



West Lothian
Council



West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

17 March 2016

A meeting of the **West Lothian Integration Joint Board** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre, Livingston** on **Wednesday 23 March 2016 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. Confirm Draft Minute of Meeting of West Lothian Integration Joint Board held on Tuesday 16 February 2016 (herewith)
5. Note Draft Minute of Meeting of West Lothian Integration Strategic Planning Group held on Tuesday 23 February 2016 (herewith)
6. Running Action Note (herewith)
7. West Lothian Integration Joint Board Strategic Plan 2016-2026 - Report by Director (herewith)
8. IJB Financial Regulations - Report by Chief Finance Officer (herewith)

DATA LABEL: Public

9. IJB Financial Assurance - Report by Chief Finance Officer (herewith)
10. IJB Directions - Report by Director (herewith)
11. Audit Scotland Annual Audit Plan - Report by Chief Finance Officer (herewith)
12. Workplan (herewith)

NOTE **For further information contact Anne Higgins, Tel: 01506 281601 or email: anne.higgins@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 16 FEBRUARY 2016.

Present –

Voting Members - Councillors Frank Toner (Chair), Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Alison Meiklejohn (substitute for Julie McDowell), Martin Haill, David Farquharson.

Non-Voting Members – Mairead Hughes (Professional Advisor), Elaine Duncan (Professional Advisor), Jane Houston (Staff Representative), James McCallum (Professional Advisor), Martin Murray (Staff Representative), Ian Buchanan (Stakeholder Representative).

In Attendance – Jim Forrest (Director), Rhona Anderson (CHCP Development, West Lothian Council), Carol Bebbington (Primary Care Manager, NHS Lothian), Alan Bell (Senior Manager, Communities and Information, West Lothian Council), Marion Barton (Head of Health Services), James Millar (Governance Manager, West Lothian Council), Patrick Welsh (Group Accountant, West Lothian Council), Carol Mitchell (Business Partner), Alister Perston and Inire Evong (Audit Scotland).

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Chair ruled that an item of business concerning Blackburn Partnership Centre be taken as Urgent Business later in the meeting.

The Chair further ruled that the order of business be changed to allow the report on 'Appointments Committee – Update' (Agenda Item 10) to be taken at the end of the meeting (following Agenda Item 14).

2. DECLARATIONS OF INTEREST

There were no declarations of interest made.

3. MINUTE – WEST LOTHIAN INTEGRATION JOINT BOARD

The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 8 December 2016.

4. MINUTE – WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP

The Board noted the minute of meeting of West Lothian Integration Strategic Planning Group held on 3 December 2015.

In response to a question raised, and following advice from the Standards

Officer, the Board agreed that the membership of the Strategic Planning Group be reviewed after 6 months of operation and that a paper be brought to the Board at the appropriate time for consideration.

5. ADDITIONAL BOARD MEETING

The Board considered a report (copies of which had been circulated) by the Acting Director seeking approval for an additional meeting of the Board to be held in March to ensure finalisation and approval of the Strategic Plan and related matters prior to 1 April 2016, and to confirm the arrangements for that meeting.

The report recalled that, on 8 December 2015, the Board had considered whether it would be possible or practicable at the meeting on 16 February 2016 to conclude all the statutory decision-making processes required of it.

The report went on to recall the Board's decision concerning an additional meeting, noting that the meeting arrangements, if any, had been delegated to the Acting Director, in consultation with the Chair. A meeting had been arranged to take place on Wednesday 23 March at 2.00 pm and members had been informed of the arrangements by email and asked to keep that date free.

It was recommended that the Board:-

1. Agree that an additional meeting of the Board should take place to ensure compliance with the Board's legal duties prior to delegation of functions on 1 April 2016.
2. Note the arrangements for that meeting which had been made in accordance with the Board's decision on 8 December 2015.

In response to a question raised concerning future meeting dates, the Chair advised that, as far as possible, meeting dates would be agreed amongst members.

Decision

1. To agree that an additional meeting of the Board be held to ensure compliance with the Board's legal duties prior to delegation of functions on 1 April 2016.
2. To agree that the additional meeting be held on Wednesday 23rd March 2016 at 2.00 pm in Council Chambers, Civic Centre, Livingston.

6. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information.

Decision

To note the content of the Running Action Note.

7. IJB FINANCE ARRANGEMENTS AND FINANCIAL ASSURANCE UPDATE

Report by Director

The Board considered a report (copies of which had been circulated) by the Director providing information on the proposed financial management and governance arrangements for the Integration Joint Board and providing an update on the financial assurance process for 2016/17 budget contributions to the IJB.

The report recalled that, as detailed in the approved Integration Scheme, there were four main elements of services and resources which would be delegated to the IJB. These were:-

- West Lothian Adult Social Care Services
- West Lothian Delegated Community Health Services
- Share of Pan Lothian Hosted Health Services
- Share of Acute Health Services

In preparation for resources being delegated, significant work had been undertaken to identify the level of relevant 2015/16 budgets that related to functions that would be delegated to the IJB from 1 April 2016. The 2016/17 budgets would be calculated taking account of budget growth and savings approved by the council and NHS Lothian. Members were asked to note that during the course of 2016/17 it was likely that there would be further movements in the approved contributions to the IJB, for example, as a result of additional Scottish Government funding received in year relating to delegated activities.

The Board was informed that the budgets delegated to the IJB would relate to the direct service delivery functions and would exclude budgets relating to central support and overhead services (for example Legal, HR, Finance, Facilities Management and Estates) which would continue to be managed under existing arrangements reflecting the nature of these services. For VAT clarity purposes, support in relation to these services would be provided by the Council and NHS Lothian free of charge to the IJB.

The report went on to examine financial management and governance arrangements under the following headings:-

Budget Responsibility
Chief Finance Office
Financial Regulations
Final Accounts
Strategic Plan

Financial Monitoring and Reporting

In relation to the financial assurance process in respect of 2016/17 budget resources delegated to the IJB, the proposed approach had been reported to the Board in October 2015. This took account of Scottish Government and Audit Scotland guidance and was set out in the report.

Work continued to progress around financial assurance and the key aspects of this was the 2016/17 budget settlement and planning work progressing by the Council and NHS Lothian. This was considered in section C.5 of the report.

The Board was asked to:-

- Note the proposed financial management and governance arrangements for the IJB budget in 2016/17.
- Note the proposed approach to financial assurance and the progress and proposed timescales for the completion of the financial assurance process.

Presentation

The Board heard a presentation by Carol Mitchell, Business Manager, providing detailed information in relation to the components of the IJB budget and how the IJB budget amount would be derived. The Board heard how the IJB budget differed from the HSCP budget, together with the reasons for the variations. differences between the IJB and the HSCP

In relation to resource allocation to and from the IJB, it was explained that West Lothian Council and NHS Lothian would advise WL IJB of the value of the budget and the method of deriving those budgets. The WL IJB would, in line with its Strategic Plan, allocate budgets to functions/services to be delivered by the council and the health board. The WL IJB would issue directions to the Chief Executives of the council and health board advising the value of the budget they had been allocated for each function/service and what outcomes they were required to deliver in utilising those funds.

It was noted that, where resources allocated back to each party differed from the resources allocated by each party, a balancing payment would be required to be made between the parties.

The final presentation slides outlined the Budget Management Responsibilities and details of the Operational Budget Management = Delivering Delegated Functions/Services.

Decision

1. To note the proposed financial management and governance arrangements for the IJB budget in 2016/17 as outlined in the report.
2. To note the proposed approach to financial assurance and the

progress and proposed timescales for the completion of the financial assurances process.

3. To note the terms of the presentation and concerns expressed by Board members in relation to the proposed method of calculating West Lothian's share of Pan Lothian Prescribing budget.
4. To note that, in relation to the concerns around the Prescribing budget, the Board would wish to make challenges as appropriate.

8. WEST LOTHIAN INTEGRATION JOINT BOARD STRATEGIC PLAN 2016-2026 DRAFT 2

The Board considered a report (copies of which had been circulated) by the Director outlining the progress made in revising the Strategic Plan following the public consultation and joint strategic needs assessment.

The Board was informed that consultation on the Draft Strategic Plan had been undertaken between November and December 2015. The plan was currently being revised and would take account of comments received. A summary report of the consultation responses would also be prepared for consideration.

The Board was asked to:-

1. Note the contents of the report.
2. Note the progress made in revising the Draft Strategic Plan.
3. Agree the final draft of the Strategic Plan be brought to the March meeting for approval.

Officers then responded to a number of questions raised. Officers also agreed that the final draft of the Strategic Plan would incorporate the following comments made by Board members:-

In relation to the first paragraph on page 5 of the Plan under the heading 'Strategy Development' the wording be changed to closely reflect the wording in paragraph C of the covering report.

That references to 'CHCP' be replaced by 'IJB'.

Decision

1. To note the contents of the report.
2. To note the progress made in revising the Draft Strategic Plan.
3. To agree that the final draft of the Strategic Plan be brought to the March meeting for approval and that the draft would incorporate comments made by Board members.

9. AUDIT COMMITTEE

A report had been circulated by the Acting Director seeking approval to establish an Audit Committee to assist the Board in compliance with statutory duties and contribute to good governance arrangements for the Board and its committees.

A draft remit for the Audit Committee was attached as appendix to the report. It was designed to secure compliance with the statutory duties on the Board in relation to financial and audit matters, and provide a mechanism from the Board to be assured that it was operating in accordance with legislation and principles of good governance.

The Board was asked to:-

- Agree to establish an Audit Committee, with the remit set out in the Appendix to the report.
- To delegate to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself.
- To note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself.

The Board then made comments and expressed a view in relation to the issues raised in the report.

Decision

1. To agree to establish an Audit Committee, with the remit set out in the Appendix to the report, but for consideration to be given to expanding the remit slightly to give more focus to governance arrangements.
2. To delegate to the Director and the Chair of the committee the arrangements for its first meeting, with a schedule of meeting dates to be agreed there by the committee itself.
3. To note that the legislation regarding the Board's Standing Orders, and the Board's Standing Orders themselves, applied to committees of the Board as they did to the Board itself.
4. To agree that the Audit Committee comprise six members of the Board as undernoted:-
 - 2 voting members appointed by NHS Lothian
 - 2 voting members appointed by West Lothian Council
 - 2 non-voting members (comprising Jane Houston and 1 other, with non-voting members to be canvassed about their willingness and ability to participate in the committee).

5. To note that, whilst the Board unanimously agreed that the Chair of the IJB should not be appointed to the Audit Committee, a consensus could not be reached by members when asked to determine whether the Vice-Chair of the IJB may, or may not, be appointed to the Audit Committee.
6. To agree that a report would come back to the Board to allow further consideration of these unresolved matters.

10. IJB DIRECTIONS

A report had been circulated by the Director informing the Board of progress in developing directions required for the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.

The report explained that IJBs were required to issue directions to local authorities and health boards in relation to how integration functions were to be carried out. Sections 26 and 27 of the Act gave further detail about this.

The West Lothian Integration Scheme stated:-

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

the delegated function(s) that were 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 could be amended by a subsequent direction by the Board.”

The key legislative requirements concerning directions were outlined in the report and the following appendices were attached the report:-

Template Direction for IJBs

List of Services to be Delegated in West Lothian

Draft Example of a Direction

The Board was asked to note progress in developing directions in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Decision

To note progress in developing directions as outlined in the report.

11. NEW SUPPORTED HOUSING DEVELOPMENT

A report had been circulated by the Head of Social Policy providing an overview of the development of Rosemount Gardens in Bathgate, a new supported housing facility for older people.

The Head of Social Policy informed the Board that Rosemount Gardens was a new build supported housing complex in Mid Street, Bathgate, situated close to the existing sheltered housing complex in Rosemount Court. Upon completion it would offer 30 new tenancies for older people in an ideal location close to Bathgate Town Centre. The building was designed to be fully accessible and dementia friendly offering ideal opportunities to promote independent living.

Although there had been some slippage in the completion date, the building contract had now indicated that Rosemount Gardens would be handed over to the Council during spring of 2016. The existing sheltered housing complex in Rosemount Court required extensive refurbishment and this could only be achieved by decanting tenants while the work was ongoing. Once the new build was complete, it would be available as temporary accommodation while Rosemount Court was refurbished.

The report went on to advise that tenancies would be allocated on the basis of the council's sheltered housing criteria. Tenants who were decanted from Rosemount Court would have the opportunity to apply for tenancies in the new build should they decide not to return to Rosemount Court.

Finally, it was noted that the team responsible for the project would invite all the members of the IJB for an introductory visit prior to the official opening.

The Board was asked to note the investment in supported housing for older people and support the approach to care which aimed to maximise independence and choice.

Decision

To note the terms of the report.

12. WORKPLAN

A copy of the Workplan had been circulated for information.

Decision

To note the Workplan.

13. URGENT BUSINESS - BLACKBURN PARTNERSHIP CENTRE: PART OF NHS Lothian Partnership Centre Bundle

A report had been circulated by the Director updating the Board on the status of the Blackburn Partnership Centre, one of three schemes to be

delivered through the Hub NHS Lothian Partnership Centre Bundle.

The report explained that, along with the North West Edinburgh and Firrhill Partnership Centres in Edinburgh, the Blackburn Partnership Centre made up the NHS Lothian Partnership Centre Bundle. The Bundle had been procured through Hub South East, with NHS Lothian as the lead procuring body.

The scheme supported the priority outcomes and stated approach of the draft West Lothian Strategic Plan 2016-26 that had been issued for consultation.

The Full Business Case had been approved and this followed approval by West Lothian Council and NHS Lothian Board in December 2014. However due to uncertainty about the balance sheet categorisation of all revenue funded capital investments, the contract could not be signed at that point.

The report went on to outline hub contract changes. The funding arrangements had been agreed in principle, however formal confirmation would be required once the final numbers were available from the financial model. As a result of the agreed funding package there was no further business case approval required from the Scottish Government Capital Investment Group, although further approval might be necessary if Financial Close was delayed beyond 31st March.

The Board was recommended to:

- Support, as commissioner of the services to be provided from the Partnership Centre, the delivery of the project in accordance with the West Lothian IJB Draft Strategic Plan;
- Note the intention to progress to Financial Close by 31st March 2016;
- Note the pre-approval of the updated costs by the Scottish Government following changes to the Hub contractual structure; and
- Note the additional revenue cost as a result of the project.

Decision

To note the terms of the report and to support the delivery of the project as recommended by the Director.

14. PRIVATE SESSION

The Board agreed, under Standing Order Appendix 2, Category 1, that the remaining item of business be taken in private on the grounds that the item involved the likely disclosure of exempt information.

15. APPOINTMENTS COMMITTEE – UPDATE

A report had been circulated by the Head of Corporate Services, West Lothian Council informing the Board of progress through the Appointments Committee of the appointments to the posts of Chief Officer (Director), Finance Officer (Section 95 Officer), Internal Auditor and Standards Officer, and to seek ratification of the appointments agreed.

The report recalled that on 8 December 2015 an Appointments Committee had been established to deal with appointments to the posts of Chief Officer (Director), Finance Officer (Section 95 Officer), Internal Auditor and Standards Officer.

The Appointments Committee had met on 26 January 2015 and the committee had agreed appointments to the posts of Internal Auditor and Standards Officer.

The Board then heard a verbal update in relation to the meeting of the Appointments Committee held on 9 and 16 February 2016.

It was recommended that the Board:-

1. note that the Appointments Committee had met on 26 January 2016 and had agreed appointments to the posts of Internal Auditor and Standards Officer.
2. ratify the appointment of relevant council officers to those posts.
3. note the verbal update in relation to the posts of Chief Officer (Director) and Finance Officer (Section 95 Officer).

Decision

1. To note the terms of the report and the verbal update provided by the Director and the Standards Officer; and
2. To ratify the following appointments, as recommended by the Appointments Committee and verbally reported by the Standards Officer:-
 - the appointment of Kenneth Ribbons to the post of Internal Auditor and James Millar to the post of Standards Officer.
 - the appointment of Jim Forrest to the post of Chief Officer (Director) and Patrick Welsh to the post of Finance Officer (Section 95 Officer).

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 23 FEBRUARY 2016.

Present – Jim Forrest (Chair, Health Professional), Marion Barton (Health Professional), Carol Bebbington (Health Professional), Alan Bell (Social Care Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Jane Houston (Unison Health), Mairead Hughes (Health Professional), Jane Kellock (Social Care Professional), Pamela Main (Social Care Professional), Martin Murray (Unison Public Sector), Charles Swan (Social Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Jacqui Campbell, Elaine Duncan, David Farquharson, James McCallum and Mary-Denise McKernan

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 4 February 2016. The Minute was thereafter signed by the Chair.

3. STRATEGIC PLAN

A report had been circulated by the Director providing an update on the development of the Strategic Plan, a copy of which was attached to the report.

It was recognised that there was still work to be done to finalise the plan however it was anticipated that the final draft of the plan would be presented to the March meeting of the Integrated Joint Board (IJB).

The report continued to advise that there were 23 National indicators agreed to measure performance of Integration of Health and Social Care. A baseline performance report had been prepared which provided a summary position for West Lothian based on the data available. The West Lothian performance was compared to Scotland for each indicator except for indicator 22 which was compared to the other three Lothian partnerships.

Additionally the Scottish Government had made a strong recommendation that the localities within integration areas should be based on 2011 datazones instead of 2001 datazones. Therefore in line with this recommendation a revised map of the West Lothian localities was circulated at the meeting.

It was also reported that the Performance Data would continue to be

updated and it was proposed that it would form an integral part of the Strategic Plan.

The group were also advised that the Strategic Plan contained a number of Strategic Priorities but it was intended that these would be expanded to provide more details on how each of these would be addressed as part of the integration of health and social care.

Finally the group were advised that the Locality Groups would start to be populated once the Strategic Plan had been finalised and signed off by the IJB.

Decision

1. To note the contents of the draft Strategic Plan;
2. Agreed to include the revised localities in the Strategic Plan;
3. Agreed to include the Performance Data, including targets in the Strategic Plan; and
4. Agreed to further develop the Strategic Priorities to provide a detailed brief for each one along with an explanation on how it would be addressed as part of the integration of health and social care.

4. JOINT COMMISSIONING PLAN UPDATE

A report had been circulated by the Director providing an update on the schedule of the development of care group commissioning for specific plans.

The report explained that the joint commissioning of health and care services within West Lothian was well established under the auspice of the former West Lothian Community Health and Care Partnership (CHCP). As a result of this the West Lothian IJB was well placed to meet the requirements for strategic commissioning under the new legislation.

The previous joint commissioning plans developed within the remit of the CHCP had been developed by the management group appropriate to the client care group. This same general structure was also being proposed within the draft Strategic Plan. It was also being recommended that the terms of reference including membership be drafted to cover the remit of these commissioning groups and be presented to the IJB for approval.

The report then provided a summary of the various commissioning groups noting that a Needs Assessment was still to be completed for some of them and that this would require to be tendered for as the resources were not available elsewhere.

Therefore it was recommended that the Group :-

1. Note the progress of the development of various care group

commission plans;

2. Agree that a report on the progress of the various care group commissioning plans be presented to the Integrated Joint Board (IJB) meeting on 23 March 2016; and
3. Agree that terms of reference including membership be drafted to cover the remit of the commissioning groups who would be responsible for drafting the relevant commissioning plan for approval by the IJB.

Decision

To approve the terms of the report.

5. ORGANISATIONAL DEVELOPMENT AND WORKFORCE PLAN

A report had been circulated by the Head of Health outlining the plan for organisational and workforce development to support the integration of health and social care and contribute to the achievement of the national health and well-being outcomes.

The purpose of the Organisational Development and Workforce Plan was to ensure that a planned and systematic approach was adopted to support the organisational change required to contribute fully to improving healthcare and reducing inequalities in West Lothian.

West Lothian had a proven track record of successful partnership working across health and social care boundaries and it was planned to build on this foundation to ensure services were developed and delivered more innovatively and effectively and were designed to meet local needs and priorities.

There would be a clear emphasis on person-centred planning and delivery ensuring that those who used services got the right care and support whatever their needs, at any point in their care journey.

For integration of health and social care to be successful it was essential that those working in health and social care were equipped to make best use of their collective skills and resources to improve outcomes. This would require individuals, teams and organisations to develop new ways of working together to deliver the vision underpinned by strong leadership, evolving management arrangements, processes and relationships.

The plan for workforce development would focus on five key outcomes :-

- Understand, promote and achieve better outcomes for people;
- Engage in meaningful co-production with people and communities;
- Affirm professional values and identity and to take responsibility for career long development;

- Demonstrate authentic and collaborative leadership behaviours; and
- Actively engage in locality planning and service improvement.

Local support networks would be put in place to ensure staff were engaged and support to continually improve the information, support, care and treatment they provided. The development plan focussed on a number of themes including; locality planning, change management and joint strategic commissioning.

A series of road shows had been held across health and social care to provide information to staff on the integration of health and social care and to provide an opportunity for staff to discuss and raise any questions they had. These events had been successful and well attended by staff across the partnership.

The plan would be considered a working document and would evolve over time to reflect strategic developments, responsiveness to local needs and availability of resources.

The group continued to be advised that challenges remained with workforce planning particularly as the workforce got older. A dialogue with education providers would need to be had to ensure that workforce planning for the future was underway. It was noted that a similar situation within the private sector also existed with the recruitment and retention of staff.

As the integration of health and social care progressed engagement with staff would continue to be central to the whole process to ensure resources were used effectively and efficiently in the provision of services.

The Strategic Planning Group were asked to :-

1. Note the contents of the report; and
2. Support the key activities required for delivery of the organisational development and workforce plan.

Decision

1. Noted the contents of the report;
2. Noted that challenges remained with regards to workforce planning in both the public and private sector; and
3. Noted that engagement with staff as integration progressed was crucial.

6. WORKPLAN

A workplan had been circulated which provided details of the work of the

Strategic Planning Group over the coming months.

It was agreed to also include the following items :-

- Strategic plan priorities
- Joint commissioning plans progress report
- Budget update
- Locality Group update

It was also noted that the item concerning Oral Health Strategy would be delayed beyond the April meeting due to a member of staff being on long-term absence.

Decision

1. Noted the contents of the workplan;
2. Agreed to include a number of additional items; and
3. Noted that the Oral Health Strategy would be delayed.

Date: 23 March 2016

Agenda Item: 6

Running Action Note for West Lothian Integration Joint Board 2016

Number	Minute reference	Matter arising and responsible officer	Action taken	Outcome
1	Action Note 20/10/15 002	<u>Standing Orders</u> That a further report would be brought to the Board prior to the delegation of functions to review the working of the Standing Orders and in relation to comments and suggestions made at meetings of the Shadow Board when the draft Standing Orders were previously considered. Action: Jim Forrest / James Millar	Report to be prepared for IJB meeting on 5 April.	In progress.
2	013	<u>IJB Member Induction</u> To agree that officers consider including visits/tours as part of the Induction Programme. Action: Jim Forrest / Marion Barton / Chris Keenan	Report to be prepared for IJB meeting on 5 April.	In progress.
3	Action Note 8/12/15 012	<u>Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)</u> To note the terms of the report and to agree that the West Lothian IJB applies to Scottish Ministers to become a member of CNORIS. Action: Jim Forrest / Patrick Welsh	Application form submitted.	Completed.
4	Action Note 16/2/16 005	<u>Draft Minute of WLSPG held on 3 December 2015</u> Following advice from the Standards Officer, the Board agreed that the membership of the Strategic Planning Group be reviewed after 6 months of operation and that a paper be brought to the Board at the appropriate time for consideration. Action: James Millar	Noted.	Report will be produced in due course.
5	011	<u>Audit Committee</u> 6. To agree that a report would come back to the Board to allow further consideration of these unresolved matters. Action: Jim Forrest / James Millar	Report will be prepared for IJB meeting on 5 April.	In progress.

18 March 2016

INTEGRATION JOINT BOARD

Date: 23 March 2016

Agenda Item: 7

STRATEGIC PLAN

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The report summarises the progress made in finalising the draft strategic plan, outlines the responses to the consultation on the Strategic Plan and how these have influenced the plan's development.

