Services (West Lothian)
- Continence Services (Edinburgh)
- Public Dental Service (including Edinburgh Dental Institute (West Lothian)
- Podiatry (West Lothian)
- Orthoptics (West Lothian)
- Substance Misuse (only Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health)
- Independent Practitioners (East Lothian via the Primary Care Contracting Organisation)
- SMART Centre (Edinburgh)

Acute Hospitals

The three acute hospitals in NHS Lothian (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the relevant Site Director.

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 8 October 2015
Agenda Item: **5**

SPG TERMS OF REFERENCE AND PROCEDURES

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide for the information of the members of the Strategic Planning Group (SPG) background information about its role and remit, its proposed terms of reference and procedures, and membership and meeting arrangements, all of which will require to be submitted to the Integration Joint Board (IJB) for approval after its formal establishment.

B RECOMMENDATION

1. To note the proposed Terms of Reference in Appendix 1 for the SPG which are to be submitted to the first formal meeting of the Integration Joint Board (IJB) for approval.

2. To note the proposed and current membership of the SPG in the Terms of Reference in Appendix 1 which are to be submitted to the first formal meeting of the IJB for approval and appointment.

3. To note the procedures in the Terms of Reference in Appendix 1 through which it is proposed that the SPG will operate and which are to be submitted to the first formal meeting of the IJB for approval.

4. To note the terms of the National Health and Well Being Outcomes and the Integration Delivery Principles, both included in the Terms of Reference in Appendix 1, which are to inform the work of the IJB and the SPG, and the contents of the Strategic Plan.

5. To note the meeting dates already put in place for the SPG till June 2016, in Appendix 2.

6. To note the statutory guidance issued to date by the Scottish Government.

C TERMS OF REPORT

C.1 SPG Terms of Reference

The Act requires the IJB to have a Strategic Planning Group and specifies in general terms its role in relation to the Strategic Plan. Its primary statutory role is to respond to proposals from the IJB as to what should be contained in the Strategic Plan and to comment on draft versions put to it for consideration throughout the development process. It also has a similar consultative role where the IJB is reviewing and/or replacing the Plan and where the IJB is considering making a significant decision which is outside the terms of the Plan. The IJB is required to take into account the SPG's views in all these areas when it makes decisions about these issues.

Terms of Reference for the SPG in terms of its role have been developed and were approved in principle at the Shadow Board meeting on 2 June 2015. The Terms of Reference have since been added to, to include other matters relevant to the constitution and administration of the SPG, as described in this report, so that this significant information is contained in one document for future reference purposes. They are all set out in Appendix 1 for information and will be submitted to the first formal meeting of the IJB for approval.

SPG Membership and Meetings

The Act requires the IJB to establish and support its SPG, and specifies the minimum in terms of its membership. A process for identifying the members required was approved in principle at the meeting of the Shadow Board on 2 June 2015.

Since that meeting, officers have been engaged in filling the required places on the SPG and those identified so far have been invited to shadow meetings of the SPG leading up to it being established by the IJB on 20 October. Details of the membership required and proposed for the SPG are set out in Appendix 1. The members will have to be formally appointed by the IJB at its meeting on 20 October and at subsequent meetings as individuals are identified.

Dates have already been identified for meetings of the SPG and those are also set out in Appendix 2 for information.

SPG Procedures

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

A set of procedural rules have been drafted and are contained in Appendix 1 for consideration. They have not yet been presented to a shadow IJB meeting and will require to be submitted to the IJB for formal approval.

The rules are not drafted as a formal set of Standing Orders, as there will be for meetings of the IJB itself (Shadow IJB, 25 August 2015). The SPG is a representative and consultative body rather than a decision-making body. While some structure is needed to ensure meetings are properly convened and run and the SPG's views are developed and communicated to the IJB, it is not felt that such a rigid set of rules is required.

These are some points to note in considering the draft procedures:-

- The same procedures as apply to the IJB for calling meetings, preparing agendas and reports, circulating reports and preparing minutes will apply in principle, but there is provision for a relaxation of those rules if, in the Chair's opinion, circumstances require it

- SPG members who are also members of the IJB will be bound by the same Code of Conduct which applies to them in that capacity. Although not bound by the Code of Conduct, other SPG members will be expected to observe the principles of the Code in their role on the SPG

- Meetings will be public and documents will be available to the public before or after the meeting, subject to redaction of anything which constitutes personal data

- Procedures at the meeting will be determined by the Chair, and the Chair has responsibility for ensuring the efficient conduct of the meeting and that a fair opportunity is given to all concerned (members and officers) to participate in an item of business and to express an opinion

- There is no provision for motions, amendments or voting, since the SPG is a consultative group and not a decision-making body. It will be the Chair's responsibility to ensure a conclusion to each item of business. That may mean drawing together a consensus where possible, or else identifying and noting different opinions

- The Chair will ensure that all opinions and differences of opinion expressed are passed on to the IJB when it is considering the SPG's views

National Health and Well Being Outcomes and Integration Delivery Principles

The Act requires that the IJB must have regard to statutory national health and wellbeing outcomes and integration delivery principles in preparing or reviewing its strategic plan. The SPG will therefore require to be aware of what those are and what they entail in its own consideration and comment on the Plan as it progresses through its drafting and adoption process.

Those outcomes and principles are therefore contained, for information, in Appendix 1 as well.

Statutory Guidance

The Act allows the Scottish Government to issue guidance to those engaged in the integration process and they have a duty to have regard to it in carrying out any functions in relation to integration. So far the following Guidance which may be relevant to the SPG and its members has been issued:-

- The Role of Third Sector Interfaces - http://www.gov.scot/Publications/2015/04/2089

- National Health and Well Being Outcomes - http://www.gov.scot/Publications/2015/02/9966/downloads

- Health and Social Care Functions - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/HSCFuncNote

- Integration Planning and Delivery Principles - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/Principles/PlanningandDeliveryPrinciples

- Strategic Commissioning Plans - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance/SCPlans

- Localities Guidance - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance/SCPlans

- Housing Advice Note - http://www.gov.scot/Resource/0048/00484861.pdf

D CONSULTATION

Relevant council and health board officers

Shadow IJB

E REFERENCES/BACKGROUND

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

Scottish Government Guidance and Advice - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance

Shadow IJB meetings on 2 June and 25 August 2015

F APPENDICES

1. SPG Terms of Reference

2. SPG meeting arrangements

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted
National Health and Wellbeing Outcomes	The remit of Shadow Strategic Planning Group will encompass all National health and Well-Being Outcomes
Strategic Plan Outcomes	The remit of Shadow Strategic Planning Group will encompass all Strategic Plan Outcomes

Single Outcome Agreement	The remit of Shadow Strategic Planning Group will encompass the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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8 October 2015