B RECOMMENDATION

The Integration Joint Board is asked to

- *Note the contents of the report*
- *Note the progress made in finalising the Draft Strategic Plan*
- *Note how the consultation responses have informed the development of the final draft of the plan*
- *Approve the Strategic Plan*

C TERMS OF REPORT

The Strategic Plan has continued to be developed in conjunction with the IJB Strategic Planning Group with membership from key stakeholders including West Lothian Council, NHS Lothian, Third and Independent sectors, health and social care professionals, staff trade unions and representatives of service users and carers.

Consultation on the Strategic Plan took place from 1st November to 31st December 2015 and included a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers. 23 responses were received: 6 from individuals and 17 on behalf of groups.

Overall the responses were largely positive, welcoming the plan and supportive of the strategic intentions. In particular, respondents felt that reducing health inequalities and the focus on prevention and early intervention were important. There was support for the plan to deliver services based on local needs and to have more meaningful engagement and partnership working with all stakeholders in realising our vision.

Respondents clearly articulated the need for more detail in the plan and their views have been fully considered. The Strategic Plan has been substantially revised (Appendix 1) to take account of the consultation feedback and input from the Strategic Planning Group. The main themes from the consultation are detailed in the consultation response statement in Appendix 2

The final draft has been prepared for approval.

Following approval NHS Lothian and West Lothian Council will delegate the functions to the IJB from 1st April 2016.

D CONSULTATION

Consultation on the Draft Strategic Plan has been undertaken between November and December 2015. The plan has been revised and taking account of comments received.

E REFERENCES/BACKGROUND

The Public Bodies (Joint Working) (Scotland) Act 2014

F APPENDICES

1: West Lothian Integration Joint Board Strategic Plan 2016-26 Final Draft 23rd March 2016

2. Consultation Response Statement

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An equality impact assessment has been conducted and reported to the IJB
National Health and Wellbeing Outcomes	Encompasses all nine National Health & Wellbeing Outcomes

Strategic Plan Outcomes	Underpins all Strategic Plan Outcomes
Single Outcome Agreement	<p>We live longer healthier lives and have reduced health inequalities</p> <p>Older people are able to live independently in the community with an improved quality of life</p> <p>People most at risk are protected and supported to achieve improved life chances</p>
Impact on other Lothian IJBs	Integration of Health & Social Care potentially impacts on the other 3 Lothian IJBs, NHS Lothian Hosted Services and Acute Care provision
Resource/finance	Within available resources
Policy/Legal	None
Risk	None

H CONTACT

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West Lothian Integration Joint Board

Strategic Plan 2016-26

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Foreword

This plan describes the strategic vision and direction for West Lothian Integration Joint Board (IJB) from 2016-26 to deliver positive outcomes for the people of West Lothian.

NHS Lothian and West Lothian Council have a long history of working in partnership to meet the health and social care needs of the people of West Lothian and has a well-earned reputation for delivering ground-breaking and quality-driven public services to local people. We will 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.

This strategy addresses our vision ***to increase wellbeing and reduce health inequalities across all communities in West Lothian***. 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.

We are fully committed to working with individuals, local communities, staff and our community planning and other partners to make effective use of all of our resources. To do this, the expertise, knowledge and skills of colleagues, along with input from service users, providers and other stakeholders, will all help to drive new and more innovative ways of working at a local level.

In order to tackle the challenge of reducing the health inequalities gap in West Lothian, we are 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.

[Insert photo]	Councillor Frank Toner IJB Chair	[Insert photo]	Jim Forrest Director
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1 Introduction

- 1.1 It has been recognised both nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet those needs can be disjointed and not as well coordinated as they could be. The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland and sets out the requirements for public service reform and a bottom-up, outcomes-based approach to improve performance and reduce costs. The Act requires each Health Board and Local Authority to delegate some of its functions to new Integration Authorities. In West Lothian this is the Integration Joint Board (IJB).
- 1.2 The IJB is a separate legal entity from NHS Lothian and West Lothian Council and the arrangements for the IJB's operation, remit and governance are set out in the Integration Scheme which has been approved by West Lothian Council, NHS Lothian and the Scottish Government.
- 1.3 The IJB brings together the planning, resources and operational oversight for a substantial range of adult health and social care functions into a single system which will ensure services are built around the needs of patients and service users and supports service redesign with a focus on preventative and anticipatory care in communities. The functions to be delegated are summarised in figure 1 with the full list detailed in Appendix 1.

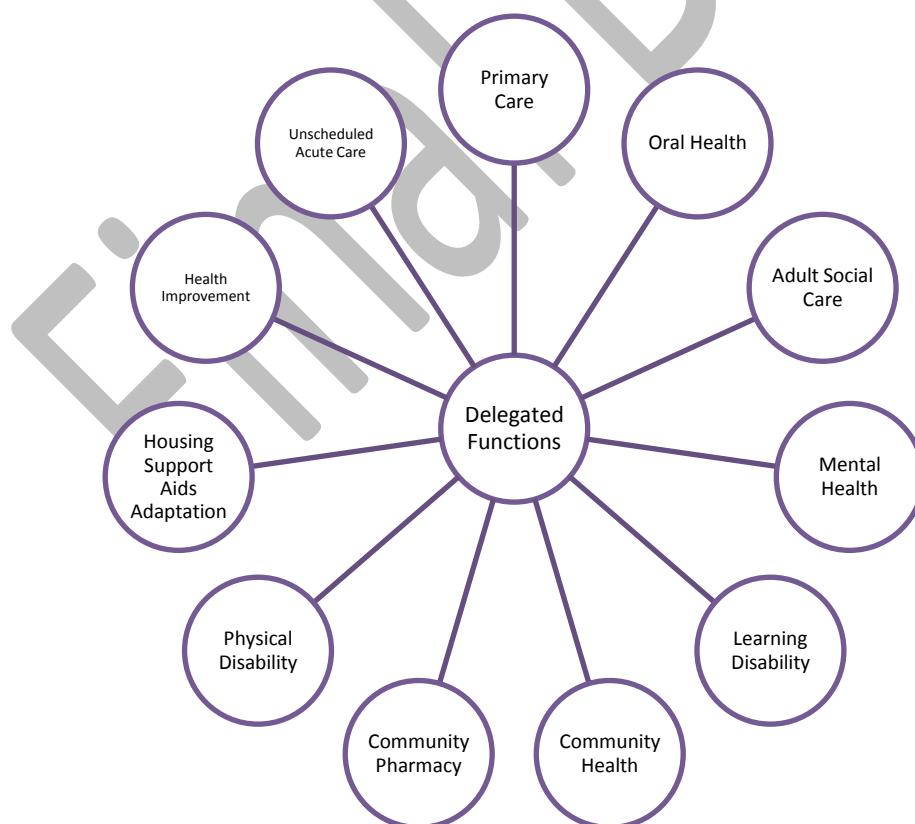


Figure 1: Functions Delegated to the IJB

- 1.4 Our Strategic Plan builds upon joint planning foundations established through our Community Planning and Health and Social Care Partnership under which joint strategies and plans have been developed and are being implemented for a range of services and client groups. The plan outlines our vision for health and social care services for the people of West Lothian; what our priorities are and how we will build on a foundation of strong partnership working to deliver them.
- 1.5 We are working within an environment where there are increasing demands for services and growing public expectations at a time of significant resource challenges and financial constraints. The recent and forecast demographic changes, alongside the short to medium term investment position, means we need to ensure that social care, primary care, community health and acute hospital services work well together and in a more integrated way with all our partners, including Housing and the Third and Independent Sectors to maximise our resources and deliver on our strategic priorities.
- 1.6 Tackling health inequalities has been prioritised at both a national and local level as an issue requiring urgent action. We recognise that health and wellbeing inequalities 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 and we will continue to work with our partners to address these.
- 1.7 With responsibility for the strategic planning of some acute hospital care services including emergency care and inpatient services relating to general medicine, geriatric medicine and rehabilitation, we will identify opportunities to design and deliver services which ensure care is delivered in the right place, at the right time, by the right person.
- 1.8 We recognise the way health and social care services are delivered locally can have a significant impact on shifting the balance of care from hospital to community, reducing health inequalities and reducing emergency admissions. Through this strategic plan we aim to ensure:
- ✚ More care and support is delivered at home or closer to home rather than in hospital or other institutions
 - ✚ Care is person centred, with focus on the whole person and not just a problem or condition
 - ✚ There is more joined up working across professions and agencies
 - ✚ Citizens, communities and staff involved in providing health and social care services will have a greater say in how those services are planned and delivered.
- 1.9 In order to meet the challenges we will work together to create a culture of cooperation, coproduction and coordination across all partners and through working with people, their families and the wider community, we can create effective and sustainable solutions and achieve the best outcomes for the people of West Lothian.

Strategic Scope

- 1.10 With a focus on achieving the best outcomes for people living in West Lothian we will build on our experience in commissioning a wide range of health and care services. The scope of the

plan includes

- ✚ Adult social care services
- ✚ Primary care and community health services
- ✚ Some Adult acute services
- ✚ Some NHS Lothian Hosted Services.

- 1.11 The plan covers the whole geographical area of West Lothian and as set out in the legislation¹ we have defined two localities across which our health and care services will be planned. The importance of the localities in determining the strategic direction of health and social care planning is reflected throughout the plan.

Strategic Development

- 1.12 This Strategic Plan has been developed in conjunction with the IJB Strategic Planning Group with membership from key stakeholders including West Lothian Council, NHS Lothian, Third and Independent sectors, health and social care professionals, staff trade unions, and representatives of service users and carers.
- 1.13 The strategy aligns with Delivering Better Outcomes, West Lothian Council's Corporate Plan 2013-17; Our Health, Our Care, Our Future, NHS Lothian's Strategic Plan 2014-24; the Local Delivery Plan and our Commissioning Strategy and Care Group Commissioning Plans.
- 1.14 When commissioning services we will ensure we fulfil our statutory duty to achieve best value and will adopt a personalised approach when commissioning services to meet need. To achieve this, we will work 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

- 1.15 Consultation on the draft strategic plan has been undertaken between 1 November 2015 and 31 December 2015. The consultation included a wide range of stakeholders as well as users of the services commissioned by the IJB including
- ✚ Health professionals;
 - ✚ Users of health care and their carers
 - ✚ Commercial and non-commercial providers of health care;
 - ✚ Social Care professionals;
 - ✚ Users of social care and their carers;
 - ✚ Commercial and non-commercial providers of social care;
 - ✚ Non-commercial providers of social housing;
 - ✚ Third sector bodies carrying out activities related to health and social care.

Feedback from the consultation has been considered and used to inform the final version of the strategic plan.

¹ The Public Bodies (Joint Working) (Scotland) Act 2014

2 Understanding Our Population's Needs

- 2.1 In preparing our plan we have undertaken a comprehensive review of all the health, social and economic data which is relevant to integration planning and the integration process. The following major key issues have emerged from the analysis of strategic needs.

Population Projections

- 2.2 As of 2014 West Lothian had a population of 177,150² which accounts for 3.3% of the total population of Scotland. Of this population 19.8% were children (0-15 years), 59.4% were aged 16 to 59 years and 20.8% were aged 60 years and over. 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.
- 2.3 It is estimated that West Lothian's overall population will increase by 12% from 175,990 in 2012 to 196,664 by 2037. However increases will not be seen across all age groups, in the 25 year period there will be an overall net reduction of 11.9% in persons aged 25-64, the mid to older working age group whilst there will be increases in the number of younger residents aged 0-15 (7.7%) and 16-24 (1.8%). However the growth in the older age groups will be the most significant with the 65-74 age groups increasing by 57%, and the over 75 age group increasing by 140%. (Figure 2).

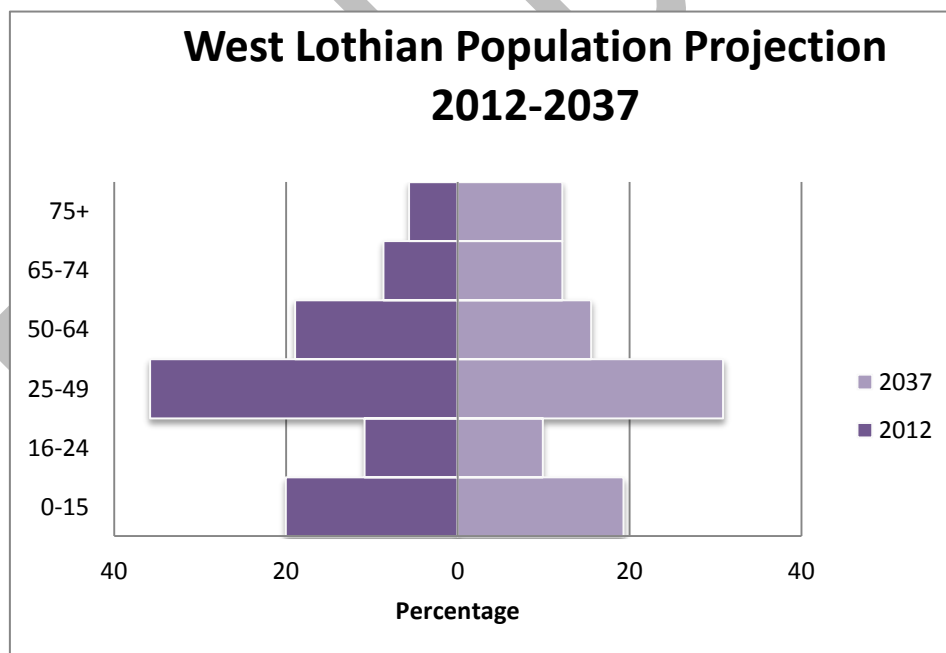


Figure 2: Population Projections, 2012-2037³

- 2.4 The projected increase in the over 65 age group is likely to place particular strain on both the

² Council Area Profiles; National Records of Scotland

³ National Records of Scotland 2012-based Population Projections

NHS and social care services. Alongside the projected reduction in the working age population, and in particular the 50-64 age group who provide most of the unpaid care, these demographic changes will present a significant challenge for the provision of health and social care (Figure 3).

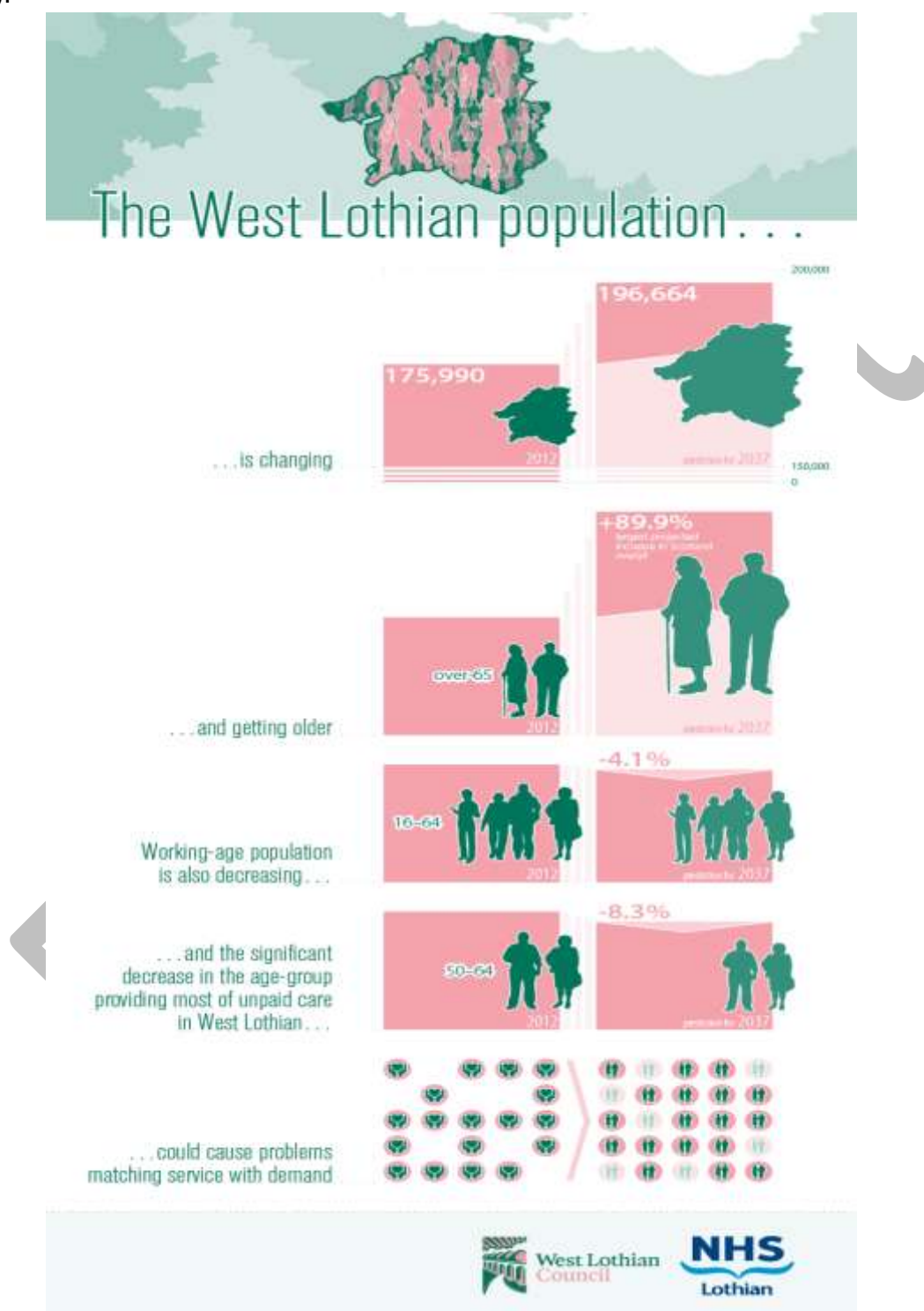


Figure 3: West Lothian Population Projections & Impact

(Source: Information Services Division (ISD) Scotland)

Life Expectancy

- 2.5 Life expectancy at birth has increased among both males and females in the last 10 years with latest figures showing that babies born in West Lothian during 2012-14 can expect to live 77.9 years for males and 80.5 years for females. At age 65, females can expect to live for 19 years whilst males can expect to live for 17.5 years.
- 2.6 There are differences in life expectancy within West Lothian e.g. Life expectancy for women ranges from 87 years in Linlithgow to 76.6 years in Dedridge and for men from 82.6 years in Linlithgow to 74.9 years in Breich. The gap in life expectancy reflects wider socio-economic differences.
- 2.7 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 12 years in poorer health while females are expected to live for 14 years in poorer health⁴.
- 2.8 Whilst healthy life expectancy (i.e. the length of time people live in a healthy way) has been increasing, overall life expectancy has been increasing faster. This means people are living longer but in the final years of life are more likely to experience complex and inter-related problems in their physical and mental health and are the most frequent users of health and social care services.

Long Term Conditions, Multiple Conditions and Complex Needs

- 2.9 Over a third of people living in West Lothian report living with one or more long term condition⁵. A long term condition is any condition which has lasted or is expected to last at least 12 months. At the 2011 Census the majority (83%) of West Lothian's population rated their general health as "very good" or "good" however over a third (35%) reported that they had one or more long term health condition. The presence of one or more long term condition increased significantly with age and had a direct impact on the person's perception of their general health with only 5.6% of those over 85 years reporting they were in "very good health" .
- 2.10 West Lothian's carers are providing more care. 9.5% of the census population reported that they provided regular unpaid help or care to someone either within or out with their household due to the person's long term health condition, disability or problems relating to old age. This is a similar proportion to the national average of 9.3% and has not changed since the 2001 Census. However there has been a significant increase (35%) of the amount of care provided with nearly 7,800 people providing unpaid care for 20 or more hours a week and 4,600 of these for 50 hours or more⁶.

⁴ ScotPHO LE/HLE estimates based on self-assessed health from the 2011 Census December 2015

⁵ Census 2011

⁶ Vocal <https://www.vocal.org.uk/.../JointPressRelease202014.pdf>

- 2.11 More people will be affected by dementia in future. The World Health Organisation states that “Dementia is one of the major causes of disability and dependency among older people worldwide” and that “dementia has physical, psychological, social and economical impact on care givers, families and society”⁷.
- 2.12 In West Lothian it is estimated that at 2013 there were 2101 people affected by dementia⁸. With more people living longer, this figure is predicted to increase over the next 15 years by approximately 40%. The impact of this increase in the number of people affected by dementia, on the people themselves, their carers and families, and on services providing care and support cannot be underestimated.
- 2.13 Almost all people who die (sudden deaths aside) are likely to receive some end of life care in the last year of life from general practice, community or social care staff. Future demands on services will be associated not only with a rise in the number of deaths due to the growth in our older population but also with increased care complexity due to multimorbidity and an increasing focus on palliative care.
- 2.14 The percentage of the last 6 months of life spent at home or in a community setting focuses on measuring the impact of “Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland”. It focuses on producing achievable and measurable changes which will ensure quality improvement and enhance patient and carer experience. In West Lothian we have seen a steady increase in the proportion of the last 6 months of life spent either at home or in a community setting between 2007/08 where it was 87.8% to 91.1% in 2013/14 demonstrating an increase in community care provision and decrease in the time spent in acute hospital settings.

Health Inequalities

- 2.15 Inequalities in health outcomes between the most affluent and disadvantaged members of society are longstanding, deep-seated and difficult to change. The physical, mental and social wellbeing of the local population is influenced by the wider determinants of health; these include material deprivation, employment/unemployment, education, housing and the environment.
- 2.16 Not everyone experiencing health inequalities lives in the most deprived areas. A range of issues can have an impact including income, work conditions, education and skills, living conditions, as well as individual characteristics and experiences such as age, gender, disability and ethnicity.
- 2.17 West Lothian has a higher proportion of people living in the most deprived areas than other

⁷ World Health Organization and Alzheimer’s Disease International, Dementia A Public Health Priority

⁸ Alzheimer Scotland Action on Dementia: Statistics: Number of people with Dementia in Scotland 2013

parts of Lothian and for almost every health indicator there is a clear gradient showing progressively poorer health with decreasing affluence and influence.

- 2.18 The Scottish Index of Multiple Deprivation (SIMD) is an area-based measure of deprivation which ranks all datazones in Scotland from 1 (most deprived) to 6,505 (least deprived) and is the Scottish Government's official tool for identifying areas of multiple deprivation
- 2.19 West Lothian has 211 datazones, 13 of which fall within the worst 15% of the 2012 SIMD. As West Lothian also has a number of datazones which fall slightly short of the worst 15% we have considered the ranking in terms of deciles (tenths), with decile 1 being the most deprived and decile 10 being the least deprived (Figure 4)

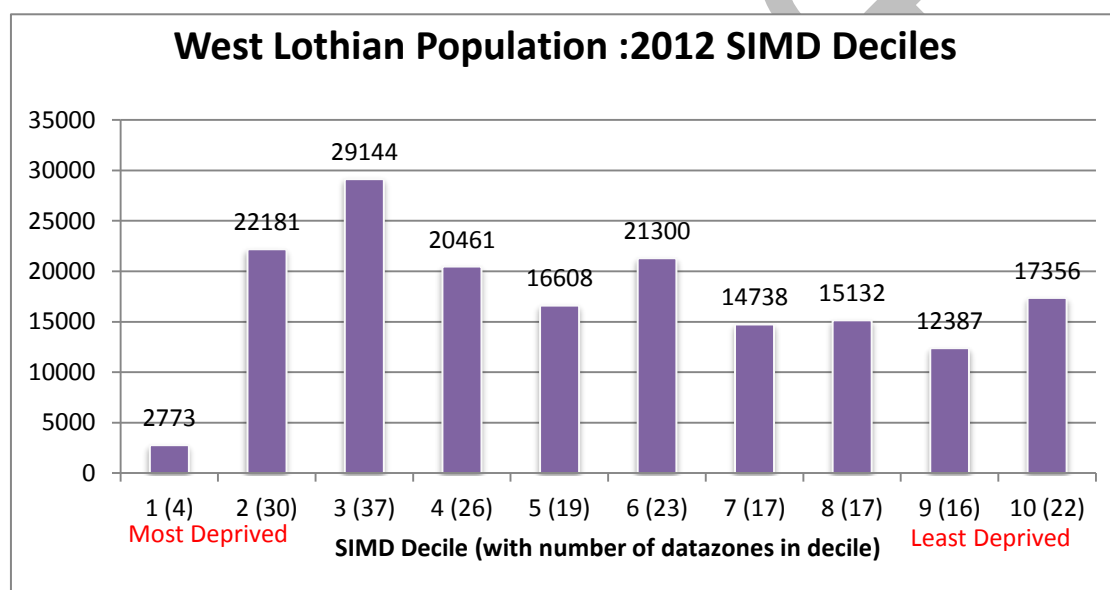


Figure 4 Distribution of West Lothian Population in 2012 SIMD Deciles⁹

- 2.20 SIMD pulls together data on 7 indicators: Employment; Income; Health; Education; Access; Crime; Housing. Each of these indicators are given their own individual ranking which makes it possible to compare different geographies based on individual indicators (Table 1)
- 2.21 Examination of the SIMD reveals that health is the worst indicator for West Lothian with 38 datazones falling within the worst 15% in Scotland compared to only 13 in the overall ranking. 3 of the datazones are within the worst 5% in Scotland for health: 2 in Craigshill and 1 in Bathgate East. Bathgate East (S01006416) is the worst ranked datazone overall.
- 2.22 It is well recognised that health and wellbeing inequalities are not likely to be significantly changed by health policies or health services working in isolation. Building individual and community resilience to cope with everyday challenges and support improved health and wellbeing is most likely to attain the greatest benefit. The starting point is to identify the assets that exist in both individuals and communities.