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE AND PROCEDURAL RULES

1 Role and remit

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

1.2 The SPG will be responsible for the following:-

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

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

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

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

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

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

2 Membership and members

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

(a) council

(b) health board

(c) health professionals

(d) users of health care

(e) carers of users of health care

(f) commercial providers of health care

(g) non-commercial providers of health care

(h) social care professionals

(i) users of social care

(j) carers of users of social care

(k) commercial providers of social care

(l) non-commercial providers of social care

(m) non-commercial providers of social housing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Meeting arrangements

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

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

4 Before a meeting

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

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

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

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

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

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

(f) meetings will be open to the public

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

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

5 During a meeting

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

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

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

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

(d) conduct meetings efficiently

(e) carry out business expeditiously

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

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

5.2 No motions, amendments or voting will be permitted.

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

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

6 After a meeting

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

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

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

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

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

APPENDIX 1

NATIONAL HEALTH AND WELLBEING OUTCOMES

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

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

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

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

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

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

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

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

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

APPENDIX 2

INTEGRATION DELIVERY PRINCIPLES

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

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

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

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

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

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

(e) respects the rights of service-users

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

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

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

(i) improves the quality of the service

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

(k) best anticipates needs and prevents them arising

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

APPENDIX 3

KEY PRINCIPLES OF THE IJB CODE OF CONDUCT

1 Duty

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

2 Selflessness

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

3 Integrity

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

4 Objectivity

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

5 Accountability and Stewardship

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

6 Openness

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

7 Honesty

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

8 Leadership

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

business.

9 Respect

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

SPG MEETING DATES 2015/16

Thursday 8 October 2015

Thursday 3 December 2015

Thursday 4 February 2016

Thursday 7 April 2016

Thursday 30 June 2016

(All meetings are scheduled to start at 2 pm in Strathbrock Partnership Centre, Broxburn)

WEST LOTHIAN STRATEGIC PLANNING GROUP

Date: 8 October 2015

Agenda Item: **6**

DRAFT STRATEGIC PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To provide an initial draft of the Strategic Plan for consideration and possible amendment prior to engaging in stakeholder consultation.

B RECOMMENDATION

1. To note the requirement of the Integration Joint Board (IJB) to prepare a strategic plan.

2. To note that the involvement of the Strategic Planning Group is integral to the preparation of the strategic plan.

3. To consider the initial draft version of the strategic plan in Appendix 1 and to advise on any changes in advance of submission to the IJB prior to stakeholder consultation on the draft strategic plan.

C TERMS OF REPORT

The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on April 1, 2014. The legislation will establish local partnerships under the governance of an Integration Joint Board which will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for:

- Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable

- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets

- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services

As set out in the regulations to the Act, the Integration Joint Board must establish a strategic planning group, which will be involved throughout the process of developing, consulting on and finalising a strategic plan.

The development of the strategic plan must be clear about the national and local outcomes to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements will draw together professionals, staff, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs, and feed this detail into the strategic plan.

It should be noted that the Integration Joint Board, will not assume responsibility for the planning, resourcing and operational delivery of all integrated services until such time as the strategic plan and associated locality arrangements have been prepared and considered fit for purpose by the Health Board and Local Authority.

Appendix 1 provides an initial draft of the strategic plan for consideration by the Strategic Planning Group (SPG). The SPG is invited to comment on this initial draft, including any suggested amendments to be made prior to progressing to stakeholder consultation. The IJB will consider the draft and an associated consultation plan at its meeting on 20 October 2015.

D CONSULTATION

- Relevant council and health board officers
- Shadow IJB

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- Scottish Government Guidance and Advice - http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance
- Shadow IJB meetings on 2 June and 25 August 2015

F APPENDICES

1. Draft Strategic Plan

G SUMMARY OF IMPLICATIONS

Equality/Health

This 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.

Note that the Strategic Plan will be subject to an equality impact assessment.

National Health and Wellbeing Outcomes	The Strategic Plan will address all National health and Well-Being Outcomes
Strategic Plan Outcomes	n/a
Single Outcome Agreement	The Strategic Plan outcomes will be aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	None
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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8 October 2015

Data Label: Public

West Lothian HSCP

Strategic Plan 2016-26

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Foreword

This plan describes the strategic vision and direction for West Lothian Community Health and Care Partnership (HSCP) from 2016-2026 and builds on the real progress already made as a result of strong and effective joint working between West Lothian Council, NHS Lothian and partners. The plan contains a rolling 3 year action plan which will be reviewed and updated on an annual basis.

West Lothian has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. With the formation of the HSCP in 2005, West Lothian Council and NHS Lothian joined forces to continue this tradition by bringing health and social care services closer together wherever possible and working in partnership to deliver more accessible, integrated and high quality services which are jointly planned and community focused.

The HSCP is in a good strategic position to join local health and social care services together, having both Primary Care and Social Work under one Director and a joint Senior Management Team that can draw on the combined resources of both West Lothian Council and NHS Lothian.

This strategy addresses our vision **to increase wellbeing and reduce health inequalities across all communities in West Lothian**. Life expectancy for people in West Lothian is increasing and most people in West Lothian say their health is good or very good. However, long term conditions and lifestyle factors are having a significant impact. The main challenges to improving health in West Lothian are the 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.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, the HSCP is strongly committed to the development of a preventative outcomes-based approach, with an emphasis on effective early interventions to tackle social inequalities and improve wellbeing in communities.

To this end our strategy focuses on prevention, early intervention and collaborative working to ensure services are planned, co-ordinated and evaluated on the delivery of outcomes; and resources are targeted to achieve the greatest impact on those most in need.

	Councillor Frank Toner	[Insert	**Jim Forrest**
[Insert photo]	**HSCP Board Chairperson**	photo]	**HSCP Director**

1 Introduction

Context

The West Lothian Health and Social Care Partnership (HSCP) manages a substantial range of Council and NHS services in West Lothian including community care, services for children and families, health improvement, criminal justice, mental health and community health services, general medical and pharmaceutical services, continuing care, physiotherapy and occupational therapy, general ophthalmic services (for children) and some Lothian-wide, regional and national services.

The HSCP has a strong record of partnership working and joint commissioning across the range of its responsibilities. This plan is built on these foundations.

Both West Lothian Council and NHS Lothian as part of the public sector face significant financial challenges over the next 5 years with a resultant reduction in budget allocations and subsequent need to reduce cost. As well as looking to ensure that the combined resources of both agencies are deployed within the integrated partnership to activities that deliver most effectively on strategic priorities, it will be important to explore the potential for efficiencies, benefiting from the opportunities that integrated arrangements can offer.

Tackling health inequalities has been prioritised at a national level as an issue requiring urgent action. The Health and Social Care Partnership needs to ensure that delivery of health and social care services reflects these inequalities. But it also recognises that the factors which cause inequalities in health lie outside the remit of health services and require a whole systems approach. This is addressed locally through work on the Single Outcome Agreement with community planning partners.

The way health and social care services are delivered locally has a significant impact on addressing the main health and wellbeing challenges, namely shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. The further development of the integration agenda between primary, secondary and social care therefore has a pivotal role to play in tackling these areas.