⁹ SIMD 2012

Indicator	No. West Lothian Datazones in the worst 15% in Scotland 2012	Comments
Employment (SIMD Weighting 28%)	16	Blackburn (S01006350) at rank 338 is lowest ranked West Lothian datazone
Income (SIMD Weighting 28%)	13	Bathgate East (S01006416) at rank 313 has the lowest income in the area.
Health (SIMD Weighting 14%)	38	3 datazones: Bathgate East (S01006416), Craigshill (S01006401 and S01006402); fall within the bottom 5%. A further 20 datazones fall within the bottom 10%. Bathgate East (S01006416) ranks the lowest for health in West Lothian and 109 th out of 6505 in Scotland
Education (SIMD Weighting 14%)	20	Blackburn (S01006349) for education
Access (SIMD Weighting 9%)	20	Breich Valley (S01006295) is the lowest ranked datazone
Crime (SIMD Weighting 5%)	22	Bathgate East (S01006416) & Howden (S01006361) rank very low at 34 th and 60 th in Scotland. 8 datazones fall within the worst 5% in Scotland and a further 5 within the worst 10%
Housing (SIMD Weighting 2%)	0	No datazones in the worst 15%
Table 1		Source SIMD 2012 Analysis ISD

- 2.23 There is increasing evidence that using an asset based approach can enhance the quality of collected information by focusing on the perceptions held by local people. This leads to the development of support for what people themselves say they need. This approach encourages a partnership approach which involves local people in decision making about service delivery and empowers them and increases independence rather than being passive recipients of services.
- 2.24 Within West Lothian the Community Planning Partnership has identified eight local regeneration areas. For each of these areas a local regeneration plan will be developed and implemented to tackle deprivation and inequality utilising asset based, community development approaches.

Locality Planning

- 2.25 This plan covers the geographical area of West Lothian and in accordance with the legislation¹⁰ we have defined two localities across which health and social care services will be planned and

¹⁰ Public Bodies (Joint Working) (Scotland) Act 2014

delivered (Figure 5). The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

- 2.26 In line with the Scottish Government's guidance the localities have been built up from the 2011 datazones to support data capture for planning purposes and aligned as best fit to General Practice (GP) populations and multi-member wards to support development of integrated models around GP Practice clusters and communities.

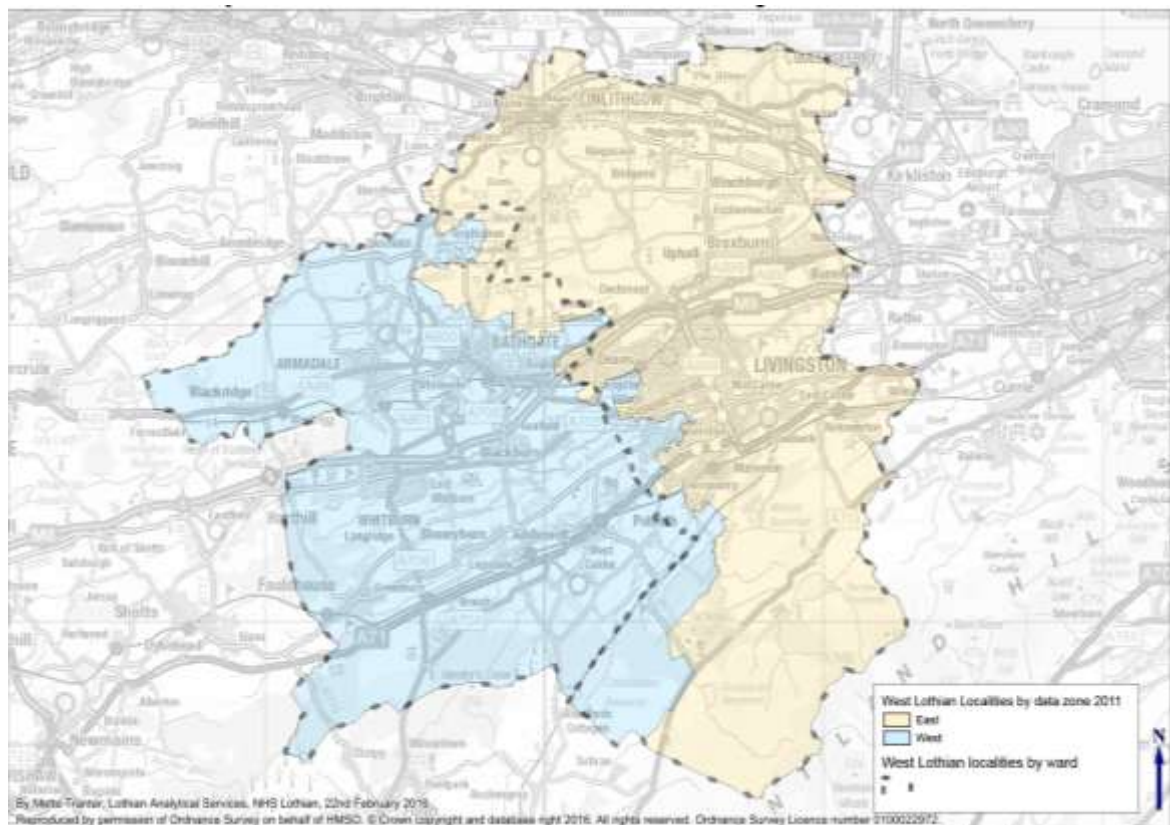


Figure 5: Map of East and West Localities¹¹

- 2.27 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. There are 11 GP practices within the locality and it is aligned to four multi-member wards: Armadale and Blackridge; Bathgate; Whitburn and Blackburn; Fauldhouse and Breich Valley. The Community Planning Partnership has identified 5 local regeneration areas within this locality: Boghall, Whitburn, Blackburn, Armadale and clusters within Fauldhouse and Breich Valley.
- 2.28 The East locality has a considerably larger population whose age profile is increasing more rapidly than the West. A key factor affecting this growth was the establishment of Livingston as a New Town in 1962 and corresponding increase in the working age population. This

¹¹ Lothian Analytical Services 2015: Ordnance Survey, HMSO 2015

population have now grown older at the same time contributing to a significant demographic change. There are 12 GP practices within the locality and it is aligned to five multi-member wards: Linlithgow; Broxburn, Uphall and Winchburgh; East Livingston and East Calder; Livingston North; Livingston South. The Community Planning Partnership have identified 3 local regeneration areas within this locality: Craigshill, Livingston Central (spine of Livingston North & South, includes datazones in Knightsridge, Dedridge and Ladywell) and Bridgend (to be confirmed) Figure 6 provides a summary of the characteristics of the two localities¹².



Figure 6 Summary of Locality Characteristics (NHS Lothian Analytical Services & ISD)

¹² NHS Lothian Analytical Services and ISD

- 2.29 In general, the issues of an ageing population, poor health, deprivation and unemployment are more significant in the West than in the East¹³ with differences in life expectancy, life chances and health and wellbeing. It is also important to recognise for planning purposes that significant differences also exist within localities, not just between the East and West.
- 2.30 Although the West Locality continues to have a larger overall proportion of older people it is noted that there are higher rates of emergency bed days (75+ age group), multiple emergency admissions (65+ age group) and emergency admissions due to falls in the East Locality.
- 2.31 The way health and social care services are delivered locally can have a significant impact on addressing the main health and wellbeing challenges. To ensure the quality of localities' involvement in strategic planning Locality Groups will be formed with the direct involvement and leadership of:
- Health and social care professionals involved in the care of people who use services
 - Representatives of the housing sector
 - Representatives of the third and independent sectors
 - Carers and patients' representatives
 - People managing services.
- 2.32 The views and priorities of the localities will be taken into account in the development of Strategic Commissioning Plans therefore it is essential that strategic and locality level planning work together to create the best working arrangements to enable them to take account of local and deep rooted issues such as inequalities and poverty.
- 2.33 Each Locality Group will develop a locality plan, which will take account of community plans and local regeneration plans within the localities. It is anticipated that locality plans will build upon the insights, experiences and resources in localities to support improvements in local networks, enable development of robust and productive professional relationships and improve health and wellbeing outcomes

Summary

- 2.34 Our analysis shows that people in West Lothian are living longer. Whilst this is good news, it provides challenges in terms of an ageing population and the incidence of frailty, including dementia and other long term conditions. In addition there are differences in life expectancy and deprivation factors across our localities which can impact on health and wellbeing.

¹³ Population data: National records Scotland 2013 Mid Population estimates by Datazone

3 Vision, Values and Outcomes

Vision

- 3.1 The Scottish Government's vision for the integration of health and social care is
 "To ensure better care and support for people, where users of health and social care services can expect to be listened to, to be involved in deciding upon the care they receive and to be an active participant in how it is delivered. This will result in better outcomes for people, enabling them to enjoy better health and wellbeing within their homes and communities."

Recognising the different needs of vulnerable groups when designing and delivering services and ensuring all adults are able to live the lives they want as well as possible, achieve their potential to live independently and exercise choice over the services they use are key elements of our vision **"To increase wellbeing and reduce health inequalities across all communities in West Lothian"**.

- 3.2 Providing integrated care that crosses the boundaries between primary, hospital and social care is a goal of health systems worldwide. Through working with people in their own communities and using our collective resources wisely we will transform how we deliver services to ensure they are high quality, safe, effective, based on achieving personal outcomes and delivered in a way which enhances the health and wellbeing of the people of West Lothian.

Values

- 3.3 The Health and Social Care Partnership have an agreed set of values which take account of the values of both NHS Lothian and West Lothian Council. The values underpinning our approach in the planning and delivery of services include:

- ✚ Putting people who use services at the centre of what we do
- ✚ Making services available and accessible across all communities of West Lothian
- ✚ Providing joined-up services as near to where people live as possible
- ✚ Supporting people to do as much as possible for themselves
- ✚ Focusing on fairness and support those with the greatest needs
- ✚ Making health improvement part of everyone's job
- ✚ Supporting staff who deliver services
- ✚ Involving the public more and making service provision more accountable
- ✚ Strengthening accountability
- ✚ Continually improving quality and efficiency.

Outcomes

- 3.4 We have developed and designed our Strategic Plan to deliver the nine national health and wellbeing outcomes for integration. These are high-level statements of what health and social care partners are attempting to achieve through integration; through the pursuit of quality improvement across health and social care; and through focussing on the experiences and quality of services for service users, carers and their families.

Nine National Health and Wellbeing Outcomes

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

3.5 Our outcomes are also informed by the Single Outcome Agreement and in particular:

- 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.

Our priority outcomes are outlined in figure 7 along with our approach and the enablers which will support achievement of our objectives.



Figure 7 Priority Outcomes for IJB and Approach

Approach

- 3.6 Key elements to reduce the health inequalities gap and improve wellbeing include a focus on early intervention and prevention and ensuring care pathways are person centred. Through adopting a personal outcomes based approach in delivery of our services we will ensure our services put service users and their carers at the heart of our support and through conversation with them we will seek to understand the extent to which they are achieving the outcomes important to them in their lives. We will further develop integrated teams and systems to support delivery of seamless frontline services.

Corporate Plans

- 3.7 Sitting alongside the IJB's Strategic Plan are *Delivering Better Outcomes*, West Lothian Council's Corporate Plan 2013-17: and NHS Lothian's Strategic Plan, *Our Health, Our Care, Our Future* (figure 8)



Figure 8: Summary of Corporate Plans

Organisational Development

- 3.8 There are many component parts which are crucial to delivering an integrated health and social care system for the people of West Lothian. As set out in the preceding sections there are a number of challenges facing the organisation and in order to develop our capabilities and maximise the opportunities integration of health and social care brings we have identified development priorities (Figure 9)

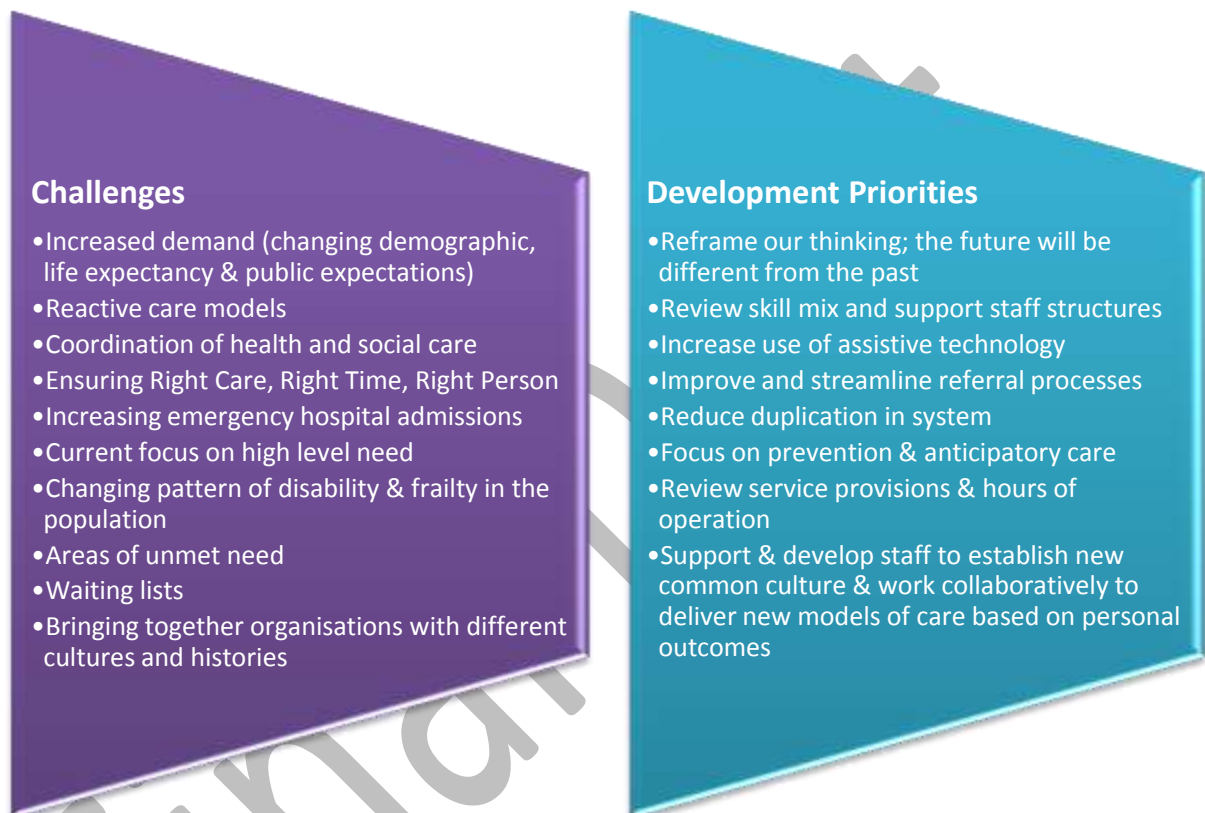


Figure 9: Current Challenges and Development Priorities

- 3.9 Building on our strong foundation of successful partnership working across health and social care boundaries we will ensure:
- Services are developed and delivered more innovatively and effectively; bringing together those who provide community based health and social care.
 - Services are designed and shaped to meet local needs and priorities
 - Integration of health and social care services, both within the community and with specialist services, is underpinned by service redesign, clinical and care networks and by appropriate contractual, financial and planning mechanisms.
 - Health improvement activity is focussed in local communities, tackles inequalities and promotes policies that address poverty and deprivation by working within community planning frameworks.
 - Involvement of, and partnership with staff, trade unions and professional bodies, including

those staff who are contracted to the NHS, as well as those who are directly employed by the NHS and the Local Authority.

- ✚ We secure effective public, patient and carer involvement by building on existing and developing new, mechanisms.

Our Workforce

- 3.10 Delivering health and social care services involves a large workforce across all sectors and presents both challenges and opportunities in terms of workforce planning and development.
- 3.11 Harnessing the experience and skills of professionals on the frontline along with that of our partners and colleagues from across the statutory, third and independent sectors will be key to achieving our ambition and it is essential we make sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals.
- 3.12 We recognise that success is dependent on a combination of working arrangements operating within and across partner agencies and in terms of workforce planning and development this requires us to take into account:
- ✚ The changing philosophy and culture of care
 - ✚ Realignment of skills and staff working differently
 - ✚ The ageing profile of our workforce which may result in significant numbers reaching retirement age at the same time
 - ✚ The future workforce may require supported entry routes and seek different working patterns from those traditionally found in health and social care sectors
 - ✚ Competition from other sectors and industries as well as other local authorities and NHS areas
 - ✚ Recruitment can be to the detriment of other parts of our health and social care system – i.e. we are all competing for the same workforce.

Potential solutions to these challenges include:

- ✚ Making employment opportunities attractive to the potential workforce
 - ✚ Development of clear structures with opportunities for career progression
 - ✚ Aligning, matching, developing and coordinating our skills and workforce
 - ✚ Developing a more generic care assistant role with transferable skills to work across the partnership.
- 3.13 For health and social care integration to be successful individuals, teams and organisations will need to develop new ways of working together and this will be underpinned by strong leadership, evolving management arrangements, processes and relationships.
- 3.14 The development of the organisation and workforce will be an iterative process to reflect strategic developments and respond to local needs and availability of resources.

Partnership Working

- 3.15 Partnership working is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care. This includes the relationships between individuals, their carers and service providers. It is also about relationships within and between organisations and services involved in planning and delivering health and social care in the statutory, voluntary, community and independent sectors. Effective partnership working should result in good quality care and support for people and their carers.

Partnership with our workforce

- 3.16 The changing nature of adult health and social care is complex and challenging. As outlined in the previous section we will seek to ensure that our workforce is motivated, knowledgeable and skilled and able to respond to the changes we envisage. Critical to delivering this Strategic Plan and making it real is the need to explicitly involve, support and develop our workforce. We will, therefore, continue to develop our plans in partnership with our staff and their representatives to ensure they are fully engaged and able to contribute to the design and delivery of health and social care integration.

Partnership with our service users and carers

- 3.17 The idea that people should have a stronger voice in decisions about their health and care, and that service should better reflect their needs and preferences, has been a policy goal for many years. Evidence shows that when service users are involved in planning, decisions are better, health and health outcomes improve, and resources are allocated more efficiently.
- 3.18 We recognise we need to promote and emphasise the need for greater personalisation of care and support for people closer to their own communities.
- 3.19 Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. Personalised approaches such as self-directed support involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives. People need access to information, advocacy and advice so they can make informed decisions.
- 3.20 Personalisation is also about making sure there is an integrated, community based approach for everyone. This involves building community capacity and local strategic planning and commissioning so that people have a good choice of support regardless of age or disability.
- 3.21 *Self-Directed Support: A National Strategy for Scotland* has been developed to help take forward and embed this person centred approach in the delivery of health and social care services. We will embed this approach in all our planning and commissioning. The growing emphasis on personalisation and personal outcomes has significance for those who work in or with health, social care and support services and for the skills they will require in undertaking new functions and tasks. The development of our workforce to recognise and support a personal outcomes approach is crucial and we will address this through our Organisational Development Plan.

Partnership with localities and communities

- 3.22 Scottish Government's Public Service reform agenda is based upon the 'Four Pillars' of Reform – Place, Prevention, Performance and People. This agenda proposes a new relationship between citizens and public services in which communities and individuals are empowered to take a real stake in the planning and delivery of public services in a way which best meets local needs and priorities. As detailed in section 2 the health and care needs of each locality will be a major driver for shaping the way in which services and resources are planned and delivered, working with local stakeholders and communities.

Partnership with the Third (Voluntary) Sector

- 3.23 The third sector has a crucial role to play in our health and social care system. We currently commission services from a number of third sector organisations and through a range of means, including for example: by joining up and activating diverse parts of the third sector to support health and social care outcomes; joint commissioning and supporting the exploration of the development of the their role in enhancing prevention, self-management and co-production; we can improve the sustainability of our care system.

Partnership with the Independent Sector

- 3.24 The Independent Sector includes both Care Home and Care at Home providers and are key partners in health and social care provision. Overall the independent sector has become the largest provider of social care delivery across Scotland and the assurance of delivery of quality care through the sector and the need to support this is an important consideration. We will continue to work with the Independent Sector to build on existing relationships and to consider models of care which support the Strategic Plan, offer real choice and value for money and to deliver and develop the high quality care that communities require and deserve.

Partnership with Independent Contractors

- 3.25 **General Practice** is patient focussed with an emphasis on positive outcomes for the individual. GPs and practice staff play an essential role in anticipatory care; preventing hospital admission; and maintaining people with complex needs at home for as long as possible. Health and social care integration offers the opportunity for a renewed focus on the central role of primary care teams and how we develop and commission services around localities.
- 3.26 Our localities are made up of a number of primary care populations and GP practices have started to come together to discuss how they might organise themselves into clusters to support the development of new models and deliver services and care plans in partnership with local statutory and non statutory providers in care and local communities. This will help to build a different relationship with local communities and a shared understanding of the local care priorities.
- 3.27 **Community Pharmacies** play an important role in our health care provision being placed in the heart of our communities and offering a wide range of contracted services including acute

prescriptions, minor ailments, public health and chronic medication as well as enhanced care to, for example, palliative care patients, those with complex medication regimes and substance misusers.

- 3.28 Under the Scottish Government's *Prescription For Excellence* pharmacists will develop their role, working across acute, primary care and community services and will provide more clinical care in communities. This will enhance the General Practice capacity with potential for post diagnostic caseloads to be allocated to pharmacists to optimise their complementary skills and support those with long term conditions.
- 3.29 There is good access to an NHS **dentist** for people living in West Lothian with 84.4% of adults registered with a dentist (March 2015). A positive improvement in oral care and oral health means more people are keeping their natural teeth. However tooth decay and gum disease are still two of the commonest diseases in the world; together with mouth cancer these diseases continue to present major public health challenges and as with other health problems these diseases are more common in those from more disadvantaged sections of the population. The key priorities for dental provision in West Lothian include:
- ✚ Improving registration and participation rates.
 - ✚ Reducing unregistered patients attending for pain to Out Of Hours care through encouraging registration and routine attendance.
 - ✚ Improving access to dental care for vulnerable groups and rolling out the 'Caring for Smiles' and other programmes developed nationally for local implementation.
 - ✚ Prevention of oral cancer through encouraging dental teams to promote stop smoking services and deliver brief interventions on alcohol.
- 3.30 Community **optometrists**, along with other independent contractors, are an important part of primary health care, providing a service which is accessible, convenient and flexible. Optometrists play a key role in the prevention of sight loss and also in the management of those with sight loss. The importance of optometrists in providing regular eye health checks and their role in early intervention, detection and prevention of sight loss is valued.