Key documents that inform HSCP practice locally include

- West Lothian Community Planning Partnership Single Outcome Agreement
- NHS Lothian Local Delivery Plan
- Delivering Better Outcomes - West Lothian Council Corporate Plan 2013/17
- HSCP Joint Commissioning Strategy and plans
- NHS Lothian Clinical Strategy
- West Lothian Primary Care Workplan

Scope of the strategy

This strategy is both a strategic plan and a strategic commissioning plan. This reflects, in a realistic way, the substantial progress which the HSCP has already delivered in the field of strategic commissioning, and meets the requirements of the

current legislation[1]. Information on West Lothian's extensive experience of joint commissioning can be found in section 4 of this plan.

The plan includes all services relating to adult care groups. The specific services included in this plan are

- adult social care services
- community health services
- some adult acute services

The plan fully explores and explains the locality dimension of strategic planning in West Lothian. There are two localities in the county and the importance attached to locality planning is reflected throughout the plan, particularly in sections 2 (Needs Analysis) and 6 (Strategic Priorities).

Strategy Development

This strategy has been developed in conjunction with key stakeholders including West Lothian Council, NHS Lothian, Third and independent sectors, carers, HSCP Board, HSCP Sub-Committee, the HSCP Senior Management Team, HSCP Extended Management Team and staff trade unions.

This strategy aligns with the council's Corporate Plan 2013-17, NHS Lothian Local Delivery Plan and supporting strategies, and the HSCP Joint Commissioning Strategy and Joint Commissioning Plans.

The HSCP commissions a wide range of health and care services to achieve the best possible outcomes for people living in West Lothian. When commissioning services the HSCP must fulfil its statutory duty to achieve best value and ensure that there is a personalised approach when commissioning services to meet need. To achieve this the HSCP works closely with a range of strategic partners such as Housing Building and Construction Services, Education and the Police as well as the Third and independent sectors.

Consultation

To be added

[1] The Public Bodies (Joint Working) (Scotland) Act 2014.

2 Needs analysis

West Lothian's strategic needs assessment[2] provides a comprehensive review of all the health, social and economic data which is relevant to integration planning and the integration process.

West Lothian's population is currently growing at a faster rate than the overall Scottish rate of growth, and this trend is expected to continue over the lifetime of this plan.

The following major key issues emerge from the analysis of strategic needs.

- West Lothian has **an ageing population**. Our oldest residents are most likely to experience complex and inter-related problems in their physical and mental health. They are the most frequent users of health and social care services.

  The rates of growth of the older sectors of the population will be the most significant demographic trends for health and social care in West Lothian over the lifetime of this plan. The needs analysis estimates that over the period 2012-2037, the 65-74 age group will increase by 57%, and the over 75 age group will increase by 140%, against an overall population growth of only 12%.

  West Lothian HSCP has invested significant effort and resources to simplify and improve services, and access to services, for older people, particularly frail older people. Meeting the needs of older people will remain one of the HSCP's top priorities during the lifetime of this plan.

- **Growing numbers of people live with disabilities, long term conditions, multiple conditions and complex needs**
  Long term illness has been identified as the 'Health Challenge of this Century' by the World Health Organisation. It is estimated that 35% of households in West Lothian have someone with a longstanding illness, health problem or disability and 16% of households have someone who provides regular unpaid help or care to others[3].

  Life expectancy for both males and females has seen an increase over the past few years. While traditionally males have had a lower life expectancy than females, the gap between the two genders has been narrowing recently with male life expectancy increasing at a greater rate than that of females.

  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. On average, males in West Lothian are expected to live for 7.1 years in poor health while females are expected to live for 8.8 years in poor health.

[2] Ref to title of needs assessment and link to online version

[3] Scotland's People: Annual Report Results from the 2012 Scottish Household Survey: Local Authority Tables West Lothian, August 2013

According to the 2011 Scotland Census 53.7% of the population described their general health as 'Very Good', while a further 29.4% of the population described their health as 'Good'. While this question is based on self-assessment, it provides a useful overview of the health of the population. Differences can be seen in the perceived general health of the West Lothian population when examined by age. The older age groups in particular show only a very small proportion of the population reporting "Very Good Health", with 5.6% of the over 85 population describing their general health as such. The majority of individuals in this age group (49.3%) reported having 'Fair' health. This is particularly important in West Lothian as a result of the ageing population and suggests that as the population ages more individuals in the area are going to be living in poorer health. Consequently, there will be a higher demand on health and social care services.

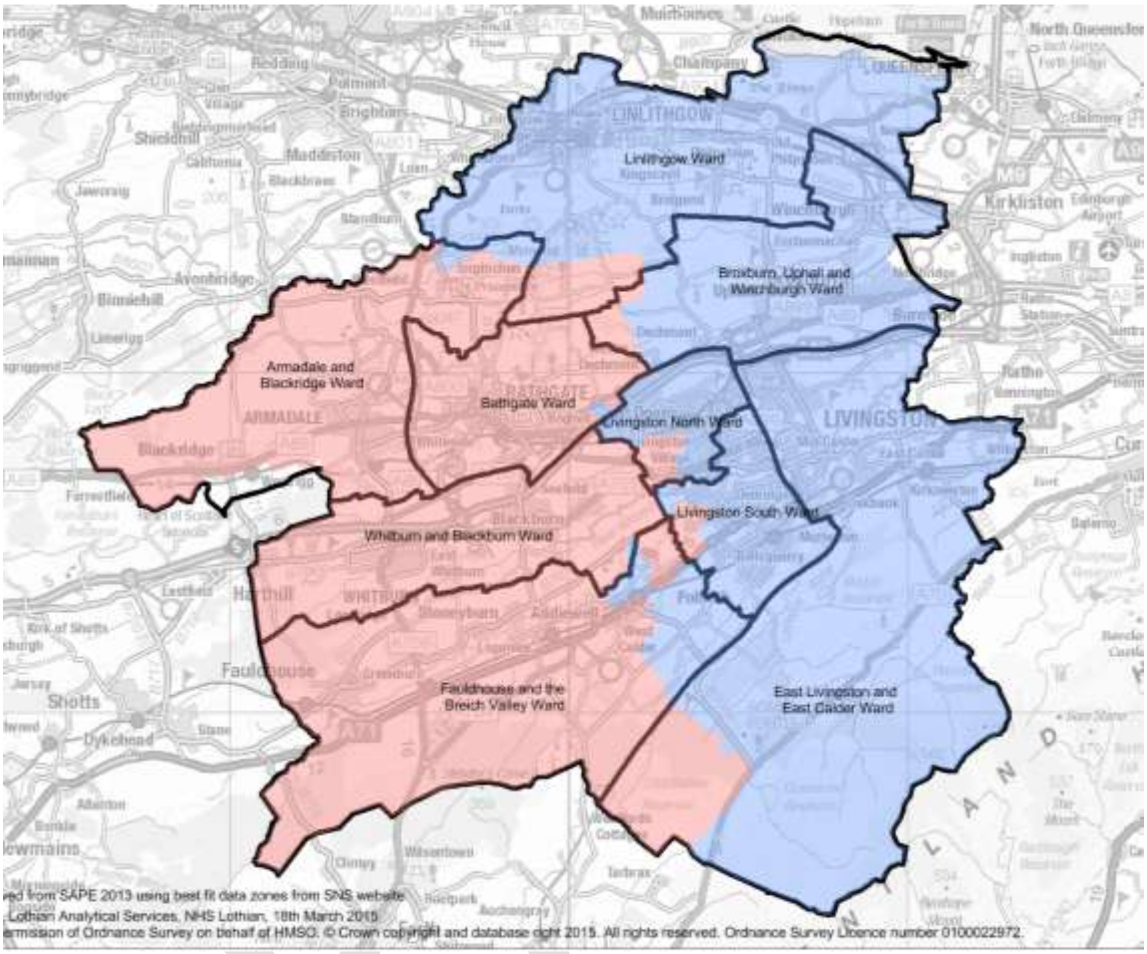
- Like other parts of Scotland, there are significant **health inequalities** in West Lothian. For almost every health indicator there is a clear gradient showing progressively poorer health with decreasing affluence and influence. People who are disadvantaged by race, disability, gender and other factors also have poorer health., West Lothian has a higher proportion of people in the most deprived areas than other parts of Lothian, and so tends to have poorer health than the Lothian average. There are also inequalities within West Lothian. Life expectancy for women ranges from 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These figures reflect wider socio-economic differences.

  Health and wellbeing inequalities which relate to multiple deprivation are not likely to be significantly changed by health policies or health services working in isolation. These inequalities require to be challenged by a "joined up" co-ordinated approach by a wide range of public services. The Health and Social Care Partnership will work with other partners to address these as part of the community planning partnership.

  The strategic needs assessment also analyses the specific characteristics of West Lothian's two **localities**. After analysis of a number of options, a two locality approach, East and West, was adopted based on current multi-member wards. The localities are illustrated in the map below.

  The West locality contains most of the former coalmining and heavy industrial areas of West Lothian, and shows the continuing impact of these industries and the processes of deindustrialisation and long term unemployment which took place from the 1980s onwards In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East.

West Lothian Localities and SIMD Intermediate Geographies[4]



[4] Scottish Index of Multiple Deprivation (http://www.sns.gov.uk/Simd/Simd.aspx)

3 HSCP vision and priority outcomes

Vision

The HSCP's vision is "**to increase wellbeing and reduce health inequalities across all communities in West Lothian".**

Priority outcomes

Priority outcomes for the HSCP, as included in the West Lothian Community Planning Partnership Single Outcome Agreement, are informed by national and local strategy and include:

- Our children have the best start in life and are ready to succeed
- 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
- People most at risk are protected and supported to achieve improved life chances (delivered in conjunction with the Community Safety Board).

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
- Managed care pathways around the person
- Integrated teams and systems
- Seamless frontline services.

Quality management

The importance of effective and efficient services has never been greater for the public sector. The HSCP uses the Public Service Improvement Framework (PSIF) as the quality management model to drive continuous improvement, maximise efficiency, and also to support integration of health and social care.

The PSIF is an organisational performance improvement framework, which encourages organisations in the public and third sector to conduct a systematic and comprehensive review of their own activities and results through self-evaluation. The framework is based on the EFQM Excellence Model and integrates the principles of Best Value with the criteria from the Investors in People Standard and the Customer Service Excellence Standard.

4. Strategic joint commissioning

West Lothian HSCP has been using joint strategic commissioning as the delivery vehicle for achieving national and local health and wellbeing outcomes since 2011. Since then, joint commissioning has become central to Scottish Government approaches to Reshaping Care for Older People and in the Public Bodies (Joint Working) (Scotland) Bill.

Since 2011, West Lothian has gained valuable experience in joint commissioning, and the approach is central to the HSCP's planning and resource allocation.

The HSCP developed an overarching Strategy for the Joint Commissioning of Health and Care Services within West Lothian in 2011. The strategy outlines the approach to be taken in the subsequent development of a series of care group commissioning plans. Outcomes for people are at the centre of the approach and an integral element of the drafting of the plans is engagement with all key stakeholders, including users of the services, their carers, and service providers.

The Strategy commits the HSCP, working with partners, to

- Commission services which focus on prevention and early intervention and which enable people to live independently in their own homes where they chose to do so.
- Empower people to live independently through applying the principles of personalisation in the way in which we commission services.
- Undertake appropriate consultation and involvement with service users and their carers to achieve their agreed outcomes when commissioning services.
- Engage positively with providers of health and social care services in the public, voluntary and private sector.
- Adhere to relevant procurement legislation and guidance and ensure that services are commissioned in a way that is fair, transparent and open.
- Ensure that quality, equality and best value principles are embedded through our commissioning processes.

The following **3 year Joint Commissioning Plans** have since been developed:

- Adults with Learning Disabilities
- Adults with Physical Disabilities
- Mental Health
- Older People and Dementia
- Children and Families
- Criminal Justice
- Substance Misuse

These plans are based on an annual ANALYSE, PLAN, DO and REVIEW approach, as illustrated below

Section 9, Development Plan, details the main priorities within each of the Joint Commissioning Plans.

Section 5, Current Activities, describes the main areas of activity within the scope of each of the Joint Commissioning Plans, with linkage to relevant high level outcomes and the performance indicators that will be used to inform progress.

Greater detail is available within the full versions of the plans.

5 Current activities and resources

Introduction

The main services to be delegated and integrated are

- adult social care services
- community health services
- some adult acute services.

A comprehensive listing of the services can be found in the Appendix to this plan.

Activity Name and Description		Strategic outcome	Performance Indicators (codes)	Net Revenue Budget 2015/16 £'000
Community Care				
Assessment and Care Management	Provision of assessment and care management service to adults (all client groups), their families and carers.	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.	**Note: Details of activity PIs to be confirmed by NHS and WLC. This will be done in advance of IJB 20 October 2015.**	**Note: Details of budget to be confirmed by NHS and WLC Finance. This will be done in advance of IJB 20 October 2015.**
Care home provision	Provision of care home placements for adults (all client groups).	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.		

Community Based care and support services	Support activities to enable adults (all client groups) to live independently or with family and to support positive life experiences (includes care at home, housing support, respite, day care).	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Support services	Miscellaneous enabler services including commissioning, contract management, information management, administrative support etc.	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.		

Community Health

Community Nursing	Provision of a range of community based nursing services including specialist nursing interventions and case management, supporting patients, their families and carers	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.		
Intermediate Care	Provision of assessment, care and treatment interventions designed to provide “hospital at home” as alternative to hospital admissions. Includes provision of rehabilitation and step up/step down care provision in community hospitals	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.		