Partnership with Community Planning

- 3.31 The broad aim of community planning is to improve outcomes for the people and communities across West Lothian by ensuring that public services work in a more integrated and effective way. The IJB has a key role within the Community Planning Partnership (CPP) to deliver specific Single Outcome Agreement results and will establish robust arrangements with the CPP and its thematic groups to ensure the delivery of shared objectives.

Partnership with other Integration Joint Boards



- 3.32 NHS Lothian provides services across four Integration Joint Boards - West Lothian, East Lothian, Midlothian, and the City of Edinburgh. Within West Lothian we will be responsible for delivery of some health services on a pan Lothian basis on behalf of these other partnerships and therefore our local plan must take cognisance of the other Lothian plans in order to ensure maximum effectiveness and best use of resources.

Hosted Services

- 3.33 Each IJB in Lothian hosts or manages a range of services provided on a pan Lothian basis on behalf of the other IJBs. Embedding effective two way working relationships and communication with all hosted services and host IJBs is paramount, not only to influence strategic planning and redesign but to ensure the right services are developed and delivered for people in West Lothian. We will actively work with NHS Lothian and our neighbouring IJBs to ensure optimal influence and impact.

Partnership with NHS Acute Sector

- 3.34 St John's Hospital is one of NHS Lothian's 4 major hospital sites, and provides the majority of hospital unscheduled care services for the residents of West Lothian which are to be strategically planned by the IJB going forward. This includes;

-  Emergency department;
-  Medical emergencies, including respiratory, stroke, diabetes, and chronic heart disease.

St John's Hospital also provides services for the whole of the Lothian region and in some cases for patients from Fife and the Borders too.

- 3.35 The future emphasis is on ensuring that patients are cared for in the right place at the right time. This means an increased focus on avoiding hospital admission, and keeping people in their homes where it is safe to do so. This will require investment in services that manage chronic diseases in the community and in providing an improved pathway for patients who are frail, with multiple chronic and acute illnesses. This will also require development of strong partnership working between GPs, social care, and the hospital sector.

Housing

- 3.36 Health and social care integration is not just about health and social care services and some housing functions will become part of our integration arrangements. Housing is widely recognised as an essential feature of health and wellbeing with social housing providers providing a critical link to the wider community, having a strong neighbourhood management role and delivering on a variety of projects that contribute to individual and community wellbeing.
- 3.37 Housing Support Services and Aids and Adaptations will be delegated to the IJB and other housing services will be closely aligned to health and social care, including sheltered housing, housing with care and supported housing, housing options information, advice and homelessness, services to address fuel poverty.
- 3.38 Housing can make a particular contribution to the achievement of the nine national health and wellbeing outcomes and this is more fully explained in the Housing Contribution Statement in Appendix 3.

Participation and Engagement

- 3.39 There is general recognition at both a national and local level that communities are the engine house for delivering transformation and in order to realise our vision, the planning and delivery of services must take account of needs at a local level.
- 3.40 Our Participation and Engagement Strategy brings together NHS and Council Social Policy engagement activity within a single unified systematic approach which will improve standards of engagement and involvement across all services and staff groups, with the goal of improving outcomes for patients and service users. This is underpinned by the principles of community engagement (figure 10).¹⁴

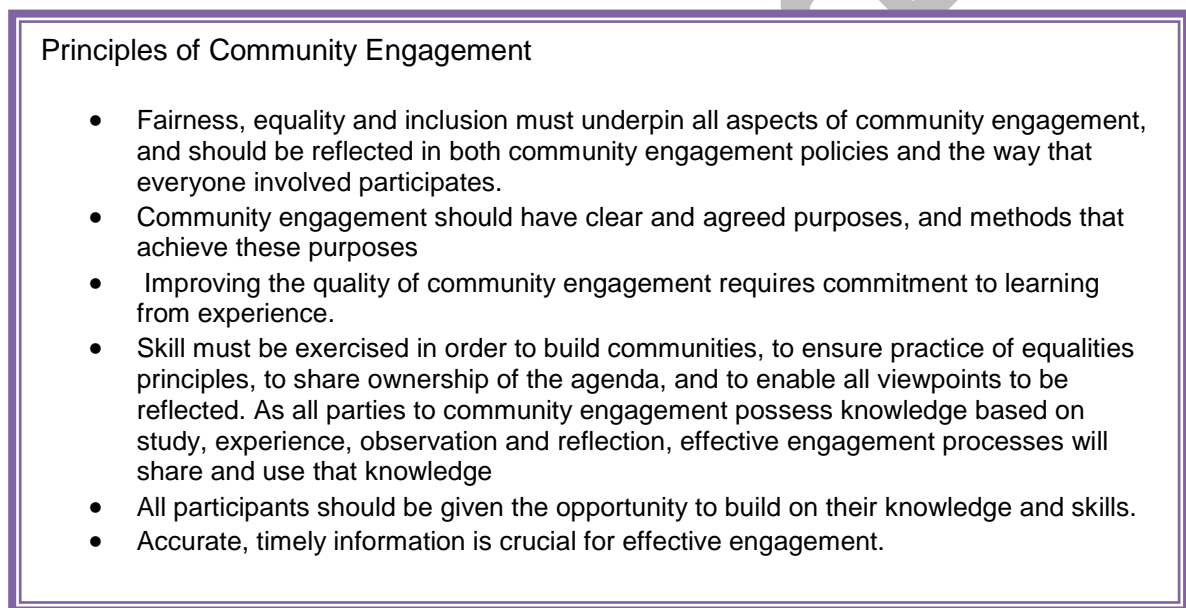


Figure 10 : Principles of Community Engagement

- 3.41 Engaging the population is fundamental to building resilient individuals and communities. Effective involvement helps to ensure that services are responsive to need and are developed in a way which ensures that they are accessible and acceptable and, thereby, reduces non-attendance and subsequent costs. Involving people in decisions about them and having control can boost self-confidence and self-efficacy as well as improving decision making.
- 3.42 We recognise that to work and engage effectively and meaningfully with communities:
- ✚ Takes a significant investment of time and resources;
 - ✚ Must be maintained over the longer term to be effective; and
 - ✚ Requires a specific skill set to undertake this effectively.
- 3.43 There are many mutual benefits to be gained since engagement, inclusion and participation are key to the development of our local plans as is an ethos of openness and transparency.

¹⁴ Communities Scotland (2005) National Standards for Community Engagement

- 3.44 To ensure engagement results in improvements appropriate tools such as VOiCE¹⁵ (Visioning Outcomes in Community Engagement) will be used to plan, implement and review the effectiveness of the engagement, with feedback to stakeholders being a key element of the engagement process.
- 3.45 We will build on the Investors in People (IIP) standard with which both NHS Lothian and West Lothian Council are separately accredited to support staff engagement. This will enable us to
- ✚ improve our performance through the workforce,
 - ✚ develop effective strategies for learning and development,
 - ✚ promote effective leadership and management;
 - ✚ recognise and value our workforce's contribution,
 - ✚ Involve our workforce in decision-making and
 - ✚ measure the impact of workforce engagement activity.

Quality Improvement

- 3.46 The importance of effective and efficient services has never been greater for the public sector. We will use the **Public Service Improvement Framework** (PSIF) which is based on total quality management approaches, to drive continuous improvement, maximise efficiency, and promote effective quality management.
- 3.47 The PSIF provides a framework of key questions to challenge and stimulate performance through a structured process, which is developed to suit the organisation's needs and drivers. Using a self-assessment approach we will continue to undertake comprehensive review of our activities and results which will help us to identify our strengths and the areas for improvement. The outputs will inform our development plan and identify improvement initiatives.
- 3.48 The Scottish General Practice contract is changing in 2017 which will have a key focus on quality and improvement. Transitional arrangements for **quality in primary care** are being put in place in 2016/17. This will move towards a system of values-driven governance that reflects and is sensitive to the needs of different communities and allows expertise to be shared across clusters of practices.
- 3.49 Whilst all GPs will continue to be focussed on quality outcomes we will support the development of new roles (cluster leads) with responsibility for leadership and involvement in service improvements and putting quality at the heart of practice, service activity and design as well as promoting quality care in the wider health and social care system.
- 3.50 We will continue to support a range of improvement activity to reduce Hospital Associated Infection, and promote **safe care** through the Scottish Patient Safety Programme across acute, primary care and mental health services and through active engagement with care providers.

¹⁵ <http://www.voicescotland.org.uk/>

Equality Outcomes

- 3.51 The public sector equality duty in the Equality Act 2010 came into force in Scotland in April 2011 and requires Scottish public authorities to have 'due regard' to the need to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations
- 3.52 All Scottish Public authorities must publish a report on 'mainstreaming' equality and identifying a set of equality outcomes. The IJB is classed as a public body and in compliance with the regulations will develop a set of equality outcomes and produce an Equality Mainstreaming Report by 30 April 2016.

Final Draft

4. Strategic Commissioning Plan

- 4.1 Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place¹⁶. This includes challenging historical spending patterns in light of what we know about our population needs and in particular managing the major trends of a growing, ageing population with increasing co morbidity.
- 4.2 The changes in our population require a different type of health and social care system, one that is modelled on supporting people to live independently in the community. Therefore the real added value of strategic commissioning will be in our ability to shift resources from the traditional models of care to new models of care which is a crucial element of public sector reform.

Strategic Commissioning Principles

- 4.3 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 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 more choice.
 - ✚ To commission quality services which achieve best value.
 - ✚ To work with our strategic partners and colleagues within the council and NHS to ensure a strategic approach to the commissioning of services.
 - ✚ To ensure transparency and equality when commissioning services appropriate stakeholder involvement and consultation which includes service users, their carers and providers is undertaken.
 - ✚ Positively engage, consult and communicate with the independent and voluntary sectors.
 - ✚ To ensure that approved procurement procedures are adhered to.
- 4.4 Building on the experience of the former CHCP we are committed to working with partners to
- ✚ Commission services which focus on prevention and early intervention
 - ✚ 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.

¹⁶Joint Strategic Commissioning – A Definition: Strategic Commissioning Steering Group, June 2012

- ✚ 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.

4.5 Commissioning is an ongoing and evolving process and our approach in developing commissioning plans is based on an annual Analyse, Plan, Do and Review cycle (Figure 8).

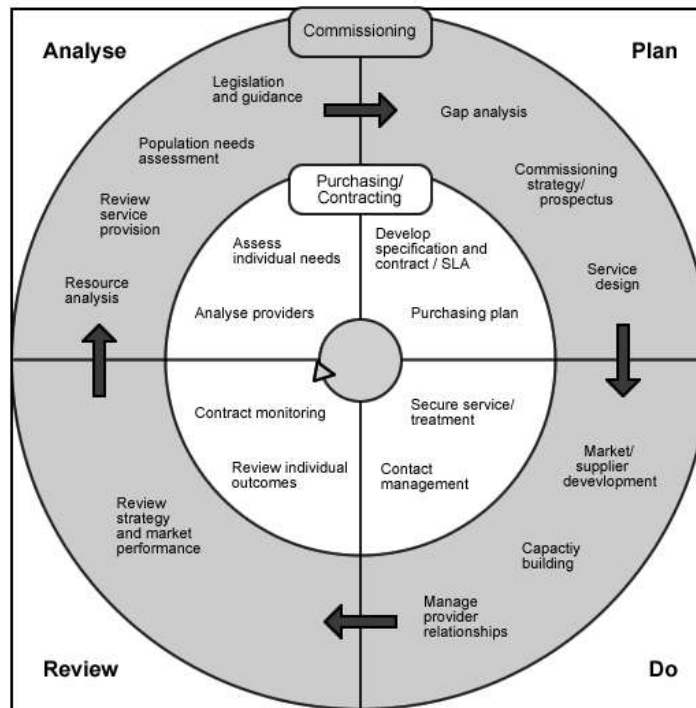


Figure 8 Strategic Commissioning Cycle¹⁷

Commissioning Plans

- 4.6 We are required by the Scottish Government to develop strategic commissioning plans for all adult care groups. Our strategic commissioning plans will incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.
- 4.7 The commissioning plans will be consistent with appropriate commitments within the following related high level strategies: West Lothian IJB Strategic Plan, West Lothian Single Outcome Agreement, NHS Lothian Local Delivery Plan, NHS Lothian Clinical Strategy, West Lothian Housing Strategy, and West Lothian Council Corporate Plan.
- 4.8 Each Care Group commissioning plan will confirm the total resources available across health

¹⁷ Joint Strategic Commissioning – A Definition - Joint Strategic Commissioning across adult health and social care" Scottish Government COSLA and NHS Scotland prepared by the National Steering Group for Joint Strategic Commissioning June 2012 <http://www.jitscotland.org.uk/action-areas/commissioning/>

and social care in respect of service users and carers and relate this information to the needs of Care Group population as determined by the needs assessment; such resources should be consistent with the relevant Directions issued by the IJB.

- 4.9 The Care Group commissioning plans will:
- ✚ Confirm desired outcomes and link investment to them
 - ✚ Detail how improvement will be delivered against outcomes and associated performance indicators
 - ✚ Prioritise investment and disinvestment through a coherent and transparent approach
 - ✚ Ensure that resource deployment and performance is consistent with the duty of Best Value
 - ✚ Reflect needs and plans as articulated at locality level
 - ✚ Ensure that sound clinical and care governance is embedded.
- 4.10 A working group is being established to develop a three year commissioning plan for each *Care Group* in accordance with the Scottish Government guidance on Strategic Commissioning Plans¹⁸. The plans will be informed by a detailed needs assessment which will be prepared in conjunction with the IJB Strategic Planning Group.
- 4.11 3 year Commissioning Plans will be developed for the following Care Groups:
- Substance Misuse
 - Adults with Learning Disabilities
 - Adults with Physical Disabilities
 - Mental Health
 - Older People.
- 4.12 Strategic commissioning has been used as the delivery vehicle for achieving national and local health and wellbeing outcomes within West Lothian since 2011 through the former CHCP. We will build on the valuable experience gained in commissioning and will embed the approaches in our planning and resource allocation processes.
- 4.13 The commissioning plans will be designed to deliver on the following strategic outcomes
- ✚ 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
 - ✚ Resources are used effectively and efficiently in the provision of health and social care services
 - ✚ 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
 - ✚ Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

¹⁸ <http://www.gov.scot/Resource/0046/00466819.pdf>

- 4.14 The following provides a summary of progress in reviewing the commissioning plans for each of the Care Groups and identifies the priorities and commissioning intentions.

Substance Misuse Commissioning Plan

- 4.15 The Alcohol and Drug Partnership (ADP) have the responsibility for commissioning of substance misuse services and are required to provide an annual report to the Scottish Government. The ADP will report in governance terms through the IJB to the Community Planning Partnership and it is anticipated that the requirement to report separately to the Scottish Government may change in the future and for all their activity to be absorbed within the standard governance framework of the IJB.
- 4.16 The ADP has led the way on strategic commissioning in West Lothian and have used their commissioning plan as the key partnership mechanism to oversee progress against performance and where appropriate to modify activity and resources to achieve outcomes.
- 4.17 The substance misuse needs assessment was reviewed in 2015 and the ADP Commissioning Plan was revised and approved by the Scottish Government in 2015. The ADP will monitor the performance and provide annual reports as required by the Scottish Government. The ADP priorities are set out in table 2 and the commissioning plan will be due for full revision in 2018.

Table 2: ADP Priorities 2015-2018

Contract Monitoring & Review

Review contract, Explore potential efficiencies.

Prevention and Early Intervention

Commission services with outcomes relating to family wellbeing.

Extend provision of alcohol brief interventions (ABIs) for people who are drinking heavily but not in need of treatment.

Develop a best practice guide to enable schools to provide consistent, evidence based prevention programs.

Recovery

Review new Through Care and After Care service, including arrangements relating to housing support and the need for specialist provision.

Adults with Learning Disabilities

- 4.18 The current commissioning plan for Adults with Learning Disabilities 2012-2015 is due for review and work to progress the needs assessment is well underway and is expected to be concluded by end of March 2016. The current commissioning priorities are outlined in table 3 and these will be revised in the new commissioning plan to fully reflect the needs assessment.
- 4.19 In addition the commissioning plan will be informed by ongoing work of the Lothian Learning Disabilities Collaborative Strategic Planning Group. This group is responsible for the modernisation of the whole system of specialist service provision to people with learning disability encompassing

- ✚ In patient assessment and treatment services
- ✚ Development of integrated community teams with capacity to deliver national targets
- ✚ Up streaming of rehabilitative services for people with LD and complex needs.
- ✚ Delivery of local services for people with profound and multiple disabilities.

The schedule is to have a final draft of the Learning Disabilities Commissioning Plan by September 2016.

Table 3: Adults with Learning Disabilities Commissioning Plan 2012-2015

Scottish Enhanced Services Programme
Ensure screening & management of long term conditions is delivered to the same standards, quality and accessibility as the rest of the population.
Complex Care
Explore most effective arrangements to meet needs of individuals with LD & complex care needs within Lothian Partnership.
Support for Carers
Develop Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice & support.
Services for Autism Spectrum Disorders (ASD)
Development of services for people with ASD which is systematic, evidence based and sustainable.
Employability & Lifelong Learning
Explore development of Social Enterprise to develop employability and employment opportunities.

Adults with Physical Disabilities

- 4.20 The current commissioning plan for Physical Disabilities 2012-2015 is due for review and work to progress the needs assessment is well underway and is expected to be concluded by end of March 2016. The current commissioning priorities are outlined in table 4 and these will be revised in the new commissioning plan to fully reflect the needs assessment. The preparation of the commissioning plan will be developed through the Physical Disabilities commissioning group in conjunction with the Strategic Planning Group. The schedule is to have a final draft of the Physical Disabilities Commissioning Plan by June 2016.

Table 4: Physical Disabilities Commissioning Plan 2012-2015

Employability
Increase delivery of 'B4 and On2 Work' employability advocacy and support.
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.
Day support
Provide a range of support to access education, college courses, work experience, employment and volunteering opportunities as well as support at times of transition.
Information and Advice Services
<ul style="list-style-type: none"> • Information & Advice Service • Peer Counselling Service • Independent Living
Commission
<ul style="list-style-type: none"> • Community Rehabilitation and Brain Injury Service • Services for the Deaf, Deafened and Hard of Hearing • Services for the Blind and People with Sight Loss

Mental Health

- 4.21 The current commissioning plan for Mental Health 2012-2015 is due for review. It will be important to ensure that the revised plan reflects the scope of the IJB's responsibility and we will commission a comprehensive needs assessment to support our planning. The commissioning plan will be developed through the Mental Health Commissioning Group in conjunction with the Strategic Planning Group. The current commissioning priorities are outlined in table 5 and these will be revised in the new commissioning plan to fully reflect the needs assessment. The planned schedule is to conclude the needs assessment by June 2016 and to have a final draft of the Mental Health Commissioning Plan by September 2016.

Table 5: Mental Health Commissioning Plan 2012-2015

Advocacy
Identify the advocacy needs for people with drug and/or alcohol problems and explore commissioning of resource if required (MHAP).
Adult Protection
Develop Care Programme Approach within West Lothian.
Housing Support
Ensure that Housing Support Services are integrated with other care-related services, are outcomes-focused, and compatible with new legislation such as Self-directed Support.
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.
Inpatient Provision
Redesign the support for the day to day clinical management and coordination of acute care.
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.
Commissioning reviews
Undertake commissioning review of Community Nursing, Psychiatry & Psychology to understand demand & inform capacity plans.

Older People

- 4.22 The West Lothian Health and Social Care Partnership have already invested significant effort and resources to simplify and improve services, and access to services, for older people, particularly frail older people and meeting the needs of older people will remain one of our top priorities during the lifetime of this plan.
- 4.23 The first Commissioning Plan for Older People was developed in 2012 (Table 6) as a key requirement for the Older People's Change Fund. We have since established a Frail Elderly Programme with the main objective of a whole system redesign to deliver a quality, financially sustainable and cost effective service provision.
- 4.24 The frail elderly programme provides a solid foundation for revision of the Older People's Commissioning Plan, the scope of which will be widened to include the acute hospital service provision. To support our planning we will commission a comprehensive needs

assessment and the commissioning plan will be developed through the Frail Elderly Programme Board in conjunction with the Strategic Planning Group.

- 4.25 The proposed schedule for the Older People's Commission Plan would be to conclude the needs assessment by June 2016 and to have a final draft of the Older People's Commissioning Plan by September 2016.

Table 6: Older People's Commissioning Plan 2012-2015

<p>Live at Home or in a Homely Setting for Longer Review contract arrangements for care at home. Explore future commissioning options for day care service for older people. Explore step up and step down care provision in West Lothian and intermediate care pathways, including consideration of care homes as provider.</p>
<p>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.</p>
<p>End of Life Care Review specialist service agreements. Monitor access to palliative care services for those with non malignant conditions.</p>
<p>Frail Elderly Development Priorities</p>
<p>Comprehensive geriatric assessment and frailty pathway in hospital Implement a multidimensional interdisciplinary Comprehensive Geriatric Assessment on admission. Explore and test roles of elderly care assessment nurse, specialised discharge, rehabilitation, day hospital and ambulatory care services.</p>
<p>Frailty capacity modelling Create analytical model of current systems to assess costs and benefits of proposed changes and prioritise investment.</p>
<p>Mental Health Continue to progress towards preventative, assessment and outcome focussed services. 1 year post diagnostic support for people with new dementia diagnosis. Develop Behavioural Support service. Redesign Mental Health Elderly Day Service.</p>
<p>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. Review contractual arrangements for provision of care at home. Review <i>REACT</i> hospital at home and rehabilitation care pathways to prevent admission and facilitate early supported discharge.</p>

- 4.26 The Strategic Planning Group will have a key role in developing and finalising the commissioning plans and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The strategic commissioning plan will be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group and this section will be updated in accordance with the schedule for the revised versions of the commissioning plans.

5 Strategic Priorities

Context

- 5.1 The previous sections presented the variety of reasons why we need to change the way in which we deliver services. Despite progress towards a more joined up service approach, some inefficiency remains in terms of integrated working. By integrating services, there will be opportunities to improve personal outcomes; provide more care at home or in a homely setting; and, ultimately, enhance the experience of the people who use our services and their carers.
- 5.2 In summary, we know that:
- ✚ We need to do more to shift the balance of care and service provision towards more community based services and reduce the reliance on admissions to institutional care;
 - ✚ People should be supported to regain their health and independence as far as possible using personally-defined outcomes as the goals around which support is configured;
 - ✚ Some people, including those at the end of their lives, end up in hospital when they could be supported at home if a range of community based services were available;
 - ✚ Delays in discharge arrangements and prolonged hospital stays can result in reduced confidence and less likelihood of independent living;
 - ✚ There are significant differences in health inequalities in relation to healthy life expectancies across our localities and communities of interest;
 - ✚ To enable people to lead healthier life styles and to remain as independent as possible we need to provide information, advice and support (preventative and anticipatory);
 - ✚ Demand for services is increasing and that some services have waiting times
 - ✚ The short to medium term public funding position is challenging.

Strategic Opportunity

- 5.3 The integration of health and social care represents a major opportunity to deliver improved outcomes for the communities we serve. Transforming the way in which we deliver services is expected to reduce reliance on hospital services; lead to improvements in achieving the nine national outcomes for integration; and empower people to manage their own conditions through the increased provision of advice, support and care in primary and community settings
- 5.4 The strategic priorities and commissioning intentions set out for the period of this plan are based on best available information, both local and national. This learning continues to emerge and it is recognised that there is often limited published evidence to support decision making at this time. All the proposed changes will be evaluated on an ongoing basis in order to assess their impact on outcomes for people and their contribution to the whole system.

Our Key Priorities

- 5.5 The 2020 vision for Health and Social Care and the Christie Commission on Public Sector

Reform (2011) highlighted the need for change. They both emphasise the need for communities to be involved; to empower people; and that, wherever possible, services should be provided in the person's own home. They also remind us that prevention of ill health should be given a greater priority.

- 5.6 In order to achieve the priorities set out below, we are committed to :
- ✚ Using a variety of activities to involve people within local communities; to describe the assets within communities and to identify enablers and barriers to inform improvements;
 - ✚ Involving a wide range of partners within local communities, organisations, local groups and businesses to develop opportunities within communities so that these can support people to achieve personal outcomes;
 - ✚ Developing staff skills to ensure that they can use feedback from service users' experiences to improve these services.
- 5.7 Our Strategic Priorities for the period of this plan are focussed on
- ✚ Tackling Inequalities
 - ✚ Prevention and Early Intervention
 - ✚ Integrated and Coordinated Care
 - ✚ Managing Our Resources Effectively.