Joint Equipment Store	Provision of wide range of equipment to support independent living and care management	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.		
Children's Services	Provision of health surveillance, health improvement, early interventions and support to children and families including Health Visiting, School Nursing and specialist interventions	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Support Services	Miscellaneous enabler services including premises, administrative support, management, training etc	Resources are used effectively and efficiently in the provision of health and social care services.		

Mental Health Service	Provision of comprehensive range of services to adults and older people including inpatient, outpatient and community services	People are able to look after and improve their own health and wellbeing and live in good health for longer		

Hospital Services for the Frail Elderly	Improving assessment, treatment and discharge of frail elderly patients within the context of a programme and a commissioning strategy which encompasses the entire frail elderly pathway including acute healthcare, secondary and primary healthcare and social care; and public and third sector service provision.	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.		

Allied Health Professional Services	Provision of wide range of inpatient and community based therapeutic and rehabilitative services	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.		

General Medical Services	Provision of General Medical Services to practice populations including range of additional and enhanced services with focus on quality and outcomes to meet local needs	People are able to look after and improve their own health and wellbeing and live in good health for longer		

Prescribing	Prescribing of wide range of therapeutic treatments for practice populations, focus on cost effective prescribing and adherence to prescribing indicators	Resources are used effectively and efficiently in the provision of health and social care services.		

Other Family Health Services	Enabling funding supporting efficient and effective use of resources in Primary Care Services in West Lothian	Resources are used effectively and efficiently in the provision of health and social care services.		

Resource transfer	Provision of community based care and support services for people with mental health, learning disabilities, and older people supporting re-provision of institutionalised care	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.		

Hosted Services

Dental Service	Provision of Dental Services across NHS Lothian including child smile, salaried community dental services and general dental service.	People are able to look after and improve their own health and wellbeing and live in good health for longer. People are able to look after and improve their own health and wellbeing and live in good health for longer		
Podiatry Service	Provision of podiatry services across NHS Lothian	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.		
Orthoptic Service	Provision of Orthoptic Services across NHS Lothian	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Psychology Services	Provision of Psychology services across NHS Lothian including Children; Adult; Learning Disability, Forensic & Rehabilitation; Physical, Neurological and Older People	People are able to look after and improve their own health and wellbeing and live in good health for longer		

6 Strategic priorities

Strategic opportunity

The integration of health and social care represents a major opportunity to deliver improved outcomes for the communities we serve. We need to focus on the right outcomes and ensure there is buy-in by relevant partners.

Integration outcomes

There are nine national integration outcomes which are expected to be improved through the integration of health and social care:

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

Outcome 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

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

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

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

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

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

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

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

These are outcomes where a wide range of partners, not just those directly involved in the delivery of health and social care services can make the most difference. All nine health and social care outcomes are the explicit focus of partnership working and resource deployment in this Strategic Plan, and will be the primary focus and expression of the health and care partners' intentions.

HSCP Vision

The HSCP's vision is "**to increase wellbeing and reduce health inequalities across all communities in West Lothian".**

The HSCP approach

Key elements in the approach of the HSCP to reduce the health inequalities gap and improve wellbeing include:

- Early intervention, prevention, anticipatory care
- Managed care pathways around the person
- Integrated teams and systems
- Seamless frontline services.

Strategic commissioning principles

To achieve our vision and the best possible outcomes for people living in West Lothian who are assessed as needing a health or social care service, the following principles have been identified to ensure a longer term strategic approach to commissioning;

- To implement an outcomes based approach to the commissioning of care and support services.
- To commission health and social services which meet the needs and outcomes of individual service users which are personalised and offer choice.
- To commission quality services which achieve best value principles.
- To work with our strategic partners and colleagues within the council and NHS to ensure a strategic approach to the commissioning of joint services.
- To ensure transparency and equality when commissioning service undertake the appropriate stake holder involvement and consultation which includes service users and their carers.
- Positively engage, consult and communicate with the independent and voluntary sectors.
- To ensure that approved procurement procedures are adhered to.

Localities

West Lothian's two localities will be fully represented in all strategic commissioning processes and decision-making. The varied responses and approaches which are appropriate to their needs will be explicitly addressed.

7 Performance management

National reporting

The HSCP will report annually on the core suite of national integration indicators which are detailed in Appendix 2. As we become more experienced in applying these indicators, we may seek to expand the suite to provide more in depth information on the impact of integration in West Lothian.

Balanced scorecard

The HSCP has adopted a balanced scorecard approach to translate our priority outcomes into a comprehensive set of performance measures that provide the framework for a strategic measurement and management system. The balanced scorecard has been used successfully in many public sector organisations, including the vast majority of NHS Trusts in England and Wales.

The balanced scorecard retains an emphasis on achieving financial objectives, but also includes the performance drivers of those financial objectives. The scorecard measures organisational performance across four balanced perspectives:

- Financial
- Customer
- Internal processes
- Learning and growth

Section 5 of this plan details the current high level activities engaged in by the HSCP. A broad range of performance indicators will be used to monitor performance of these separate activities. The HSCP will also report on a regular basis on overall performance across the entire suite of indicators within the balanced scorecard. The following performance indicators will be used to monitor progress in the outcome for the life span of the strategy:

Scorecard Perspective	Health & Well Being Outcomes	High level Indicators
Financial & Business Perspective	**Effective Resource Use** To live within available financial resources and develop a sustainable financial plan.	• Achievement of a break-even revenue position • A measure of the balance of care (e.g. split between spend on institutional and community-based care) • Achievement of Quality Prescribing Indicators

Customer Perspective	**Positive experiences and outcomes**	• Percentage of customers who rated the overall quality of services as good to excellent • Percentage of customers satisfied with opportunities for social interaction • Number of Complaints
	Carers are supported	• Percentage of carers who feel supported and able to continue in their role as a carer • Percentage of young carers accessing peer and emotional support who report they have increased confidence as result of this intervention
Internal process perspective	**Healthier Living** To promote the health and well being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian	• Gap in life expectancy of the most deprived 15% and the average life expectancy in West Lothian • Warwick-Edinburgh Mental Well-being Score • Percentage of children & young people who feel healthy • Percentage of adults with self assessed health as good/very good
	Independent Living	• Self Directed Support (indicators are in development) • Percentage of time in the last 6 months of life spent at home or in a community setting • Percentage of customers and carers satisfied with their involvement in the design of care packages • Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting • Number of people with intensive needs receiving 10 hours + care at home • Percentage of children known to the Child Disability Service who receive a package of support • Number of adults with learning disability provided with employment support

	Services are safe To improve safety and quality across health and care services in West Lothian	• Achievement of Clinical Quality Indicators • Achieve an average of 55% direct care time • Percentage of community care service users feeling safe • Percentage of MAPPA cases where level of risk has been contained or reduced • Percentage of children who are looked after and accommodated, of an age and stage where they are able to express an opinion who report they feel safer as a result of intervention or support
Learning & Growth Perspective	**Engaged Workforce** Secure the integration of primary, secondary and social care to deliver sustainable and equitable improvements in quality and safety across health and social care;	• 85% of staff have an annual performance review and personal development plan • Achievement of 4% staff absence rate across all service areas • Staff satisfaction demonstrated through staff surveys and Investors in People assessment

8 Clinical and care governance

The Health Board, the Council and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met.