Tackling inequalities

- 5.8 There are communities in West Lothian that have higher levels of need and it is important that the level of service provision reflects this. However, targeting solely these communities would not be sufficient to address health inequalities because not all of the people who are income deprived live in recognised 'areas of deprivation'.
- 5.9 High quality, universal health and social care, that is provided based on need rather than ability to pay, is important to mitigate and reduce health inequalities. It is also important to reduce barriers to accessing care – such as mismatch between service design and patient need, cultural differences between patients and staff, low expectations, poor experience, transport costs and lack of capacity where the need is highest.
- 5.10 To reduce the impacts of individuals' social circumstances on health, professionals need to recognise these issues, reflect them in management plans and refer people to appropriate sources of support such as welfare advice.
- 5.11 We will enhance our role to address health inequalities by:
- ✚ Ensuring services are accessible to all based on need, and barriers to care are addressed.
 - ✚ Prioritising prevention, primary and community services to maximise benefit to the most disadvantaged groups.
 - ✚ Providing workforce education and training to build awareness of health inequalities and skills to work with all communities.
 - ✚ Taking a social history in consultations and using this to tailor support to individuals' needs.
 - ✚ Supporting services and initiatives that support individuals and communities to reduce

the impacts of inequalities on their health.

- ✚ Ensuring the organisation uses its purchasing power to support the local communities and creates a culture of equality and fairness.
- ✚ Working with community planning partners on initiatives to address underlying social inequalities that result in health inequalities.

Impact:-

- ✓ Increased focus on prevention, self-management and shared decision making
- ✓ Improved general health and wellbeing in the population and reduced health inequalities
- ✓ Better quality relationships between service users and those providing them

Prevention and Early Intervention

- 5.12 By shifting the focus of services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crises we will enable individuals to make better health and wellbeing decisions and achieve better outcomes.
- 5.13 We recognise the vital role played by carers and need to make sure that carers remain in good health, and that their health-related quality of life does not deteriorate as a result of their caring responsibilities.
- 5.14 We are committed to improving access to information, advice and support to enable people and their carers to lead healthier life styles and to remain as independent as possible and make active contributions to their families and communities.
- 5.15 We recognise that we need to increase our capacity to support people at home through new models that provide greater choice and control including timely provision of aids and adaptations and technology enabled care.
- 5.16 We will continue to develop our approach and focus our activities to enable people to manage their own conditions and to stay healthy and more independent for longer. This will include improving access to services and anticipatory care planning to promote early intervention and recovery, and reduce the risk of deterioration in health and wellbeing.
- 5.17 Throughout the period of the plan we will review key activities to ensure that they are aligned to the Strategic Priorities, and that they make best use of existing investment. This will include
 - ✚ Review of service provisions which support choice and control for individuals
 - ✚ Development of opportunities to provide greater choice of personalised shared care and support for cost effective respite, day care and residential care.
 - ✚ Review of services to reduce social isolation;
 - ✚ Redesigning care and clinical pathways to be more streamlined, resulting in speedier decision making and earlier service provision through proactive anticipatory care planning;

- ✚ Systematically identifying and treating frail people within community settings
- ✚ Increasing our investment in technology enabled care
- ✚ Promoting carers as equal partners in the planning and delivery of care and support and ensuring their needs are identified and appropriate support given to enable them to continue in their caring role¹⁹.

Impact:-

- ✓ Increased focus on prevention, self-management and shared decision making
- ✓ Increased primary and community care capacity
- ✓ Reduced reliance on hospital beds and other health and care services
- ✓ Improved support for carers

Integrated and Co-ordinated Care

- 5.18 Providing integrated care that crosses the boundaries between primary, hospital and social care is a goal of health systems worldwide. Through working with people in their own communities and using our collective resources wisely we can transform how we deliver services to ensure they are high quality, safe, effective, based on achieving personal outcomes and delivered in a way which enhances the health and wellbeing of the people of West Lothian.
- 5.19 Our focus will be on ensuring:
- ✚ Provision of more integrated and coordinated care at home to enhance the experiences of service users and their carers;
 - ✚ We support those who are at risk of harm, to receive the necessary care and support they need to keep them safe;
 - ✚ Health and social care is provided with the right level of support at the right time to meet individual needs and to reduce avoidable emergency admissions
 - ✚ Health and social care services are better coordinated for those requiring care at the end of their lives, and for their families and carers;
 - ✚ A structured, coordinated and strategic approach to community support is created for people with frailty including dementia and their carers to ensure that they remain in the community for as long as possible.
- 5.20 Our approach centres on ensuring we deliver the right care, in the right place at the right time for each individual, so that people are:
- ✚ Assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary
 - ✚ Discharged from hospital as soon as possible with support to recover and regain their independence at home and experience a smooth transition between services
 - ✚ Safe and protected and have their care and support reviewed regularly to ensure these remain appropriate.

¹⁹ The Carers (Scotland) Bill 2016

- 5.21 By integrating services further, there will be significant opportunities to improve outcomes and to provide more care in people's own homes. The main activities will include:
- ✚ Enhancing the capacity and capability of teams to provide more responsive services including extending provision into the traditional out of hours period, over seven days, and providing more acute care and treatment at home
 - ✚ Reviewing the design of care and support services to work with communities and care providers to provide more coordinated care particularly to support those at risk of harm, deterioration or hospital admission.
 - ✚ Improving information and technology applications to support integrated working;
 - ✚ All sectors working more closely together to provide an enabling approach to support recovery in line with personal outcomes
 - ✚ Placing 'good conversations' at the centre of our engagement with people so that they are actively involved in decisions about how their health and social care needs should be addressed.
- 5.22 Providing a higher proportion of care in the community including early clinical and care assessments will reduce the number of avoidable admissions as well as delays in discharge. It is anticipated that with greater integration and coordination it may be possible to realign resources to community based services and build sustainability for the future. The predicted demographic changes will present challenges and it is intended that community models of care will be enhanced to meet any increasing demand.
- 5.23 Day of care audits have highlighted that community hospital beds are often occupied by people whose care needs can be met either at home or in another community setting. Therefore as community alternatives are established we will review our community hospital and care provisions to ensure that our care models are sustainable and focussed on achieving the best outcomes.

Impact:-

- ✓ Delivery of high quality, safe and effective services focussed on achievement of personal outcomes
- ✓ Effective and appropriate use of acute resources
- ✓ Effective and appropriate use of community hospitals
- ✓ Increased primary and community care capacity
- ✓ Improved health and social care coordination across the whole system

Managing our resources effectively

- 5.24 This plan is intended to be viewed as a continuum of work with further development to make the vision a reality. As outlined in section 7 there is a requirement to identify and develop an aligned resources framework to support delivery of the plan. There is a clear recognition that the Strategic Plan and its associated programmes of work will have to be delivered within the finite resources available to the partner organisations and detailed implementation plans will be developed to support the strategic intentions. These will include fully costed models to ensure that all plans are sustainable within the resources

available to the IJB.

- 5.25 It is essential therefore that we make the best use of our shared resources (people, buildings, technology, information, procurement approaches) and the capacity available by working collaboratively across the statutory, third and independent sectors, housing organisations, communities and with individual citizens, including unpaid carers, to deliver timely, high quality, integrated and personalised services whilst managing the financial challenge and appropriate care and support to people with health and social care needs.
- 5.26 This will require new and innovative ways of working. As functions, strategies and services are reviewed and integrated the pattern of spend will alter as we continue to shift the balance of care from institutional to community settings.

Transformational Change

- 5.27 As described above and in the previous sections our plan is focussed on achieving a sustainable health and care system for West Lothian. This will require transformational change over time in order to improve health and wellbeing outcomes and support the transition to the future model of care. Throughout this process we will ensure our change programmes are well connected and we will establish planning and accountability structures to ensure consistency in delivery of integrated health and social care outcomes.
- 5.28 The transformation map (Figure 9) runs over three phases which are designed as a journey from where we are now to where we want to be.
- ✚ Phase 1: Current Position– where understanding the context and what needs to be done is important, and where action needs to begin
 - ✚ Phase 2: Transformation Phase – where change and sustainability is becoming the norm and we are on the way to a more effective and sustainable health and care system; and
 - ✚ Phase 3: The Future State – where better, more effective care, improved outcomes and integrated ways of working and sustainability have become routine.

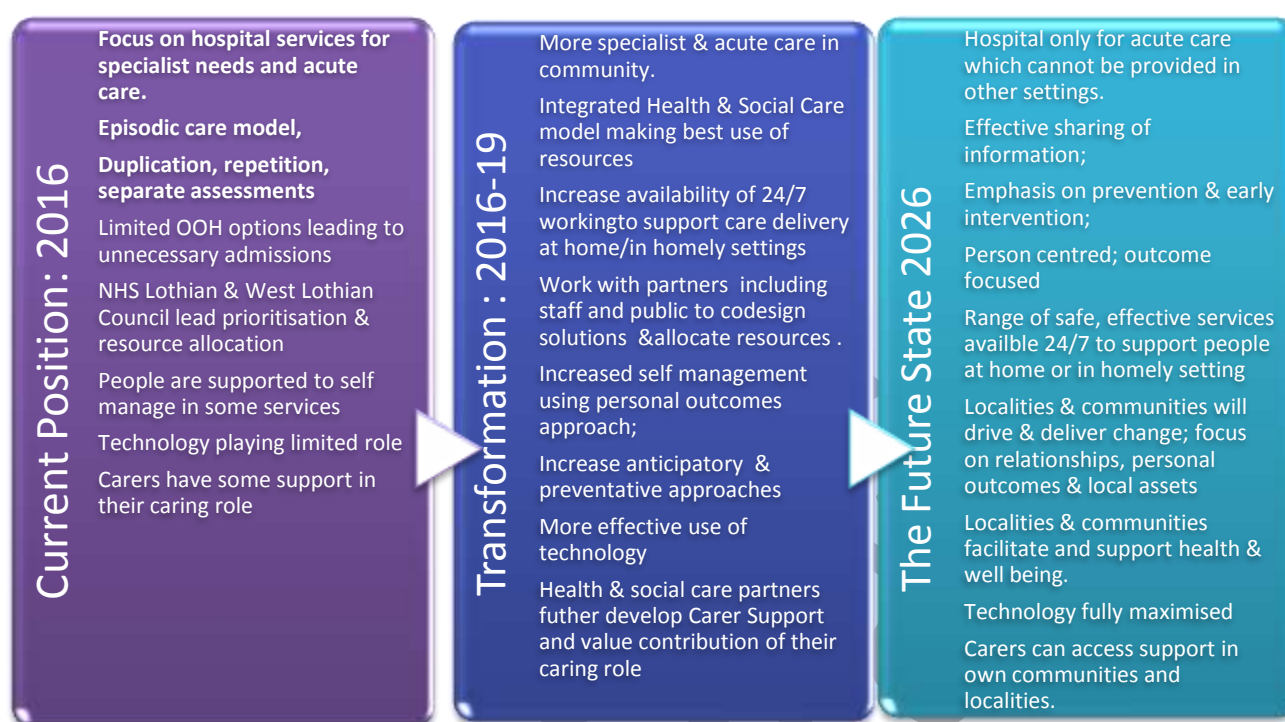


Figure 9: Transformation Map

6 Monitoring Performance

National Reporting

- 6.1 The integration of health and social care has two key objectives which are mutually reinforcing - securing better outcomes and experiences for individuals and communities and obtaining better use of resources across health, care and support systems at national and local levels.
- 6.2 The IJB will be responsible for monitoring and reporting in relation to the operational delivery of the integrated services on behalf of NHS Lothian and West Lothian Council and for the continuous review of progress of the implementation of the strategic plan measured against the national outcomes for health and wellbeing and associated indicators. We will publish an annual performance report setting out how well are achieving these outcomes. This will include information in relation to a core suite of indicators supported by local measures that are appropriate for the whole system under integration.

Baseline Performance: National Health and Wellbeing Outcomes



- 6.3 23 core indicators have been developed from national data sources so that the measurement approach for the agreed integration health and wellbeing outcomes is consistent across all areas.
- 6.4 The core indicators which are shown below are grouped into two types of complementary measures:
-  Personal outcomes and quality measures (indicators 1-10; table 7) and
 -  Indicators derived from organisational / system data (indicators 11-23; table 8)

Table 7: Personal outcomes and quality measures (2014)		West Lothian Performance	National Performance	Local Improvement target
1	Percentage of adults able to look after their health very well or quite well.	94%	94%	95%
2	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	85%	84%	85%
3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	80%	84%	84%
4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.	79%	80%	80%
5	Percentage of adults receiving any care or support who rate it as excellent or good	80%	84%	84%
6	Percentage of people with positive experience of care at their GP practice.	80%	87%	87%
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.	82%	86%	86%
8	Percentage of carers who feel supported to continue in their caring role.	48%	44%	50%
9	Percentage of adults supported at home who agree they felt safe.	83%	86%	86%
10	Percentage of staff who say they would recommend their workplace as a good place to work	Not currently available	Not currently available	70%

- 6.5 Whilst much of the personal outcomes and quality data indicate West Lothian is on a par with Scotland there are areas for improvement which will be addressed through personal outcomes based approaches and better engagement with service users and their carers. We have set local improvement targets for each of the indicators and will review these on an annual basis.

Table 8: Indicators derived from organisational / system data (2014-15)		West Lothian Performance	National Performance	Local Improvement target
11	Premature mortality rate. (European Age Standardised Rate per 100,000 population <75)	411.2	423.2	411
12	Rate of emergency admissions for adults (Crude rate per 100,000 population)	10878	10436	10436
13	Rate of emergency bed days for adults (Crude Rate per 100,000 population)	56647	75597	56647
14	Readmissions to hospital within 28 days of discharge (European Age Sex Standardised Rate per 1,000 population)	9.39	8.48	8.48
15	Proportion of last 6 months of life spent at home or in a community setting	91.1%	90.8%	91%
16	Falls Rate (Crude rate per 1000 population over age 65)	20.9	20.1	20
17	Proportion of care services graded Good (4) or better in Care Inspectorate inspections	Not Yet Available	Not Yet available	
18	Percentage of adults with intensive needs receiving care at home	69.6%	61.4%	70%
19	Number of days people spend in hospital when they are ready to be discharged (Crude rate per 1000 total population)	60	117	56
20	Percentage of total health and care spend on hospital stays where the patient is admitted in an emergency	19.4%	21.9%	19%
21	Percentage of people admitted from home to hospital during the year, who are discharged to a care home	Not Yet Available	Not Yet available	
22	Percentage of people who are discharged from hospital within 72 hours of being ready	42.9%	Lothian average 25.9%	45%
23	Expenditure on end of life care	Not Yet Available	Not Yet available	

- 6.6 One of the main aims of health and social care integration is to ensure 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 for as long as possible.
- 6.7 Our aim is to support people to live independently at home for as long as possible and to shift the balance of care from institutional care to care at home or as close to home as possible in a community setting.
- 6.8 Key points from analysis if the data indicates
- ✚ There has been an increase over time in the percentage of adults with intensive care needs receiving care at home
 - ✚ There is an Increasing trend towards last 6 months of life being spent in a community setting whilst the Scottish trend is static

- ✚ Although West Lothian has a slightly higher emergency admission rate than Scotland, it has a much lower emergency bed day rate with majority of Bed Days in general & geriatric medicine
- ✚ 28 day readmission rates are slightly higher than Scotland rate and the length of stay at St John's Hospital is lower than average
- ✚ The falls rate is steady and similar to Scotland – falls are a significant source of complex admissions and bed days
- ✚ West Lothian has a low bed day rate for delays compared to Scotland and other 3 Lothian H&SCPs, although the rate is increasing.
- ✚ There is a lower percentage spend on emergency stays compared to Scotland and other 3 Lothian H&SCPs
- ✚ West Lothian has the highest percentage of patients being discharged within 3 days across the 4 Lothian partnerships. The main reason for longer delays was patients awaiting completion of social care arrangements which would allow them to live in their own home.

- 6.9 The data demonstrates that there has been some progress made in shifting the balance of care from institutional to community settings and indicates there are areas of good practice supporting integrated services and systems. However there is room for improvement to reduce emergency admissions and readmissions and to further improve performance around delayed discharges to consistently achieve the 72 hour standard.
- 6.10 The core indicators will continue to be developed and improved over time and it is noted that some of them still require data development. In addition to the core indicators we will continue to work with Lothian Analytical Services and the other IJBs to agree a Lothian Core dataset to support planning and monitoring of performance across health and social care. This dataset will include the measures for the Local Delivery Plan, as well as indicators for social care, primary care and community (still in development) (Appendix 2).

Balanced Scorecard

- 6.11 We have adopted a balanced scorecard approach (figure 10) to provide the framework for our strategic measurement and management system. The scorecard will measure organisational performance across four balanced perspectives: Financial; Customer; Internal Processes; Learning and Growth.
- 6.12 We will continue to develop local measures and contextualising data to provide a broader picture of local performance and once our strategic commissioning plans have been finalised, there will be a need to review and develop our performance reports. This will ensure that we have the most appropriate means to allow progress against our commissioning plans to be measured.
- 6.13 The Performance Framework will continue to evolve and will be reviewed regularly to ensure that the contained improvement measures continue to be relevant and reflective of the National Outcomes and local indicators (once developed) to which they are aligned. Our performance framework will be also be aligned to the requirements of the Health

Improvement, Efficiency, Access and Treatment (HEAT) standards and targets as well as the Single Outcome Agreement.

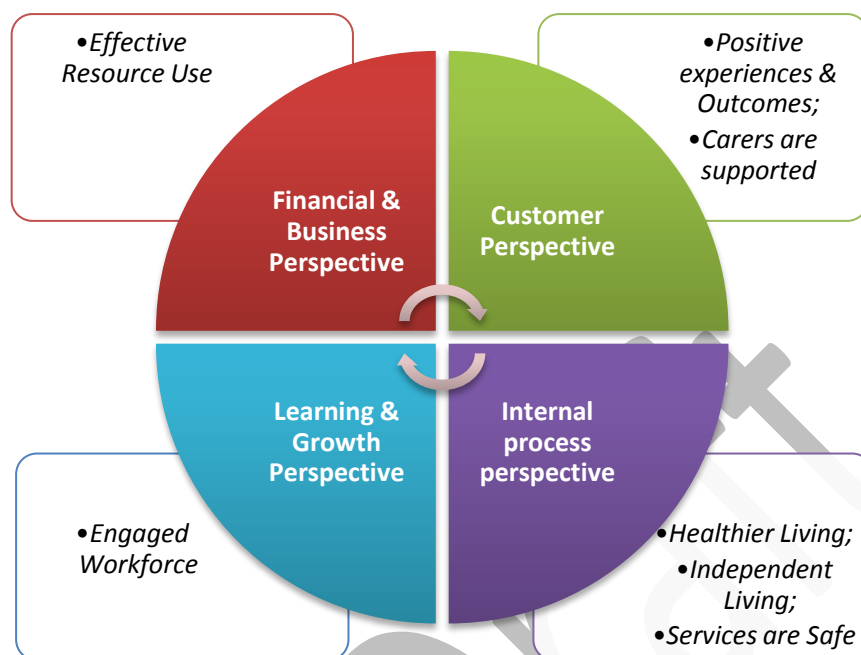


Figure 10 Balanced Scorecard

Benchmarking

- 6.14 West Lothian participates in the Local Government Benchmarking Network (LGBF) comparing performance on a number of performance indicators. West Lothian Adult Social Care Services are included in the benchmarking framework and are allocated a benchmarking family based on similar geography, population, deprivation levels and community needs. The benchmarking family group includes Clackmannanshire, Dumfries and Galloway, Falkirk, Fife, Renfrewshire, South Ayrshire and South Lanarkshire
- 6.15 LGBF performance is analysed to ensure that the variation and causal impact in relation to local priorities and policy choices are understood. This is to be facilitated by authorities working as part of 'family groups' to interrogate the data. These family groups will in time also serve as a forum for sharing learning and knowledge across authorities.

Data Sharing and Information Governance

- 6.16 Better data sharing across health and social care will play a key role in the integration agenda. As an IJB we will need to be able to assess and forecast need, link investment to outcomes, consider options for alternative interventions and plan for the range, nature and quality of future services.
- 6.17 Effective information systems are necessary to ensure that good intelligence underpins our process of local strategic planning and decision making. To support this the Information and Statistics Division has been commissioned to work with NHS Boards, Local Authorities and others to develop a linked individual level dataset for partnerships. There is therefore a need to ensure information is managed and shared in a safe and effective manner through sound governance, performance and scrutiny arrangements.

7 Financial Framework

Context

- 7.1 The Strategic Plan is intended to be viewed as a continuum of work with further development required to make the vision a reality. The plan provides the strategic framework for the development of health and social care services over the next few years and lays the foundation for the integration of the plan into the core work of NHS Lothian, West Lothian Council and partners with priorities and proposals reflected in each organisation's business plan.
- 7.2 Therefore, there is a requirement to identify and develop an aligned resource strategy including a clear financial framework which will support delivery of the plan. There is clear recognition that, whilst our aims and aspirations are extensive, the Strategic Plan and its associated programmes will have to be delivered within the finite resources available to the partner organisations.
- 7.3 Both partner organisations have complex financial arrangements focusing primarily on annual budget plans. Consequently, the forecast of a longer term financial plan to match the delivery programmes outlined in this document is challenging and not without risk; this section seeks to describe the financial position of both the NHS and West Lothian Council and the planned approach in relation to the delivery of this Strategic Plan.

Partnership Budget

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

The main services to be delegated and integrated are

- ✚ Adult social care services
- ✚ Primary care and community health services
- ✚ Set aside adult acute services.

Adult Social Care Services

- 7.5 The council's approved 2016/17 contribution to the IJB is shown below along with indicative resources for 2017/18 and 2018/19. The indicative 2017/18 resources reflect the council's currently approved planning assumptions which will be updated as necessary subject to the 2017/18 budget settlement from the Scottish Government. At this stage, given uncertainty around funding for future years, the indicative 2018/19 resources are shown as being unchanged from the 2017/18 resources.

NHS Delegated Services

- 7.6 At this stage a finalised 2016/17 NHS Lothian budget is still to be agreed. Therefore, the current 2016/17 budget resources shown are indicative and reflect the current working assumptions which may be updated upon finalisation of the 2016/17 budget.

- 7.7 For the purposes of 2017/18 and 2018/19, and given the uncertainty around future funding settlements, the budgets are indicatively shown at the same level as the current indicative 2016/17 budgets.
- 7.8 As part of ongoing public sector funding constraints, both West Lothian Council and NHS Lothian will face significant financial challenges over the period to 2018/19. In addition, health and social care demands are continuing to increase and both these factors will inevitably impact on the level of future resources available to meet the care needs of the West Lothian population.

Annual Financial Statement

	2016/17 Approved Budget	2017/18 Indicative Budget	2018/19 Indicative Budget	Total Indicative 2016/17 to 2018/19
<u>Adult Social Care Services</u>	£000s	£000s	£000s	£000s
Learning Disabilities	13,565	14,204	14,204	41,973
Physical Disabilities	6,255	6,456	6,456	19,167
Mental Health	2,941	2,966	2,966	8,873
Older People Assess & Care	27,903	28,177	28,177	84,257
Care Homes and HWC	7,090	7,163	7,163	21,416
Contracts & Commissioning				
Support	5,841	5,693	5,693	17,227
Other Social Care Services	3,090	2,641	2,641	8,372
Total Adult Social Care Services	66,685	67,300	67,300	201,285
<u>Core Health Services</u>	£000s	£000s	£000s	£000s
Community Hospitals	3,123	3,123	3,123	9,369
Mental Health	11,304	11,304	11,304	33,912
District Nursing	2,870	2,870	2,870	8,610
Community AHPS	3,219	3,219	3,219	9,657
GMS	26,141	26,141	26,141	78,423
Prescribing	30,315	30,315	30,315	90,945
Resource Transfer	6,886	6,886	6,886	20,658
Other Core	7,816	7,816	7,816	23,448
Total Core Health Services	91,674	91,674	91,674	275,022

	2016/17 Indicative Budget	2017/18 Indicative Budget	2018/19 Indicative Budget	Total Indicative 2016/17 to 2018/19
Hosted Health Services				
Sexual Health	908	908	908	2,724
Hosted AHP Services	2,260	2,260	2,260	6,780
Hosted Rehabilitation Medicine	880	880	880	2,640
Learning Disabilities	3,284	3,284	3,284	9,852
Mental Health	610	610	610	1,830
Substance Misuse	1,017	1,017	1,017	3,051
Oral Health Services	2,096	2,096	2,096	6,288
Hosted Psychology Service	2,831	2,831	2,831	8,493
Public Health	283	283	283	849
Lothian Unscheduled Care Service	1,924	1,924	1,924	5,772
UNPAC	807	807	807	2,421
Strategic Programmes	1,679	1,679	1,679	5,037
Other Hosted Services	317	317	317	951
Total Hosted Health Services	18,896	18,896	18,896	56,688
Acute Set Aside Services				
A & E (outpatients)	4,116	4,116	4,116	12,348
Cardiology	5,797	5,797	5,797	17,391
Diabetes	513	513	513	1,539
Endocrinology	405	405	405	1,215
Gastroenterology	1,787	1,787	1,787	5,361
General Medicine	7,014	7,014	7,014	21,042
Geriatric Medicine	5,069	5,069	5,069	15,207
Infectious Disease	3,015	3,015	3,015	9,045
Rehabilitation Medicine	727	727	727	2,181
Respiratory Medicine	177	177	177	531
Therapies/Management	116	116	116	348
Total Acute Set Aside Services	28,736	28,736	28,736	86,208
TOTAL	205,991	206,606	206,606	619,203

Directions

- 7.9 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on the IJB to develop a strategic plan for integrated functions and budgets under their control. The IJBs require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding Directions from the IJB to one or both of the Health Board and Local Authority. These Directions must be in writing and should set out a clear framework for operational delivery of the functions that have been delegated to the IJB.

- 7.10 A suite of Directions have been prepared for the operational delivery of the functions which clearly identify which of the integrated health and social care functions they relate to, how the named service or services are to be provided. Where appropriate, the same document has been used to give Directions to carry out multiple functions.

Final Draft

8 Clinical and Care Governance

- 8.1 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is the responsibility of everyone working in the organisation. The Health Board, the Council and the IJB are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Public Bodies (Joint Working) (Scotland) Act 2014.
- 8.2 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. Embedded from frontline staff through to the board, good governance should define, drive and provide oversight of the culture, processes and accountabilities of those delivering care.
- 8.3 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. This will require a clear governance framework within which professionals and the wider workforce will operate. 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 Plan will identify training requirements that will be put in place to support improvement in services and outcomes.
- 8.4 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.
- 8.5 The Director of Health and Social Care's role is to provide a single senior point of overall strategic and operational advice to the IJB 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.
- 8.6 The IJB 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
- Members of Senior Management Team
 - Clinical Director
 - Chief Nurse

- Allied Health Professional Lead
- Chief Social Work Officer.
- Public Health Consultant.
- Associate Medical Director Acute Services
- Associate Nurse Director Acute Services
- Service user and carer representatives.
- Third sector and independent sector representatives.

- 8.7 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, care 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.
- 8.8 The Strategic Planning 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 public protection committees.
- 8.9 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.
- 8.10 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.
- 8.11 As detailed in the Integration Scheme, the Integration Joint Board will provide the overall governance to the partnership.
- 8.12 There will be a series of Care Groups whose main responsibility will be to oversee the development, implementation and review of the Commissioning Plans.
- 8.13 Locality representatives and locality priorities will be fully represented in all governance and planning structures.

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Appendix 1: Health and Social Care Services to be integrated

Services currently provided by West Lothian Council	Services currently provided by NHS Lothian
<ul style="list-style-type: none"> ✚ 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. 	<ul style="list-style-type: none"> ✚ Accident and emergency services provided in a hospital ✚ Inpatient hospital services relating to the following branches of medicine— <ul style="list-style-type: none"> ✚ General medicine ✚ Geriatric medicine ✚ Rehabilitation medicine ✚ Respiratory medicine ✚ Psychiatry of learning disability, ✚ Palliative care services provided in a hospital ✚ Palliative care services provided out with 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 out with a hospital in relation to an addiction or dependence on any substance ✚ Services provided by allied health professionals in an outpatient department, clinic, or 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 (Scotland) Act 1978 ✚ Defined general dental services. ✚ Defined ophthalmic services ✚ Defined pharmaceutical services. ✚ Primary medical services during out-of-hours. ✚ Services provided out with 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: Performance Indicators

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 While national user feedback will only be available every 2 years it is expected that performance reports will be supplemented each year with related information that is collected more often	
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. These indicators will be available annually or more often.	
11.	Premature mortality rate.
12a.	Rate of emergency admissions for adults - SMR01
12b.	Rate of emergency admissions for adults - SMR04
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 populations 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.*

LDP Indicators

1. People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)
2. 31 days from decision to treat (95%)
3. 62 days from urgent referral with suspicion of cancer (95%)
4. People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support
5. 12 weeks Treatment Time Guarantee (TTG 100%)
6. 18 weeks Referral to Treatment (RTT 90%)
7. 12 weeks for first outpatient appointment (95% with stretch 100%)
8. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation
9. Eligible patients commence IVF treatment within 12 months (90%)
10. 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)
11. 18 weeks referral to treatment for Psychological Therapies (90%)
12. Clostridium difficile infections per 1,000 occupied bed days (0.32)
13. SAB infections per 1,000 acute occupied bed days (0.24)
14. Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)
15. Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings
16. Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas
17. 48 hour access or advance booking to an appropriate member of the GP team (90%)
18. Sickness absence 4%
19. 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
20. Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

Social Care Indicators

1. Number of domiciliary care hours provided in the snapshot week for people aged 65+
1a. Total number of people 65+ who are supported in a care home
1b. Number and % of people supported in a care home who are receiving FPNC only
2. Number of people waiting for a domiciliary care package who are waiting:
a) in hospital
b) at home in the community – with no dom care service in place
c) at home in the community – where the person is already receiving a domiciliary care service but needs additional hours
3. For people waiting for domiciliary care in the following locations, number of hours of support needed:
a) in hospital
b) at home in the community – with no dom care service in place
c) at home in the community – where the person is already receiving a domiciliary care service but needs additional hours
4. Number of people aged 65+ who are waiting in hospital for a care home place

Appendix 3: Housing Contribution Statement

1 Executive Summary²⁰

The Housing Contribution Statement sets out the role of social housing providers in West Lothian to achieving outcomes for Health and Social Care. This is an integral part of West Lothian Integration Joint Board's Strategic Plan and also links into the development of the new Local Housing Strategy (LHS) to be prepared during 2016. Whilst the council provides some of the resources to address the range of needs identified, it cannot deliver a viable approach without the input of their partners including Registered Social Landlords (RSLs), care providers and voluntary organisations. The Housing Contribution Statement has been developed in consultation with Registered Social Landlords (RSLs) operating in West Lothian.

2 Identifying Housing Need and Demand

The Housing Need and Demand Assessment (HNDA2), covering the South East Scotland Strategic Plan area, for the Strategic Development Plan 2 has been completed and provides a robust, shared evidence base for housing policy and land use planning.

3 Key Housing Points

- ✚ Between 2012 and 2037 the number of households in West Lothian is projected to increase by 17% (from 73,847 to 86,487) which will have a significant effect on housing provision.
- ✚ The projected increase in the number of older people is likely to have a significant impact on the need and demand for health and housing related services.
- ✚ According to the most recent SHCS survey (2011-2013)
 - 36% of households have one or more persons who have a long term condition or disability. Of these 28% live in the social rented sector and 62% in the owner occupied sector.
 - 10% of households in West Lothian are in receipt of care services compared to 7% in the 2009-11 survey
 - 22% of dwellings had adaptations an increase of 6% from 2009 -11 survey.
- ✚ Since 2011/12 homeless applications have decreased from 1726 in 2011/12 to 1331 in 2014/15 however there are in excess of 1000 homeless presentations each year
- ✚ Work has been undertaken to understand the accommodation requirements of specific client groups in West Lothian and this forms the basis of the Joint Accommodation Strategy between Social Policy and Housing, Construction and Building Services.
- ✚ In West Lothian more than £1million is spent each year on adaptations to homes in the private sector, RSL housing and council housing. These range from major adaptations such as wet floor showers to the provision of grab rails.
- ✚ The council administers a number of projects to address fuel poverty and coordinates work for homeowners, RSLs and council properties to enable property condition to be improved e.g. external wall insulation for area based schemes. The Advice Shop also provides assistance to households at risk of fuel poverty.

²⁰ The full Housing Contribution Statement can be obtained from West Lothian Council Committee Services

4 Housing Related Challenges

The challenge of balancing the aspiration for people to live independently for as long as possible with the range of complex needs that often present later in life affects both housing support provision and provision of specialist accommodation.

There is pressure on temporary accommodation for homeless households with particular difficulty in securing wheelchair accessible housing for the limited number of homeless people with this requirement.

The need for core and cluster properties has been identified for people with mental health issues and for people with learning disability.

There are particular challenges in housing people with addictions and providing the housing support that they require on a consistent basis.

There is a need to ensure that cases of delayed discharge from hospital are minimised. Whilst this may not result directly in the provision of new accommodation, in some cases, it may mean significant resources are required to adapt an existing property.

Improvement in health care and technology has resulted in children with more complex needs and disabilities surviving longer which may lead to requirement for significant adaptation to existing property as they become adults.

Young people in transition are also a group that may have particular housing needs with a potential requirement to consider shared living projects

Families at risk of domestic violence face considerable issues in relation to housing especially if they prefer to move away from the family home which can create issues in terms of schooling and family support networks.

Welfare reform continues to have a significant impact on people with additional or complex needs in West Lothian. People with particular needs often need additional space in their homes to accommodate access and equipment and this group are at risk from the *bedroom tax* should the discretionary housing payment cease.

5 New Housing Supply

- ✚ Since 2009, the council have built approximately 50 bungalows suitable for older people or people with disabilities with a further 137 planned.
- ✚ A development of 7 homes has been built for people with profound physical disabilities in Uphall and a further two housing developments for older people and people with disabilities in Bathgate and Broxburn.
- ✚ The Blackburn homeless unit has been refurbished and provides additional temporary accommodation for homeless families.
- ✚ Housing Associations have built 78 homes for people with particular needs between 2007 and 2015.

6 Integration and Delegated Functions

The housing functions that are being delegated by West Lothian Council to West Lothian Integration Joint Board are:

- ✚ Housing Support Services
- ✚ Aids and Adaptations – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living. Common examples include ramps, level access, wet floor showers and kitchen conversions

Other housing services that the council is responsible for will be closely aligned to health and social care. These include

- ✚ Sheltered housing,
- ✚ Housing with care and supported housing,
- ✚ Housing options information and advice and homelessness,
- ✚ Services to address fuel poverty.

7 Shared outcomes and priorities

The new LHS will seek to ensure:

- ✚ Independent living is supported in the context of an ageing population and increasing health and social care demand.
- ✚ Strategic alignment in supporting care and people in their own homes and provision of adaptations.
- ✚ Provision of services for all tenures including care and repair, telecare and telehealth.
- ✚ Specialist housing provision is planned and linked to integration of health and social care.
- ✚ The future need for care home provision is identified
- ✚ Information is provided on how adaptations and adapted properties can enable people to live in their own homes for longer.
- ✚ Local initiatives that support prevention and facilitate hospital discharge to home as early as possible are supported.

Housing can make a particular contribution to the achievement of the nine national health and wellbeing outcomes and in particular

1. 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* _ through the provision of good quality housing to support a range of needs.
2. Outcome 9 – Resources are used effectively in the provision of health and social care- where effective housing solutions can prevent costly health and social care responses.

West Lothian IJB

Strategic Plan 2016/26

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March 2016

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Appendix 2: Statement of Consultation Response

The Strategic Plan has been prepared through the Strategic Planning Group with each revision being discussed and revised following each meeting.

Consultation on the Strategic Plan took place from 1st November to 31st December 2015 and included a wide range of stakeholders including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers.

23 responses were received: 6 from individuals and 17 on behalf of groups.

Overall the responses were largely positive, welcoming the plan and supportive of the strategic intentions. In particular, respondents felt that reducing health inequalities and the focus on prevention and early intervention were important.

The following details the main themes arising from the consultation and the response to these.

Theme	Response	Plan Section
Plan was felt to be too general and lacked detail	This has been considered and plan has been fully revised	All sections
There was support to deliver services based on local needs	The needs assessment section of the plan has been revised to provide a more detailed summary of our populations needs.	2
There was support to have more meaningful engagement and partnership working with communities	The engagement framework and information in relation to partnership working has been revised	3
There were concerns regarding the formation of localities and how they will work	The structure of the localities has been based on the guidance. More detail has been provided within the plan including the development of locality groups and how they will link with the CPP regeneration areas and GP Practices. It is anticipated that once the locality groups have been formed and start to work there will be clearer understanding of communities needs, this will be an iterative process and will be reviewed through the Strategic Planning Group	2
Respondents highlighted the need for the continued development of constructive and supportive alternatives to hospital for people who wish to remain independent and that services and sectors need to plan and work better together to ensure that support is available in the community to prevent crises and to ensure that more acute and palliative care needs can be met at home or in a homely setting.	This has been further developed within our strategic priorities and will be captured within the commissioning priorities for the relevant care group commissioning plans	4;5
There was concern that improving psychological wellbeing and	This will be further developed through the care group needs assessments and determined	4

employability for those with mental health problems and learning disability was not clearly articulated nor the needs to improve physical health and management of long term conditions within these groups.	within the commissioning priorities for the relevant care group commissioning plans	
There was strong support for carers and how they should be supported in their caring role and to look after their own health and wellbeing	Carers needs have been highlighted and prioritised within the plan	2, 3,5
The success of the IJB in delivering health and wellbeing outcomes will be dependent on establishing strong relationships and partnerships in particular with regard to independent contractors	Our approach has been further detailed within the plan including commitments to develop partnerships with service users and carers, the public and local communities, and with service providers across the independent and third sectors, independent contractors, acute services, hosted services, neighbouring IJBs.	3
Staff were keen to be fully engaged in all developments and implementation of the Strategic Plan	The workforce plan and commitment to involvement of staff and their representatives is clearly documented	3;5
It was also recognised that change will need to be supported	Our approach is outlined within our engagement, workforce and organisational development plans.	3
The role of housing and their contribution to integration of health and social care	The Housing contribution has been detailed within the plan and housing contribution statement.	3, Apx. 3
People wanted to know what success looks like and asked about performance targets. The balanced scorecard approach was supported	The transformation required is more clearly defined within the plan over the 10 year period. The performance framework provides more detail on how we will monitor our performance and includes the baseline and initial performance targets which will be reviewed on an annual basis,	5, 6, Apx. 2
References to children's services were questioned	Children's services are out of scope and these have been removed	
Lack of detail about dementia	Dementia prevalence is detailed and will be key component of strategic commissioning plans	2,4
Third sector involvement	The third sector is a key partner and is involved in the SPG and IJB. Commissioning of services will be informed by the care group needs assessment and commissioning plans	3,4
Relationship with CPP	This has been confirmed within the plan with clear linkages to localities, regeneration areas and as a key partner relationship. Delivery of the SOA is clearly stated within the outcomes	2,3
The need to define the scope of inequalities was highlighted and that these did not only affect those living in areas of deprivation	The wording has been amended to include reference to the fact that not everyone experiencing inequalities lives in the most deprived areas and references the other factors that may be present. This is also referenced within our strategic priorities	2, 5
Little reference to end of life and palliative care needs	This has been included within our populations needs and within our priorities. This will be further highlighted through the care group	2,4,6

	commissioning needs assessments and plans. Key performance indicators are included in our performance framework	
Consultation on care group commissioning plans	There is commitment to fully consult on the needs assessments and formation of the commissioning plans., this will be overseen by the Strategic Planning Group	4
Membership of the Strategic Planning Group	As agreed with the IJB the membership of the Strategic Planning Group will be reviewed in 6 months time.	
Clinical and care governance framework supported, assurance sought on engagement of professional groups	Professional groups will be involved in the Health and Care Governance Group and are represented on the SPG and IJB. Operational and professional lines of accountability are within the Management Structures.	8
Community pharmacy contribution	The role of community pharmacy providers as a key partner in delivery of health and social care has been defined	3
Police would like to be involved in relevant discussions	This is noted and will involve where appropriate	

West Lothian Integration Joint Board

Date: 23 March 2016

Agenda Item: 8

IJB FINANCIAL REGULATIONS

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to seek approval from the Integration Joint Board (IJB) on the Financial Regulations to be used by the Board

B RECOMMENDATION

1. To note the content of the report:
2. Approve the Financial Regulations as set out in Appendix 1

C TERMS OF REPORT

C.1 Background

A key element of financial governance is a clear set of financial regulations that will allow the IJB to conduct its business efficiently. Section 95 of the Local Government (Scotland) Act 1973 requires all Integration Joint Boards (IJBs) in Scotland to have adequate systems and controls in place to ensure the proper administration of their financial affairs. The 1973 Act also requires that a proper officer is appointed to take responsibility for the administration of the IJBs financial affairs. For the IJB, this role will be fulfilled by the Chief Finance Officer.

C.2 West Lothian IJB Financial Regulations

As previously reported, the West Lothian IJB will take on functional and financial responsibilities for delegated NHS Lothian and Council from 1 April 2016. This will align to the IJB Strategic Plan covering the period 2016/17 to 2018/19.

The proposed Financial Regulations as set out in Appendix 1 provide the framework for managing the IJB's financial affairs from 1 April 2016. They apply to IJB members, IJB advisory members and all parties acting on behalf of the IJB. The Chief Finance Officer is responsible for maintaining a continuous review of the financial regulations and submitting any changes to the Board for approval. It is proposed that the financial regulations are reviewed at least once every three years.

The Chief Finance Officer is also responsible for issuing procedures, guidance and advice to underpin the financial regulations, and for investigating any breach of the regulations. It should also be noted that the IJB does not directly receive or expend cash via a bank account, or employ staff. As a result the Financial Regulations are relatively high level.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Local Government (Scotland) Act 1973

F APPENDICES

WL IJB Financial Regulations

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/Finance	The 2015/16 budget resources relevant to functions that will be delegated to the IJB from 1 April 2016 have been estimated at over £200 million.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

H CONTACT

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23 March 2016



West Lothian Integration Joint Board

Financial Regulations

Version 1.0

Date: March 2016

INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

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1. SCOPE AND OBSERVANCE

- 1.1 The West Lothian Integration Joint Board is a legal entity in its own right created by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No.2) Order 2015 on 21 September 2015.
- 1.2 The Board is accountable for the stewardship of public funds and operates under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-
- (1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control, and NHS circular 1974 (GEN) 88 requires the Director of Finance to:-
 - approve the financial systems;
 - approve the duties of officers operating these systems; and
 - maintain a written description of such approved financial systems including a list of specific duties.
 - (2) Section 95 of the Local Government (Scotland) Act 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.
- 1.3 Voting members of the Board together with non-voting members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 1.4 The key controls and control objectives for financial management standards are:-
- (1) the promotion of the highest standards of financial management by the Board;
 - (2) a monitoring system to review compliance with the financial regulations;

- (3) comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the Board; and
- (4) the Audit Committee of the Board fulfilling its duties under its Terms of Reference.

1.5 In all matters to do with the management and administration of the Integrated Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.

1.6 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Plan.

2. FRAMEWORK FOR FINANCIAL ADMINISTRATION

2.1 Section 95 of the Local Government (Scotland) Act 1973, requires all Integration Joint Boards (IJB) in Scotland to have adequate systems and controls in place to ensure the “proper administration of their financial affairs”, including the appointment of an officer with full responsibility for their governance. These Financial Regulations detail the responsibilities of the Chief Finance Officer who has been appointed as the “proper officer” along with the responsibilities of the Director and Members of the IJB. These Financial Regulations relate to the West Lothian IJB.

2.2 The Chief Finance Officer as the ‘proper officer’ for the administration of the IJB’s financial affairs will oversee the operation of the Financial Regulations within the IJB.

2.3 The IJB has been delegated the responsibility for delivering a set of Health and Social Care functions by West Lothian Council and NHS Lothian. These functions are laid out in the IJB’s Integration Scheme. West Lothian Council and NHS Lothian will delegate financial resources to the IJB in respect of these functions.

2.4 The IJB will issue directions to the Council and to the Health Board in relation to the delivery of the functions delegated to the IJB through its Strategic Plan. The Council and the Health Board in following these directions shall ensure that their own financial regulations are fully observed.

- 2.5 The IJB will not deliver any of the functions delegated to it itself, all operational delivery for delegated functions will be provided by West Lothian Council or NHS Lothian as directed by the IJB.
- 2.6 The Chief Finance Officer will monitor and report on compliance with these regulations which apply to all members of the IJB whether voting or non-voting.
- 2.7 The IJB will ensure that only expenditure within the legal powers of the IJB is incurred or directed to be incurred. Where this is not clear, the IJB will consult the Chief Finance Officer prior to incurring such expenditure.
- 2.8 The Financial Regulations may be varied or revoked by the IJB and any variation or revocation will be effective from the first working day after the conclusion of the IJB meeting at which it was approved.

3. INTEGRATION JOINT BOARD RESPONSIBILITIES

- 3.1 The IJB and its Officers (Director and Chief Finance Officer) will continuously strive to secure best value and economy, efficiency, and effectiveness in their use of resources.

3.2 Director

The Director will provide a strategic leadership role as principal advisor to, and officer of, the IJB and will be a member of the senior management teams of the Parties. The Director will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB.

3.3 Chief Finance Officer

The Chief Finance Officer will undertake the role as laid out in S95 of the 1973 Local Government (Scotland) Act and shall make arrangements for the proper administration of the IJB's financial affairs and, as the proper officer of the IJB, has responsibility for the administration of those affairs. The Chief Finance officer will discharge this duty by:-

- establishing financial governance systems for the proper use of delegated resources.
- ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB's resources.
- ensuring that the directions to NHS Lothian and West Lothian Council require that the financial resources are allocated in line with the budget resources contained in the Strategic Plan.

- providing the IJB with appropriate financial assurance to allow the IJB to understand the assumptions and risks associated with the annual budgets allocated by West Lothian Council and NHS Lothian.
- ensuring the annual financial statement is prepared for approval by the Board
- monitoring the overall financial performance of the IJB's functions and resources (as directed by either the Council or Health Board) and review the use of funding to ensure expenditure is not incurred unless it relates to agreed functions and allocations.

3.4 The Chief Finance Officer in consultation with the Director will advise the IJB and all its Committees on the financial implications of the IJB's activities. This will include the financial implications of the IJB's Strategic Plan which will be underpinned by a Financial Plan.

3.5 The responsibilities of the IJB and its Committees in relation to the conduct of the IJB's financial affairs are defined in the IJB's Standing Orders and Integration Scheme. In summary they are as follows.

3.6 IJB

The IJB, on recommendations from the Director and the Chief Finance officer and taking account of the IJB Strategic Plan, will agree on the use of resources delegated to it by West Lothian Council and NHS Lothian. The IJB will also:

- consider and approve any alterations to the Financial Regulations.
- approve its annual financial statement
- approve its annual unaudited accounts and governance statement
- consider its audited accounts and report by its external auditor
- publish an Annual Performance Statement including information on financial performance

4. FINANCIAL MANAGEMENT AND PLANNING

4.1 Accounting Policies and Records

The IJB's accounting policies are governed by the appropriate local government Acts as directed and amended by Scottish Ministers. The accounting records of the IJB will be held by West Lothian Council on behalf of the IJB.

4.2 Revenue Budgets

The IJBs Strategic Plan will be key to influencing the corporate and financial plans developed by West Lothian Council and NHS Lothian for IJB functions. The Director and Chief Finance Officer will liaise closely with West Lothian Council and NHS Lothian on the development of corporate and financial strategy, taking account of the IJB Strategic Plan.