Plans will be put in place, as set out in this Strategic Plan, to ensure that staff working in Integrated Services have the skills and knowledge to provide the appropriate standard of care. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer, as appropriate. The Organisational Development Strategy will identify training requirements that will be put in place to support improvement in services and outcomes.

The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; value partnership working through example; affirm the contribution of staff through the application of best practice, including learning and development; and be transparent and open to innovation, continuous learning and improvement.

The Director of Health and Social Care"s role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Health Board and the Council. He will manage the Health and Social Care Partnership and the Integrated Services delivered by it, and has overall responsibility for the professional standards of staff working in integrated services.

The Integration Joint Board will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Health and Care Governance Group will be established with membership from the Health Board, the Council and others, including:

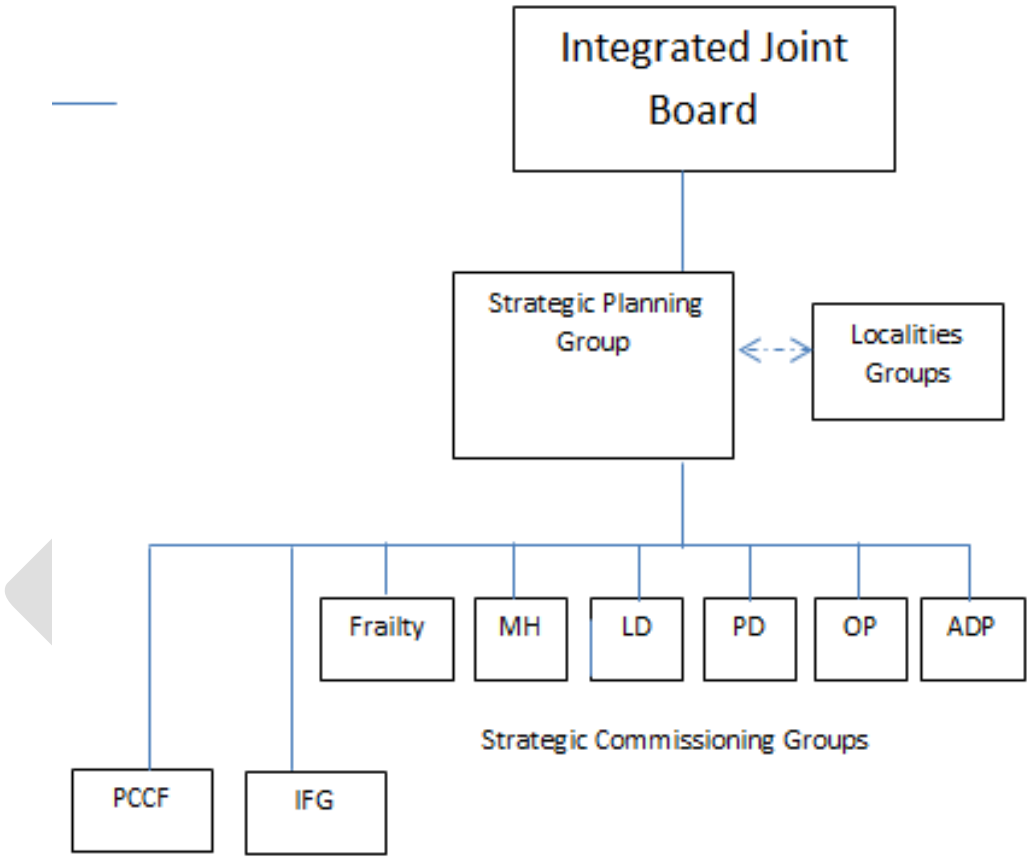
- The Senior Management Team of the Partnership.
- The Clinical Director.
- The Chief Nurse.
- The Lead from the Allied Health Professionals.
- Chief Social Work Officer.
- Director of Public Health, or representative.
- Service user and carer representatives.
- Third sector and independent sector representatives.

The Health and Care Governance Group will be able to invite appropriately qualified individuals from other sectors to join its membership. This will include NHS Board professional committees, managed care networks and the local authority adult and child protection committees.

The role of the Health and Care Governance Group will be to consider matters relating to strategic plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group provides advice to the strategic planning and locality planning groups within the Partnership.

Further assurance is provided through the responsibility of the Chief Social Work Officer to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in turn report to the NHS Board on professional matters.

Arrangements for monitoring and scrutiny of progress and performance will be developed in line with the review of integration structures and processes and will be embedded within community and locality planning mechanisms.



As detailed in the Integration Scheme, the Integration Joint Board will provide the overall governance to the partnership.

The Health and Care Community Planning Group will comprise a wide range of stakeholders and will be one of the 3 main sub groups of the Community Planning Partnership.

There will be a series of Care Group Localities whose main responsibility will be to oversee the development, implementation and review of the Joint Commissioning Plans.

Locality representatives and locality priorities will be fully represented in all governance and planning structures.

9 Development Plan

Organisational development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Financial plan	Development of a 3year integrated financial plan to ensure that financial resources are deployed consistent with strategic priorities and to ensure that the necessary efficiencies are planned and delivered.	Resources are used effectively and efficiently in the provision of health and social care services.		
People plan	Development of an integrated people plan to raise the performance of individuals, teams and managers, and to ensure a workforce of the right size with the right skills and diversity, organised in the right way, within available budget to deliver quality services.	Resources are used effectively and efficiently in the provision of health and social care services.		
Engagement framework	Customer Engagement Plan to be developed to support major workstreams: Prevention and Early Intervention; Reshaping Care for Older People; Reducing Reoffending;	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Communication Plan to engage with the wider public; to build on existing good practice to promote HSCP through a range of media.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
	Workforce Engagement Plan building on the IIP framework, to ensure that staff across the HSCP are involved and engaged, and that methods of staff consultation are integrated.	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.		
Quality management	Continuous improvement in service delivery through deployment of the PSIF quality management framework throughout the organisation.	All strategic outcomes		
Property strategy		Resources are used effectively and efficiently in the provision of health and social care services.		

Primary Care development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Ensure services are safe	General practice complaints are reviewed and learning is shared. HSCP risk register maintained and practices have internal procedures they are obliged to carry out to review safety	People using health and social care services are safe from harm.		
Services should be effective	Monitored through quality and outcome framework, enhanced service returns, morbidity data, unscheduled contact and hospital admissions. Practices work to contract specifications and are supported by the HSCP. Evidence-based prescribing initiatives continue to be implemented and supported by the HSCP.	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Services should be patient centred	Involvement of users in service change and development. Providing services and care in the most suitable environment, local to the patient where possible, whether in their home or at their local general practice	People who use health and social care services have positive experiences of those services, and have their dignity respected.		

Organisation wide commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Support for Carers	Implementation of the Carers Strategy: Caring Together	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Personalisation	Implement Self Directed Support and monitor its uptake and impact on service provision	People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Tele-healthcare Health inequalities	Develop telecare and telehealth provision to support independence and capacity building. Possible actions: Identify and reduce barriers to care for people with the greatest health needs Identify and address social circumstances within care pathways Develop greater links between health and welfare advice services Continue to prioritise prevention and early intervention for groups of people with high needs Work with CPP to identify and address wider causes of health inequalities	People are able to look after and improve their own health and wellbeing and live in good health for longer Health and social care services contribute to reducing health inequalities		

Adults with Learning Disabilities - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Scottish Enhanced Services Programme (GP Contracts)	Revised programme to ensure that screening and management of long term conditions is delivered for patients on the Learning Disability register to the same standards, quality and accessibility as the rest of the general practice population.	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.		
Complex Care	Through a Lothians based partnership, explore the most effective arrangements for meeting the growing needs of individuals with learning disability and complex care Needs.	Resources are used effectively and efficiently in the provision of health and social care services.		
Support for Carers	Development of Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice and support.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Services for Autism Spectrum Disorders (ASD)	Future development of services for people with ASD based on a Partnership Approach, which is systematic, evidence based and sustainable.	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.		
Employability & lifelong learning	Explore the development of a Social Enterprise to develop people's employability with the potential to develop employment opportunities within the project itself.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Adults with Physical Disabilities - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Employability	Increase delivery of 'B4 and On2 Work' employability advocacy and support.	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.		
Short Breaks from Caring (respite)	A five year contract (with an option to extend for a further three years) is in place for 2010-2015.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.		
Day support	Provide a range of support to access education, college courses, work experience and employment opportunities and volunteering opportunities as well as support at times of transition.	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.		
Information and Advice Services	Review current contracts for – Information and Advice Service (Disability) – Information and Advice Service (Learning D.) – Peer Counselling Service – Independent Living	Resources are used effectively and efficiently in the provision of health and social care services.		
Community Rehabilitation and Brain Injury Service (CRABIS)	It is intended to continue to commission the current specialist services.	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.		
Services for the Deaf, Deafened and Hard of Hearing	It is intended to continue to commission the current specialist services.	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.		
Services for the Blind and People with Sight Loss	It is intended to continue to commission the current specialist services.	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.		

Mental Health - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Advocacy	Identify the advocacy needs for people with drug and/or alcohol problems and explore commissioning of resource if required (MHAP)	People using health and social care services are safe from harm. People who use health and social care services have positive experiences of those services, and have their dignity respected.		
Adult Protection	Develop Care Programme Approach within West Lothian	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Housing Support	Ensure that Housing Support Services are integrated with other care-related services, are outcomes-focused, are compatible with new legislation such as Self-directed Support, and are less reliant on block contracting methods.	Resources are used effectively and efficiently in the provision of health and social care services.		
Specialist Respite	Commission a new respite service for the mental health client group that promotes equity of access, is person-centred, and maximises economies of scale	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Inpatient Provision	Redesign the support for the day to day clinical management and coordination of acute care	Resources are used effectively and efficiently in the provision of health and social care services.		

Rehabilitation	Ensure a robust review system for people with severe and enduring illness that is recovery orientated and is holistic in nature including physical health care monitoring	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.		
Commissioning reviews - Community Nursing, Psychiatry, Psychology	Carry out a commissioning review so that current service demand can be better understood, and demand be better managed	Resources are used effectively and efficiently in the provision of health and social care services.		
Older People and dementia - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Live at Home or in a Homely Setting for Longer	Review contract arrangements for care at home (note current Framework Agreement runs until 31 December 2014)	Resources are used effectively and efficiently in the provision of health and social care services.		
	Explore future commissioning options for day care service for older people	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.		
	Explore step up and step down care provision in West Lothian and intermediate care pathways, including consideration of care homes as provider.	Resources are used effectively and efficiently in the provision of health and social care services.		
Maximising Independence	Undertake review of care & support in Sheltered housing	Resources are used effectively and efficiently in the provision of health and social care services.		
Joined Up Care pathways	Develop integrated assessment and rehabilitation service to support provision of specialist multidisciplinary assessment for older people and timely access to rehabilitation	Resources are used effectively and efficiently in the provision of health and social care services.		

End of Life Care	Review service level agreement with Marie Curie and Macmillan	Resources are used effectively and efficiently in the provision of health and social care services.		
	Monitor access to palliative care services for those with non malignant conditions	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		
Dementia		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Frail elderly development priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Comprehensive geriatric assessment and frailty pathway in hospital	Implement a multidimensional interdisciplinary Comprehensive Geriatric Assessment at the start of the patient journey in hospital. Explore and test roles of elderly care assessment nurse, specialised discharge, rehabilitation, day hospital and ambulatory care services. Explore option dedicated frailty unit in St John's Hospital.	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.		
Frailty capacity modelling	Create analytical model of current systems against which costs and benefits of proposed changes can be assessed, further research generated, and investment priorities targeted.	Resources are used effectively and efficiently in the provision of health and social care services.		
Mental health	Continue progress towards preventative, assessment and outcome focussed services – specifically development of Memory Assessment & Treatment Service - 1 year post diagnostic support for people with new dementia diagnosis - develop Behavioural Support service - redesign Mental Health Elderly Day Service	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		

Supporting health and care in the community	Review current arrangements and performance to advise on short term Integrated Care Fund investments and sustainability after the end of the Fund.	Resources are used effectively and efficiently in the provision of health and social care services.		

Substance misuse - commissioning priorities				
Action	**Description**	**Strategic outcome**	**Start**	**End**
Contract review	Review existing contract arrangements, exploring potential efficiencies through combining currently discrete contracts.	Resources are used effectively and efficiently in the provision of health and social care services.		
Prevention and early intervention	Continue to commission services with outcomes relating to family wellbeing and child protection.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Extend provision of alcohol brief interventions (ABIs) for people who are drinking heavily but not in need of treatment.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
	Develop a best practice guide to enable schools to provide consistent, evidence-based prevention programs.	People are able to look after and improve their own health and wellbeing and live in good health for longer		
Recovery	Review new Through Care and After Care service, including arrangements relating to housing support and the need for specialist provision.	Resources are used effectively and efficiently in the provision of health and social care services.		
Tobacco		People are able to look after and improve their own health and wellbeing and live in good health for longer		

Appendix 1 : Health and social care services to be integrated

Services currently provided by West Lothian Council

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

Services currently provided by NHS Lothian

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine—
  - General medicine
  - Geriatric medicine
  - Rehabilitation medicine
  - Respiratory medicine
  - Psychiatry of learning disability,
- Palliative care services provided in a hospital outwith.
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services
- District nursing services
- Services provided outwith a hospital in relation to an addiction or dependence on any substance
- Services provided by allied health professionals in an outpatient department,

clinic, or outwith a hospital
- The public dental service
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the
- Defined general dental services.
- Defined ophthalmic services
- Defined pharmaceutical services.
- Primary medical services during out-of-hours.
- Services provided outwith a hospital in relation to geriatric medicine
- Community learning disability services
- Community mental health services
- Community continence services
- Community kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Edinburgh Dental Institute
- Psychology and Psychological Therapies

Appendix 2 : Core suite of national integration indicators

Outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

Indicators derived from organisational/system data primarily collected for other reasons.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end of life care.