Revenue budget resources delegated to the IJB by West Lothian Council and NHS Lothian are used in accordance with the IJB Strategic Plan. The operational budget management of resources associated with IJB delegated functions will be undertaken by West Lothian Council and NHS Lothian. The IJB Chief Finance Officer will liaise with West Lothian Council and NHS Finance staff on budget monitoring matters.

The Chief Finance Officer will provide the IJB with quarterly budget monitoring reports along with explanations for any significant variances from budget and the remedial action planned. The Integration Scheme lays out the arrangement for the management of variances within the IJB's operational budget – that is the resources that have been allocated to NHS Lothian and West Lothian Council to undertake the functions delegated. The Director and the Chief Finance officer will prepare and present to the IJB arrangements for the financial management of these variances.

At the end of the financial year the Chief Finance Officer is responsible for reporting the final outturn position to the IJB

4.3 Capital

The IJB does not receive a capital funding allocation. Capital projects are funded by either West Lothian Council or NHS Lothian and expenditure will be controlled within their financial regulations.

The Director will consult with West Lothian Council and NHS Lothian on making best use of existing partner capital resources associated with delegated functions and on additional capital investment proposals to support delivery of the IJB Strategic Plan.

4.3 Final Accounts

The Chief Finance Officer is responsible for preparing the IJB Final Accounts in compliance with relevant legislation and accounting requirements, and liaising with External Audit on relevant matters connected to the accounts and other finance related matters.

The Chief Finance Officer submits a copy of the Accounts to the IJB and the Controller of Audit in accordance with the agreed timescales

4.4 Reserves Policy

Legislation empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the Board. The Chief Finance Officer will prepare a Reserves Policy to hold and manage any such reserves which will be presented to the IJB for approval.

4.5 VAT

HM Revenues and Customs have confirmed there is no requirement for a separate VAT registration for the Board. This position will continue to be kept under review by the Chief Finance Officer along with any cost implications to the IJB arising from VAT.

5. AUDIT AND RISK

5.1 Risk

The Director will be responsible for establishing the IJB's risk strategy and profile and developing the risk reporting arrangements, including a risk register. The risk management strategy will be approved by the IJB and reviewed by the IJB Audit Committee.

5.2 Insurance

The IJB is a member of the NHS CNORIS scheme which will provide the IJB with the appropriate insurance cover. This insurance scheme covers the IJB, its professional advisors and Council or NHS officers who have been requested by the IJB to provide specific advice or services to the IJB. NHS Lothian and West Lothian Council in delivering functions as directed by the IJB will ensure that the appropriate clinical and liability insurance is in place.

5.3 Internal Audit

The IJB Internal Auditor will be responsible for reporting to the IJB's Audit Committee. The internal audit service will undertake work in compliance with the Public Sector Internal Audit Standards as defined within the Audit Charter.

The IJB Internal Auditor will at the start of each financial year prepare an annual risk based plan for the IJB and submit this for approval to the IJB's Audit Committee.

The IJB Internal auditor will submit an annual audit report summarising the work undertaken by the Section over the year and provide an opinion on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control. This will be presented to the Director and the Audit Committee with responsibility for governance within the IJB.

All internal audit reports for the IJB will be presented to the Director and the IJB's Audit Committee.

The operational delivery of services by NHS Lothian and/or West Lothian Council as directed by the IJB will be covered by the respective internal audit arrangement of these bodies.

6. FOLLOWING THE PUBLIC POUND

- 6.1 Current guidance for Local Authorities where funding is provided by one partner to another body to deliver services which would otherwise be provided by the funder, requires arrangements to be in place to maintain control and clear public accountability over the public funds. This will apply in respect of:
- the resources delegated to the Integration Joint Board by the Local Authority and Health Board; and
 - the resources paid to the Local Authority and Health Board by the Integration Joint Board for use as directed and set out in the Strategic Plan.

West Lothian Integration Joint Board

Date: 23 March 2016

Agenda Item: 9

IJB FINANCIAL ASSURANCE

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to set out the outcome of the financial assurance process on the currently proposed resources to be delegated to the IJB for 2016/17

B RECOMMENDATIONS

It is recommended the IJB:

1. Notes the financial assurance work undertaken to date;
2. Agrees the allocation of the Social Care Fund resources, taking account of Scottish Government requirements;
3. Agrees the approved council resources and indicative NHS Lothian resources are allocated back to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2016; and
4. Agrees that a further report on financial assurance will be provided to the IJB following the conclusion of the NHS Lothian 2016/17 budget process

C TERMS OF REPORT

C.1 Background

A key aspect in the ability of the IJB to deliver its Strategic Plan and improve health and social care outcomes is the level and adequacy of resources available. This report considers the level of 2016/17 resources delegated to the IJB, as approved by West Lothian Council, and indicative resources currently assumed by NHS Lothian.

As previously reported to the IJB, this process will also consider assumptions, risks and budget saving plans incorporated within the 2016/17 resources set out for IJB delegated functions.

C.2 Approach to Financial Assurance

Previous reports to the IJB on 20 October 2015 and 16 February 2016 set out the proposed approach to financial assurance which is based on Scottish Government and Audit Scotland guidance. The matters to be taken into account as part of this assurance process are:

- Assessment of actual expenditure for IJB functions in 2014/15 and forecast year end spend for 2015/16
- Information on assumptions regarding estimated budget to be delegated to the IJB for 2016/17 and comparison against previous year spend and anticipated 2016/17 demands
- Information on key budget risks associated with functions that will be delegated to the IJB
- Information on approved budget savings for 2016/17 that relate to IJB functions
- Details of any non-recurring funding included in the budget resources delegated to the IJB

The above approach will form the basis of reviewing the 2016/17 resources identified in this report by West Lothian Council and NHS Lothian, subject to the status of each bodies 2016/17 budget plans and information available. In addition, the West Lothian IJB approved Integration Scheme will also inform the approach taken on financial assurance.

C.3 West Lothian Council Resources

West Lothian Council approved its 2016/17 budget on 23 February 2016, including the 2016/17 level of resources associated with functions delegated to the IJB of £66.685 million. This took account of Scottish Government funding to IJBs, provided in the first instance to Health Boards, of £250 million specifically for social care. For West Lothian, the share of this funding has been confirmed as £7.130 million.

C.3.1 Social Care Fund

In terms of allocation of the £250 million provided to Health Boards, the Scottish Government confirmed that the sum is not intended to mitigate any Health Board pressures and Ministers have directed IJBs to use the money to protect and support social care. The Scottish Government have confirmed the funding is to be used as follows:

- £125 million is provided to support spend on protecting and increasing social care capacity to support the objectives of integration, including through making progress on charging thresholds for all non-residential services to reduce charges and help address poverty.
- £125 million is provided to help meet a range of existing cost pressures faced by local authorities in the context of reduced budgets. In addition, it is to be used to meet the cost of councils introducing the Living Wage of £8.25 per hour for all social care workers, including in the independent and third sector. This is to be implemented from 1 October 2016.

As part of the council's approved budget, the following has been assumed in terms of the £7.130 million:

- £2.275 million to meet the costs of additional social care capacity requirements, in terms of additional clients and care hours, which reflects increasing pressures to meet delayed discharge targets and reduce emergency admission to hospital. This will also be used to meet the additional cost of increasing charging thresholds for non-residential care clients

- £1.635 million to protect social care provision by retaining eligibility criteria at existing levels and retaining charging at the current low levels;
- £2.240 million to address low pay in the care sector by introducing a living wage of £8.25 per hour for all external care sector workers contracted by the council, to be implemented from 1 October 2016. The actual cost of this remains uncertain and will be subject to the outcome of discussions with care providers;
- One-off preventative care investment of £980,000 reflecting the additional amount estimated to meet the full year cost (from 2017/18) of introducing the Living Wage, which will not be required for this purpose in 2016/17. This will allow the purchase of new telecare units and other housing with care and sheltered housing improvements to meet the needs of social care clients in West Lothian.

As part of the agreement on the overall local government budget for 2016/17 with the Scottish Government, councils were required to agree to the conditions of the Social Care funding and, as a result, take account of it in their budget plans for 2016/17.

The Scottish Government also stipulated that to ensure transparency for the flow of Social Care funding support for local authorities and delivery of the Living Wage commitment, the arrangements for West Lothian's allocation of the Social Care fund will require to be signed off by the West Lothian IJB Section 95 officer.

C.3.2 Financial Assurance

The table below summarises the 2014/15 outturn, forecast 2015/16 outturn and approved 2016/17 budget associated with council functions delegated to the IJB.

West Lothian Council – Resources Associated with Delegated IJB Functions			
	2014/15 Actual £'000	2015/16 Forecast Spend £'000	2016/17 Budget £'000
WLC Delegated Functions	59,849	62,545	66,685
Growth in Resources		2,696	6,836

Appendix 1 shows further details on the split of the above resources against the various adult social care functions/services in each year.

2015/16 Budget Position

The forecast spend of £62.545 million represents an overspend of £321,000 against the 2015/16 budget of £62.224 million. The overspend is largely due to pressures within council care homes and reablement services where client demands continue to increase. Pressures in these areas are being partially offset by savings across a range of areas including purchased care home placements and staffing. For 2015/16, the £321,000 pressure is being met as part of the overall council Social Policy budget.

2016/17 Budget

The 2016/17 budget resources total £66.685 million, of which £7.130 million relates to West Lothian's share of the Social Care fund. In addition £48,000 of this relates to time limited investment to support dementia, with the remainder being directly received recurring council funding.

This level of resource provides for the estimated additional costs associated with staff pay awards, single tier pension costs, demographic and demand led pressures and contractual inflation, including the estimated cost of introducing the Living Wage from 1 October 2016. The 2016/17 budget also reflects savings of £1.604 million which are set out in Appendix 2.

While comprehensive budget planning has been undertaken to realistically assess the additional cost demands to be budgeted for in 2016/17, and savings required as a result, there are a number of key risks and uncertainties that will require to be closely monitored during 2016/17. This also shows current assumptions regarding savings for 2017/18.

Key Risks and Uncertainties

- Increasing demands in social care capacity. West Lothian has the fastest growing elderly population in Scotland and while the budget resources assume £2.275 million to meet growth in demand and meet delayed discharge targets, there is a risk that demand will outstrip the assumptions and resources available.
- Increasing demand to shift the balance of care from a hospital setting to a community / social care setting. As well as elderly clients this also particularly relates to high cost adult complex care clients
- The introduction of the Living Wage for all independent and third sector providers. This will require significant discussion and negotiation with a range of care providers. A sum of £2.240 million has been estimated but there remains uncertainty over the actual cost of introduction which will not be known until contractual uplifts have been agreed
- Delivery of 2016/17 Savings. Substantial saving totalling £1.604 million will be required to be achieved. Ongoing monitoring of progress towards delivery will be required on a regular basis.
- Funding Risks. The council's contribution to the IJB assumes various sources of Scottish Government funding received via NHS Lothian. The NHS Lothian budget is still to be finalised and the impact of Scottish Government funding allocations for a number of areas, including ADP, is still being assessed.

C.4 NHS Lothian Resources

NHS Lothian continue to progress their 2016/17 budget planning. Updates to the 2016/17 financial plans have been presented to the NHS Lothian Finance and Resources Committee, most recently on the 9 March 2016. This report showed gross 2016/17 pressures of £136.7 million across NHS Lothian. After taking account of additional funding, financial recovery plans (low and medium risk savings only) and in year flexibility, the remaining gap to be funded was reported indicatively as £46.4 million.

It is important to note that NHS Lothian financial planning is undertaken at Business Unit level, rather than IJB level, and the focus of NHS Lothian is to balance its budget at Business Unit level in the first place, which will then feed through to IJBs. NHS Lothian is continuing to work with its Business Unit management teams to agree further options to balance the remaining £46.4 million gap. It is also important to note that the majority of this remaining gap relates to acute services that are not delegated, or part of the IJBs responsibility in terms of strategic planning.

C.4.1 Financial Assurance

Given the ongoing work to progress and balance the NHS Lothian 2016/17 budget, the West Lothian IJB position is indicative at this stage. Full financial assurance of the 2016/17 NHS Lothian contribution to the IJB is not possible at this time and given information of IJB related spend in previous years is not fully available, the focus of the assurance will be on the current 2016/17 indicative IJB budget and assumptions attached to these resources. The table below shows the indicative 2016/17 budget position in respect of functions to be delegated to the IJB by NHS Lothian. The NHS Lothian figures do not include the Social Care Fund as the assumption made based on Scottish Government guidance is that this will not impact directly on NHS Lothian 2016/17 budget plans.

West Lothian IJB Indicative 2016/17 Budget		
	£'000	£'000
Base Budget Brought Forward		134,041
<u>Funding Adjustments</u>		
Proposed Share of NRAC Funding	2,819	
Base Budget Funding Uplift	1,512	
Other Misc. Adjustments	934	5,265
Updated Indicative 2016/17 Budget		139,306

The table shows an indicative budget contribution of £139.306 million for the IJB from NHS Lothian, reflecting a £5.265 million increase from the 2015/16 base budget. This position assumes the achievement of £2.209 million of low to medium risk savings and would also require further measures to be agreed of approximately £4 million to manage anticipated spend within the £139.306 million budget. Further details on the indicative £139.306 million is shown in Appendix 3, including the split of functions between the payment to the IJB and the share of Acute set aside.

A number of areas are being considered by NHS Lothian to identify options to manage the remaining pressures both within the NHS overall shortfall and the West Lothian IJB element of approximately £4 million. These include sources of additional funding, in year flexibility funds and West Lothian IJB related Financial Recovery Plans categorised as high risk. These plans are being developed further to ascertain the scope for savings in 2016/17 and beyond.

Key Risks and Uncertainties

The key risk at this stage in terms of the NHS Lothian contribution is clearly that the budget contribution is still indicative and further work requires to be progressed to identify saving options that will provide for a balanced 2016/17 budget. In addition, the following specific risks will require to be closely monitored.

- Prescribing. A key change to the budget setting arrangements for next year relate to the move to a 'PBSG' based budget setting approach. The result of this change means that additional resources of just under £3.2 million is transferred to Edinburgh's prescribing budget from East, Mid and West Lothian Business Units. In order to support transition to PBSG, and giving due recognition to concerns expressed by IJBs on this issue, a principle of nil detriment will be applied from 2016/17. This will be achieved through the use of £3.2 million of NRAC funding. However, even allowing for this nil detriment, prescribing will remain a key risk as inflation and demands continue to grow in this area.

- Delayed Discharge. Pressures in this area continue to be a budget risk and will require continued joint working to reduce bed days lost
- ADP Investment. Scottish Government funding for ADP investment has been reduced by 20% for 2016/17. The implications of this are being considered by NHS Lothian as part of their 2016/17 budget plans and discussions are ongoing with councils, including West Lothian Council, as a substantial element of this funding is transferred to councils

C.5 Financial Assurance – Key Points

As noted in the Scottish Government guidance and proposed IJB Financial Regulations, the purpose of undertaking financial assurance is to allow the IJB to understand the assumptions and risks associated with the annual budgets allocated by West Lothian Council and NHS Lothian. The council and NHS Lothian are, in accordance with legislation, responsible for agreeing the functions delegated to the IJB and setting their respective budgets including the level of payments and set aside resources to the IJB.

The IJB is then responsible for allocating the resources it has been provided back to partners to operationally deliver services. This will be through Directions issued to the council and NHS Lothian who remain operationally responsible for delivering services within the resources available. As noted in the approved West Lothian Integration Scheme in respect of financial assurance, 'if any such (financial assurance) review indicates that the projected expenditure is likely to exceed the initial payments to the Board, then the relevant party will be notified. The relevant party will be required to take action to ensure that services can be delivered within the available budget.'

Based on the financial assurance undertaken to date, it is clear that NHS Lothian have further action to take to agree a balanced budget for 2016/17 and financial assurance of their budget contribution cannot be fully completed until this has been achieved. Given this position, the current indicative resources will be required to form the basis of the directions back to NHS Lothian who will then be operationally responsible for managing within these resources, or any subsequently amended resource level following the finalisation of their 2016/17 budget plans.

Similarly, the council, whilst approving a balanced budget position, will also be responsible to manage within the resources available. Taking account of the budget resources identified in this report the table below shows the indicative level of 2016/17 resources associated with IJB functions.

West Lothian IJB – Indicative 2016/17 Delegated Resources	
	£'000
Adult Social Care	66,685
Core Health Services	91,674
Share of Hosted Services	18,896
Indicative IJB Payment	177,255
Indicative Acute Set Aside	28,736
Total Indicative IJB Resources	205,991

C.6 Ongoing Monitoring and Review

A further report on financial assurance will be provided to the Board following NHS Lothian having finalised their 2016/17 budget plans. Any amendments required to the NHS Lothian budget contribution to the IJB will be taken account of as part of this report, and reflected in revised Directions as necessary.

In addition, financial assurance will be ongoing during the year as part of regular financial reporting on the 2016/17 resources associated with IJB functions. As noted in this report, there are a number of risks across health and social care that will require to be closely managed.

D CONSULTATION

Relevant officers in NHS Lothian and Council and NHS National services Scotland.

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

Local Government (Scotland) Act 1973

F APPENDICES

None

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of outcomes.
Strategic Plan Outcomes	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.
Single Outcome Agreement	The 2016/17 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
Impact on other Lothian IJBs	None.
Resource/Finance	The indicative 2016/17 budget resources relevant to functions that will be delegated to the IJB from 1 April 2016 have been estimated at almost £206 million.
Policy/Legal	None.
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed.

H CONTACT

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23 March 2016

SOCIAL CARE SERVICES DELEGATED TO WEST LOTHIAN IJB

2014/15 Spend (£'000)		2015/16 Budget (£'000)	2015/16 P9 Forecast (£'000)	2015/16 Variance (£'000)	2016/17 Budget (£'000)
11,204	Learning Disabilities	12,425	12,478	53	13,565
5,259	Physical Disabilities	5,926	5,814	-112	6,255
2,609	Mental Health	2,954	2,951	-3	2,941
24,464	Older People Assess & Care	25,164	25,159	-5	27,903
7,207	Care Homes & HWC	6,927	7,406	479	7,090
5,893	Contracts & Commissioning Support	5,987	5,784	-203	5,841
3,215	Other Social Care Services	2,841	2,953	112	3,090
59,851	Total Adult Social Care Services	62,224	62,545	321	66,685

Adult Social Care Savings Associated with IJB Functions

Service	Description	2016/17
		£'000
Social Policy	Integration of Health and Social Care Services	300
Social Policy	Thematic review of all service and contract payments to voluntary organisations for social policy service provision	185
Social Policy	Reshaping care for older people including reablement	71
Social Policy	Introduction of model office	154
Social Policy	Financial Streamlining	25
Social Policy	Reduction in Social Policy overtime	25
Social Policy	Community alarms & Telecare	40
Social Policy	Lunch clubs	2
Social Policy	Aids & adaptations	73
Social Policy	Recharges to other local authorities	27
Social Policy	Learning disability resident recovery	1
Social Policy	Older people resident recovery	40
Social Policy	Sheltered housing rent increases	20
Social Policy	Rationalisation of Alcohol and Drug Partnership contracts on renewal to ensure that commissioned services are targeted towards strategic commissioning priorities and outcomes (efficiency saving of 5%)	75
Social Policy	Supporting care in the community – additional care capacity and range of preventative and early intervention care services creating savings in care provision	346
Social Policy	Staffing Performance Factor	208
Social Policy	Savings through channel shift	12
TOTAL		1,604

NHS DELEGATED FUNCTIONS AND INDICATIVE RESOURCES

	2016/17
<u>Core Health Services</u>	£'000
Community Hospitals	3,123
Mental Health	11,304
District Nursing	2,870
Community AHPS	3,219
GMS	26,141
Prescribing	30,315
Resource Transfer	6,886
Other Core	7,816
Total Core Health Services	91,674
 Hosted Health Services	
Sexual Health	908
Hosted AHP Services	2,260
Hosted Rehabilitation Medicine	880
Learning Disabilities	3,284
Mental Health	610
Substance Misuse	1,017
Oral Health Services	2,096
Hosted Psychology Service	2,831
Public Health	283
Lothian Unscheduled Care Service	1,924
UNPAC	807
Strategic Programmes	1,679
Other Hosted Services	317
Total Hosted Health Services	18,896
 TOTAL INDICATIVE NHS PAYMENT TO IJB	110,570
 Acute Set Aside Services	
A & E (outpatients)	4,116
Cardiology	5,797
Diabetes	513
Endocrinology	405
Gastroenterology	1,787
General Medicine	7,014
Geriatric Medicine	5,069
Infectious Disease	3,015
Rehabilitation Medicine	727
Respiratory Medicine	177
Therapies/Management	116
TOTAL SET ASIDE	28,736
 OVERALL TOTAL	139,306

Integration Joint Board

Date: 23/03/2016

Agenda Item: **10**

IJB DIRECTIONS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to seek approval from the Board in respect of directions to West Lothian Council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.

B RECOMMENDATION

To agree to issue directions to West Lothian Council and NHS Lothian in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014 as detailed in Appendix 1.

C TERMS OF REPORT

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 25 of the Act. IJBs are required to issue directions to local authorities and health boards in relation to how integration functions are to be carried out.

As indicated in the West Lothian Integration Scheme, each direction 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 purpose and strategic intent
- 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
- compliance and performance monitoring

The directions will include a requirement of West Lothian Council and NHS Lothian to work with the Chief Officer and officers of the IJB to develop care group commissioning plans and bring them to the IJB for consideration and approval in accordance with a schedule to be agreed by the IJB at its meeting on 5 April 2016.

It should be noted that this is still a transitional period for the IJB and resources and how they are deployed reflect the operational arrangements of West Lothian Council and NHS Lothian in 2015/16. For future years the number of directions and the level of detail provided in them is likely to be developed to reflect the level of detail in the various commissioning plans.

The IJB has the power to amend or replace directions at a later stage when more information is to hand or where circumstances change.

Appendices 1 - 4 detail the directions to be issued, the purpose, the function to be addressed, the funding associated, the relevant outcomes, and how performance will be monitored and reported back.