West Lothian HSCP

Strategic Plan 2016/26

Jim Forrest
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October 2015

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West Lothian Strategic Planning Group

Date: 8 October 2015	
Agenda Item: **7**	

IJB MEMBER INDUCTION

REPORT BY DIRECTOR

A PURPOSE OF REPORT

To advise the Board of the proposal for progressing induction for the Board members.

B RECOMMENDATION

The board endorses the proposed approach and content of Board member induction as outlined in this report.

C TERMS OF REPORT

An initial West Lothian induction event for members of the Shadow Integrated Joint Board was provided on the 19th August 2015 with a view to providing a broad overview of key themes. This was well attended with 10 appointed members of the IJB attending.

To build on this event and progress the induction of IJB members further events are proposed to ensure that Board members have all the necessary information to meet their individual and collective needs.

The events proposed are:

1. A repeat of the induction event provided on the 19th August 2015 (content in Appendix 1) taking on board feedback from participants and views from the Shadow Board. This will be open to all Board members but targeted at new members who haven't previously attended. This event will provide all board members with the same information and is necessary as the pan Lothian induction events will not be repeated.

   This event should be delivered when all board members have been appointed and is planned for November/ December 2015 depending on the timescales for appointments.

2. An induction event to be included for all elected members to equip councillors with an overview and understanding of the role of West Lothian's Integration joint Board. This will be arranged by HR as part of the ongoing programme of Member development events.

3. Once all board members have attended the initial induction event a further development event is planned. The purpose of this will be to review any further induction needs as well as to facilitate the implementation of a Development Plan for the IJB.

IJB Development Plan

Each IJB is required to produce a Board Development Plan to set out how the Board plans to develop a continuous improvement approach to how it operates. The Board Development Plan will pull together the themes and areas for improvement as well as detail actions required and monitoring process

A range of resources have been produced nationally to facilitate the development of Integrated Joint Boards.:

- Leading the Journey of Integration – a guide for Integration Joint Board members (produced by Scottish Government in conjunction with SSSC and NESS)
- Leading for Outcomes – Integrated Working & Delivering Integrated Care and Support, The Institute for Research and Innovation in Social Services (IRISS)
- Readiness for Integration Tool & Success Factors for Integration – Joint Improvement Team (JIT)

These documents highlight key themes for Boards to address as part of their development. These include;

- Mapping our partnership – how does it relate to established council, NHS, Community Planning arrangements.
- Outcomes – Reviewing the delivery against National Outcomes for social care and how that relates to the Single Outcome Agreement
- The Principles of Integration –How services and planned and delivered.
- Role of the IJB – Decision making arrangements
- Leadership and Culture – Working together effectively both individually and collectively
- Building Relationships – Building trust, communication and understanding.
- Working to Support Localities – Effective engagement and prioritisation.
- Commissioning Planning – Robust processes/ Outcome approach.

D CONSULTATION

None Required

E REFERENCES/BACKGROUND

1. Leading the Journey of Integration – a guide for Integration Joint Board members (produced by Scottish Government in conjunction with SSSC and NESS)
2. Leading for Outcomes – Integrated Working & Delivering Integrated Care and Support, The Institute for Research and Innovation in Social Services (IRISS)
3. Readiness for Integration Tool & Success Factors for Integration – Joint Improvement Team (JIT)

F APPENDICES

Appendix 1 - INTEGRATION JOINT BOARD – INDUCTION & DEVELOPMENT

G SUMMARY OF IMPLICATIONS

Equality/Health	This 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.
National Health and Wellbeing Outcomes	n/a
Strategic Plan Outcomes	The Strategic Plan includes a commitment to develop a workforce and organisational development plan.
Single Outcome Agreement	n/a
Impact on other Lothian IJBs	None
Resource/finance	From current budget resources
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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8 October 2015

APPENDIX 1

WEST LOTHIAN HEALTH & SOCIAL CARE

INTEGRATION JOINT BOARD – INDUCTION & DEVELOPMENT

West Lothian's Health & Social Care Integration Joint Board induction programme outline:-

Session 1 – 19th August 2015 - 13.00-16.00 hours

Time	Activity	Content	Facilitator
1.00 – 1.10	Welcome and Introduction to programme – purpose and outcomes	• Outline of Phase 1 –Lothian wide • Outline of Phase 2 – Local programme Emphasis on importance of attendance at both to fully understand role/remit/accountability both nationally and locally	Isobel Meek/Gerry Cavanagh
1.10 – 1.20		• Overview of national vision for Integration of Health & Social Care including any legislative timeframes	Jim Forrest
1.20 – 1.40	Board members introduction and background	• Individual input	
1.40 – 1.55	Structure of West Lothian's Health and Social Care Partnership board and Role of members	• The role of an integrated joint board (board of governance) - Voting and non-voting members • Standing orders • IJB mapped to organisational landscape and links to Community Planning Partnership etc	James Millar "
1.55 – 2.10	Risk Register	• Linkages to National outcomes and local organisational performance and monitoring to deliver on the outcomes • Board's role in managing and mitigating risk	Kenneth Ribbons
2.10 – 2.30	Local context setting	• Overview of the 2 localities	Carol Bebbington

	Strategic Planning Group's Role and links to decision making	• Role of strategic planning group and its interaction with IJB • Informed decision making - use of data/research to inform decision making – e.g. intelligence generated from GP practices in relation to patterns of admissions, prescribing, diagnostics	" " "
2.30 – 2.50	Strategic Commissioning Performance Reporting and continuous improvement	• Assessing and forecasting need • Linking investment to agreed desired outcomes • Considering options and planning the nature, range and quality of future services in partnership • Annual report, review of the year	Alan Bell "
2.50 – 3.05	Tea/coffee		
3.05 – 3.15	First business of board - Approval of non-voting members	• Overview of prospective members and their role/background/experience.	Jim Forrest
3.15 – 3.50	IJB direction of future needs	• Outline of future session and direction from Board Members of their needs/priorities • Suggestions could include – • Leadership • Culture • Integrated Teams	Isobel Meek/Gerry Cavanagh
3.50 – 4.00	Close	• Questions, next steps • Date of next meeting • Closing remarks	Isobel Meek/Gerry Cavanagh Jim Forrest