D CONSULTATION

Relevant council and health board officers

E REFERENCES/BACKGROUND

- Public Bodies (Joint Working) (Scotland) Act 2014, and related statutory instruments and guidance
- IJB meeting on 16 February 2016

F APPENDICES

1. Directions from West Lothian Integration Joint Board to NHS Lothian Health Board for community services
2. Directions from West Lothian Integration Joint Board to West Lothian Council for social care services
3. Directions from West Lothian Integration Joint Board to NHS Lothian Health Board for hospital services
4. Directions from West Lothian Integration Joint Board to NHS Lothian Health Board for hosted services

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	The directions relate to the delivery of delegated functions in accordance with the IJB Strategic Plan which addresses all National Health and Well-Being Outcomes
Strategic Plan Outcomes	The directions relate to the delivery of delegated functions in accordance with the IJB Strategic Plan
Single Outcome Agreement	The Strategic Plan outcomes are aligned to the Single Outcome Agreement outcomes related to health and social care
Impact on other Lothian IJBs	None
Resource/finance	As detailed in Appendices
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014 and statutory regulations and guidance
Risk	None

H CONTACT

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23 March 2016

Appendix 1

West Lothian Integration Joint Board

1	Implementation date	1 st April 2016
2	Reference number	WLIJB/WLC/D01-2016
3	Integration Joint Board (IJB) authorisation date	31st March 2016
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 1

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

Appendix 1

		<ul style="list-style-type: none"> – Community Palliative Care services – Continence services provided outwith a hospital – Kidney dialysis services provided outwith a hospital – Services provided by health professionals that aim to promote public health <p>The Chief Officer in West Lothian will be the lead operational director for these services.</p>
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 5 and Section 9, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2016-2017, West Lothian IJB directs NHS Lothian Health Board to work with the Chief Officer and officers of the IJB to develop the following care group commissioning plans and bring them to the IJB for consideration and approval in accordance with a schedule to be agreed by the IJB at its meeting on 5 April 2016 :</p> <ul style="list-style-type: none"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans will provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement – Specific outcomes to be addressed consistent with the IJB Strategic Plan – How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)

Appendix 1

		<div>– How specific needs of localities will be addressed</div> <div>Consideration by the IJB of those care group commissioning plans may lead to further Directions being issued which may amend or supersede this one.</div>																				
10.	Budget 2016/2017	<table><tr><td><u>Agreed Budget 2016/17</u></td><td><u>(£'000)</u></td></tr><tr><td>Community AHPs</td><td>3219</td></tr><tr><td>Community Hospitals</td><td>3123</td></tr><tr><td>District Nursing</td><td>2870</td></tr><tr><td>GMS</td><td>26141</td></tr><tr><td>Mental Health</td><td>11304</td></tr><tr><td>Other</td><td>7816</td></tr><tr><td>Prescribing</td><td>30315</td></tr><tr><td>Resource transfer</td><td>6886</td></tr><tr><td><u>Total</u></td><td><u>91674</u></td></tr></table>	<u>Agreed Budget 2016/17</u>	<u>(£'000)</u>	Community AHPs	3219	Community Hospitals	3123	District Nursing	2870	GMS	26141	Mental Health	11304	Other	7816	Prescribing	30315	Resource transfer	6886	<u>Total</u>	<u>91674</u>
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Mental Health	11304																					
Other	7816																					
Prescribing	30315																					
Resource transfer	6886																					
<u>Total</u>	<u>91674</u>																					
11.	Principles	<div>The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand.</div> <div>In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:</div> <div><div>– whether the total budget and activity aligned to each programme is realistic and achievable</div><div>– whether the split of budget and activity assumed for individual programmes is sensible</div><div>– further examination of thresholds and any assumed increases or reductions</div></div>																				

Appendix 1

		<p>As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services

Appendix 1

14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan. 4. The IJB directs NHS Lothian Health Board, through its officers, to provide a quarterly update and an annual report in the final quarter of financial year 2016-17 on delivery of directions. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2016-17 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in

Appendix 1

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

Appendix 2

West Lothian Integration Joint Board

1	Implementation date	1 st April 2016
2	Reference number	WLIJB/WLC/D02-2016
3	Integration Joint Board (IJB) authorisation date	31st March 2016
4	Direction to	West Lothian Council
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none">– Maximise independent living– Provide specific interventions according to the needs of the service user– Provide an ongoing service that is regularly reviewed and modified according to need– Provide a clear care pathway– Contribute to preventing unnecessary hospital admission– Support timely hospital discharge– Prevent unnecessary admission to residential or institutional care

Appendix 2

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

Appendix 2

9.	Required Actions / Directions	<p>West Lothian IJB directs West Lothian Council to provide adult social care services for the population of West Lothian as set out in the West Lothian Integration Scheme.</p> <p>Over the course of the financial year 2016-2017, West Lothian IJB directs West Lothian Council to work with the Chief Officer and officers of the IJB to develop the following care group commissioning plans and bring them to the IJB for consideration and approval in accordance with a schedule to be agreed by the IJB at its meeting on 5 April 2016 :</p> <ul style="list-style-type: none">– Older People– Adults with Learning Disabilities– Adults with Physical Disabilities– Adults with Mental Health problems– Adults with Alcohol and Drug problems <p>These commissioning plans will provide details of:</p> <ul style="list-style-type: none">– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement– Specific outcomes to be addressed consistent with the IJB Strategic Plan– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)– How specific needs of localities will be addressed <p>Consideration by the IJB of those care group commissioning plans may lead to further Directions being issued which may amend or supersede this one.</p>						
10.	Budget 2016/2017	<table><tr><td><u>Agreed Budget 2016/17</u></td><td><u>(£'000)</u></td></tr><tr><td>Learning Disabilities</td><td>13,565</td></tr><tr><td>Physical Disabilities</td><td>6,255</td></tr></table>	<u>Agreed Budget 2016/17</u>	<u>(£'000)</u>	Learning Disabilities	13,565	Physical Disabilities	6,255
<u>Agreed Budget 2016/17</u>	<u>(£'000)</u>							
Learning Disabilities	13,565							
Physical Disabilities	6,255							

Appendix 2

		<p>Mental Health 2,941</p> <p>Older People Assess & Care 27,903</p> <p>Care Homes & HWC 7,090</p> <p>Contracts & Commissioning Support 5,841</p> <p>Other Social Care Services 3,089</p> <p><u>Total Adult Social Care Services</u> <u>66,684</u></p>
11.	Principles	<p>The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand.</p> <p>In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:</p> <ul style="list-style-type: none"> – whether the total budget and activity aligned to each programme is realistic and achievable – whether the split of budget and activity assumed for individual programmes is sensible – further examination of thresholds and any assumed increases or reductions <p>As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>

Appendix 2

12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community 3. People who use health and social care services have positive experiences of those services, and have their dignity respected 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services 5. Health and social care services contribute to reducing health inequalities 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being 7. People using health and social care services are safe from harm 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide 9. Resources are used effectively and efficiently in the provision of health and social care services
14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and West Lothian Council will provide performance information so that the IJB can develop a comprehensive performance management system.

Appendix 2

		<ol style="list-style-type: none"> 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, West Lothian Council will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan in accordance with the detailed performance framework within West Lothian IJB's Strategic Plan. 4. The IJB directs West Lothian Council, through its officers, to provide a quarterly update and an annual report in the final quarter of financial year 2016-17 on delivery of directions. 5. The IJB directs West Lothian Council, through its officers, to provide an annual report in the final quarter of financial year 2016-17 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs West Lothian Council, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to West Lothian Council in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Appendix 3

West Lothian Integration Joint Board

1	Implementation date	1 st April 2016
2	Reference number	WLIJB/WLC/D03-2016
3	Integration Joint Board (IJB) authorisation date	31st March 2016
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none"> – Maximise independent living – Provide specific interventions according to the needs of the service user – Provide an ongoing service that is regularly reviewed and modified according to need – Provide a clear care pathway – Contribute to preventing unnecessary hospital admission – Support timely hospital discharge – Prevent unnecessary admission to residential or institutional care

Appendix 3

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

Appendix 3

9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 5 and Section 9, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2016-2017, West Lothian IJB directs NHS Lothian Health Board to work with the Chief Officer and officers of the IJB to develop the following care group commissioning plans:</p> <ul style="list-style-type: none">– Older People– Adults with Learning Disabilities– Adults with Physical Disabilities– Adults with Mental Health problems– Adults with Alcohol and Drug problems <p>These commissioning plans will provide details of:</p> <ul style="list-style-type: none">– Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement– Specific outcomes to be addressed consistent with the IJB Strategic Plan– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)																
10.	Budget 2016/2017	<table><tr><td><u>Agreed Budget 2016/17</u></td><td><u>(£'000)</u></td></tr><tr><td>A & E Outpatients</td><td>4116</td></tr><tr><td>Cardiology</td><td>5797</td></tr><tr><td>Diabetes</td><td>513</td></tr><tr><td>Endocrinology</td><td>405</td></tr><tr><td>Gastroenterology</td><td>1787</td></tr><tr><td>General Medicine</td><td>7014</td></tr><tr><td>Geriatric Medicine</td><td>5069</td></tr></table>	<u>Agreed Budget 2016/17</u>	<u>(£'000)</u>	A & E Outpatients	4116	Cardiology	5797	Diabetes	513	Endocrinology	405	Gastroenterology	1787	General Medicine	7014	Geriatric Medicine	5069
<u>Agreed Budget 2016/17</u>	<u>(£'000)</u>																	
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Appendix 3

		<p>Infectious Disease 3015</p> <p>Management -341</p> <p>Rehabilitation Medicine 727</p> <p>Respiratory Medicine 177</p> <p>Therapies 368</p> <p>WGH Surgery 89</p> <p><u>Total</u> <u>28736</u></p>
11.	Principles	<p>The IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand.</p> <p>In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:</p> <ul style="list-style-type: none"> – whether the total budget and activity aligned to each programme is realistic and achievable – whether the split of budget and activity assumed for individual programmes is sensible – further examination of thresholds and any assumed increases or reductions <p>As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing Outcomes	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and live in good health for longer 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their

Appendix 3

		<p>community</p> <ol style="list-style-type: none"> 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
14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability. 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan.

Appendix 3

		<p>4. The IJB directs NHS Lothian Health Board, through its officers, to provide a quarterly update and an annual report in the final quarter of financial year 2016-17 on delivery of directions.</p> <p>5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2016-17 on how it:</p> <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement <p>6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.</p>
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	N/A

Appendix 4

West Lothian Integration Joint Board

1	Implementation date	1 st April 2016
2	Reference number	WLIJB/WLC/D04-2016
3	Integration Joint Board (IJB) authorisation date	31st March 2016
4	Direction to	NHS Lothian Health Board
5	Purpose and strategic intent	<p>In accordance with the IJB Strategic Plan, to provide effective services to all service users and carers within West Lothian Council area, promoting the highest standards of practice in accordance with statutory obligations, policies and procedures.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which promote health, wellbeing and quality of life.</p> <p>To provide services to all service users and carers within the geographical boundaries of West Lothian which:</p> <ul style="list-style-type: none">– Maximise independent living– Provide specific interventions according to the needs of the service user– Provide an ongoing service that is regularly reviewed and modified according to need– Provide a clear care pathway– Contribute to preventing unnecessary hospital admission– Support timely hospital discharge– Prevent unnecessary admission to residential or institutional care

Appendix 4

		<ul style="list-style-type: none"> – Are personalised and self-directed, putting control in the hands of the service user and their carers
6	Does this direction supersede or amend or cancel a previous Direction?	N/A
7	Type of function	Integrated (hosted)
8	Function(s) concerned	<p>A range of delegated functions defined as health care services as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 and including additional functions as they relate to provision for people under the age of 18 as defined in West Lothian Integration Joint Board's Integration Scheme, require them to be provided as part of a single Lothian-wide service, commonly referred to as "hosted services". These services will be managed at a pan-Lothian level by one of the Chief Officers of the Lothian IJBs in their role as a Joint Director of NHS Lothian (the IJB area in brackets confirms the Chief Officer who will manage this service)</p> <p>The services are:</p> <ul style="list-style-type: none"> – Dietetics (Midlothian) – Art Therapy (Midlothian) – 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)

Appendix 4

		<ul style="list-style-type: none"> – Orthoptics (West Lothian) – Independent Practitioners (East Lothian via the Primary Care Contracting Organisation) – SMART Centre (Edinburgh) – Royal Edinburgh and Associated Services (Director of Mental Health accountable to the Chief Officer of Edinburgh and the NHS Lothian's Chief Executive) – Substance Misuse (Ritson Inpatient Unit, LEAP and Harm Reduction (Director of Mental Health accountable to the Chief Officer of Edinburgh and NHS Lothian's Chief Executive)
9.	Required Actions / Directions	<p>West Lothian IJB directs NHS Lothian Health Board to provide health services as outlined in Section 5 and Section 9, and ancillary support as required for effective functioning of those services for the population of West Lothian.</p> <p>Over the course of the financial year 2016-2017, West Lothian IJB directs NHS Lothian Health Board to work with the Chief Officer and officers of the IJB to develop the following care group commissioning plans and bring them to the IJB for consideration and approval in accordance with a schedule to be agreed by the IJB at its meeting on 5 April 2016 :</p> <ul style="list-style-type: none"> – Older People – Adults with Learning Disabilities – Adults with Physical Disabilities – Adults with Mental Health problems – Adults with Alcohol and Drug problems <p>These commissioning plans will provide details of:</p> <ul style="list-style-type: none"> – Specific needs of the relevant client group based on a detailed needs assessment, including stakeholder engagement

Appendix 4

		<ul style="list-style-type: none">– Specific outcomes to be addressed consistent with the IJB Strategic Plan– How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)– How specific needs of localities will be addressed <p>Consideration by the IJB of those care group commissioning plans may lead to further Directions being issued which may amend or supersede this one.</p>																																				
10.	Budget 2016/2017	<table><tr><td><u>Agreed budget</u></td><td><u>£'000</u></td></tr><tr><td>AHP Dietics</td><td>581</td></tr><tr><td>AHP Other</td><td>141</td></tr><tr><td>AHP Podiatry</td><td>672</td></tr><tr><td>AHP Rehabilitation</td><td>866</td></tr><tr><td>Complex care</td><td>0</td></tr><tr><td>Geriatric Medicine</td><td>0</td></tr><tr><td>Learning Disabilities</td><td>3094</td></tr><tr><td>Learning Disability</td><td>190</td></tr><tr><td>Lothian Unscheduled Care services</td><td>1924</td></tr><tr><td>Mental Health and Well Being</td><td>610</td></tr><tr><td>Oral Health Services</td><td>2096</td></tr><tr><td>Other</td><td>317</td></tr><tr><td>Planning</td><td>778</td></tr><tr><td>Psychology Services</td><td>2831</td></tr><tr><td>Public Health</td><td>283</td></tr><tr><td>Rehabilitation Medicine</td><td>880</td></tr><tr><td>Reserves</td><td>-43</td></tr></table>	<u>Agreed budget</u>	<u>£'000</u>	AHP Dietics	581	AHP Other	141	AHP Podiatry	672	AHP Rehabilitation	866	Complex care	0	Geriatric Medicine	0	Learning Disabilities	3094	Learning Disability	190	Lothian Unscheduled Care services	1924	Mental Health and Well Being	610	Oral Health Services	2096	Other	317	Planning	778	Psychology Services	2831	Public Health	283	Rehabilitation Medicine	880	Reserves	-43
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Psychology Services	2831																																					
Public Health	283																																					
Rehabilitation Medicine	880																																					
Reserves	-43																																					

Appendix 4

		<p>Sexual health 908</p> <p>Strategic programmes 944</p> <p>Strategic Services 0</p> <p>Substance misuse 1017</p> <p>UNPAC 807</p> <p><u>Total</u> <u>18896</u></p>
11.	Principles	<p>The IJB has reviewed the budget proposals from NHS Lothian referred to in Section 10 as part of a due diligence process and the core baseline budget been jointly agreed. In doing so the IJB has examined a number of factors to estimate anticipated growth including population and non-demographic growth, estimated looking at historical trends and extrapolated. Our plans acknowledge rising year-on-year activity and growth demand.</p> <p>In monitoring directions, the IJB will continue to undertake further analysis of the assumptions applied as they develop including:</p> <ul style="list-style-type: none"> – whether the total budget and activity aligned to each programme is realistic and achievable – whether the split of budget and activity assumed for individual programmes is sensible – further examination of thresholds and any assumed increases or reductions <p>As a fundamental principle there should be neither disinvestment nor further investment in delegated services without being subject to full discussion and agreement with West Lothian IJB.</p> <p>West Lothian IJB expects that the principles of Best Value (to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost, maintaining regard to economy, efficiency, effectiveness) are adhered to in carrying out this direction.</p>
12.	Aligned National Health and Wellbeing	<p>To support the following national outcome measures:</p> <ol style="list-style-type: none"> 1. People are able to look after and improve their own health and wellbeing and

Appendix 4

	Outcomes	<p>live in good health for longer</p> <ol style="list-style-type: none"> 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
14.	Aligned priorities, strategies, outcomes	This direction relates to and will be monitored against the detailed performance framework within West Lothian IJB's Strategic Plan.
15.	Compliance and performance monitoring	<ol style="list-style-type: none"> 1. In order to ensure West Lothian IJB fulfils its key strategic planning and scrutiny functions, and further develops and coordinates the implementation of its Strategic Plan, monitoring our own and our partners' performance is imperative. The primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB and NHS Lothian Health Board will provide performance information so that the IJB can develop a comprehensive performance management system. 2. In addition to the specific commitments set out in West Lothian IJB's Integration

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		<p>Scheme and the obligations regarding provision of information under the Act, NHS Lothian Health Board will provide the IJB with any information which the IJB may require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.</p> <ol style="list-style-type: none"> 3. Details of how compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.) will be provided in the appropriate care group commissioning plan. 4. The IJB directs NHS Lothian Health Board, through its officers, to provide a quarterly update and an annual report in the final quarter of financial year 2016-17 on delivery of directions. 5. The IJB directs NHS Lothian Health Board, through its officers, to provide an annual report in the final quarter of financial year 2016-17 on how it: <ul style="list-style-type: none"> – assesses the quality of services it provides on behalf of the IJB – ensures the regular evaluation of those services as part of an integrated cycle of service improvement 6. The IJB directs NHS Lothian Health Board, through its officers, to provide financial analysis, budgetary control and monitoring reports as and when requested by the IJB. The reports will set out the financial position and outturn forecast against the payments by the IJB to NHS Lothian Health Board in respect of the carrying out of integration functions. These reports will present the actual and forecast positions of expenditure compared to Operational Budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.
16.	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	<p>NHS Lothian Health Board carries out functions across four local authority areas. Some of the functions that will be delegated to the Lothian IJBs are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services” and identified in Section 8 of this Direction. As such there is not currently a separately identifiable budget for those services by local authority area.</p> <p>NHS Lothian Health Board has identified a budget for “hosted services” integrated functions based on an apportionment of the relevant NHS Lothian budgets.</p>

West Lothian Integration Joint Board

Date: 23 March 2016

Agenda Item: 11

IJB AUDIT SCOTLAND ANNUAL AUDIT PLAN

REPORT BY CHIEF FINANCE OFFICER

A PURPOSE OF REPORT

The purpose of this report is to inform the IJB of Audit Scotland's 2015/16 annual audit plan.

B RECOMMENDATION

1. To note the content of Audit Scotland's 2015/16 audit plan

C TERMS OF REPORT

C.1 Background

Audit Scotland's plan sets out the work they propose to undertake in relation to the 2015/16 audit. As Audit Scotland set out in their plan, auditors in the public sector give an independent opinion on the financial statements. They also review and report on the arrangements set in place by the audited body to ensure the proper conduct of its financial affairs and to manage its performance and use of resources. In doing this, they aim to support improvement and accountability.

C.2 Annual Audit Plan

Audit Scotland's plan summarises the audit issues and risks and appendix 2 of the plan identifies significant audit risks, the related sources of assurance, and the proposed audit work to secure additional investment.

Audit Scotland's plan sets out the agreed fee which takes into account the risk exposure of the IJB, the a management assurances in place and the level of reliance they plan to take from the work of internal audit. As part of this, they have assumed receipt of a complete set of unaudited financial statements and comprehensive working papers package by 30 June 2016.

The establishment of the IJB Audit Committee will be considered in a report to the April 2016 meeting of the Board and future annual audit plans will be reported to the IJB Audit Committee.

D CONSULTATION

Relevant officers in NHS Lothian and West Lothian Council.

E REFERENCES/BACKGROUND

Local Government (Scotland) Act 1973

Public Bodies (Joint Working) (Scotland) Act 2014

F APPENDICES

Audit Scotland Annual Audit Plan 2015/16

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
National Health and Wellbeing Outcomes	None.
Strategic Plan Outcomes	None.
Single Outcome Agreement	None.
Impact on other Lothian IJBs	None.
Resource/Finance	The Audit Scotland fee for 2015/16 has been agreed as £5,000.
Policy/Legal	Under the Local Government (Scotland) Act 1973, the Account Commission is responsible for appointing the external auditors of local government bodies including councils, joint boards and bodies falling within section 106 of the Act. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards should be treated as if they were bodies falling within section 106 of the 1973 Act.
Risk	None

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23 March 2016



West Lothian Integration Joint Board

**Annual Audit Plan
2015/16**

**Prepared for Members of West Lothian Integration
Joint Board**

March 2016

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The Accounts Commission is a statutory body which appoints external auditors to Scottish public bodies (www.audit-scotland.gov.uk/about/ac/). Audit Scotland is a statutory body which provides audit services to the Accounts Commission and the Auditor General (www.audit-scotland.gov.uk/about/).

The Accounts Commission has appointed David McConnell as the external auditor of West Lothian Integration Joint Board for 2015/16.

This report has been prepared for the use of West Lothian Integration Joint Board and no responsibility to any member or officer in their individual capacity or any third party is accepted.

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Summary

Introduction

1. In October 2015, the Accounts Commission approved the appointment of Audit Scotland's Audit Services Group as external auditors of West Lothian Integration Joint Board. Our audit appointment is for one year, covering the 2015/16 financial year, the first accounting period for which the Board is required to prepare financial statements. A fresh appointment of external auditors will be made later this year as part of the Accounts Commission's cycle of auditor rotation.
2. Our audit is focused on the identification and assessment of the risks of material misstatement in West Lothian Integration Joint Board's financial statements.
3. This report summarises the key challenges and risks facing the West Lothian Integration Joint Board and sets out the audit work that we propose to undertake in 2015/16. Our plan reflects:
 - the risks and priorities facing the Board
 - current national risks that are relevant to local circumstances
 - the impact of changing international auditing and accounting standards
 - our responsibilities under the Code of Audit Practice as approved by the Auditor General for Scotland

Summary of planned audit activity

4. Our planned work in 2015/16 includes:
 - an audit of the financial statements and provision of an opinion on whether:
 - they give a true and fair view of the state of affairs of West Lothian Integration Joint Board as at 31 March 2016 and its income and expenditure for the year then ended
 - the accounts have been properly prepared in accordance with the Local Government (Scotland) Act 1973 and the 2015/16 Code of Practice on Local Authority Accounting in the United Kingdom (the Code)
 - a review and assessment of West Lothian Integration Joint Board's governance and performance arrangements in a number of key areas including performance reporting and budgetary control.
 - collection of relevant financial and performance information to inform Audit Scotland's national reports.

Responsibilities

5. The audit of the financial statements does not relieve management or the Board, as the body charged with governance, of their responsibilities.

Responsibility of the appointed auditor

6. Our responsibilities, as independent auditor, are established by The Public Bodies (Joint Working) (Scotland) Act 2014, The Local Government (Scotland) Act 1973 and the Code of Audit Practice, and guided by the auditing profession's ethical guidance.
7. Under the Local Government (Scotland) Act 1973, the Accounts Commission is responsible for appointing the external auditors of local government bodies including councils, joint boards and bodies falling within section 106 of the Act. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards (IJBs) should be treated as if they were bodies falling within section 106 of the 1973 Act.
8. Auditors in the public sector give an independent opinion on the financial statements. We also review and report on the arrangements set in place by the audited body to ensure the proper conduct of its financial affairs and to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Responsibility of the Chief Finance Officer

9. It is the responsibility of the Chief Finance Officer, as the appointed "proper officer", to prepare the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). This means:
 - maintaining proper accounting records
 - preparing financial statements which give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2016 and its expenditure and income for the year then ended.

Format of the accounts

10. The financial statements should be prepared in accordance with the Code, which constitutes proper accounting practice.

Audit Approach

Our approach

11. Our audit approach is based on an understanding of the characteristics, responsibilities, principal activities, risks and governance arrangements of the West Lothian Integration Joint Board (the Board). This approach includes:
 - understanding the business of the Board and the risk exposure which could impact on the financial statements
 - assessing the key systems of internal control, and considering how risks in these systems could impact on the financial statements
 - identifying major transaction streams, balances and areas of estimation and understanding how the Board will include these in the financial statements
 - assessing and addressing the risk of material misstatement in the financial statements
 - determining the nature, timing and extent of the audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements give a true and fair view.
12. We have also considered and documented the sources of assurance which will make best use of our resources and allow us to focus audit testing on higher risk areas during the audit of the financial statements. The main areas of assurance for the audit come from planned management action and reliance on systems of internal control. Planned management action being relied on for 2015/16 includes:
 - comprehensive closedown procedures for the financial statements accompanied by a timetable issued to all relevant staff
 - clear responsibilities for preparation of financial statements and the provision of supporting working papers
 - delivery of unaudited financial statements to agreed timescales with a comprehensive working papers package
 - completion of the internal audit programme for 2015/16.
13. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. Internal audit services are provided by the Council's Audit, Risk and Counter Fraud Unit. We seek to rely on the work of internal audit wherever possible and as part of our planning process we carry out an early assessment of the internal audit function to determine whether it has sound documentation standards and reporting procedures in place and complies with the main requirements of the Public Sector Internal Audit Standards (PSIAS).
14. Due to the timing of the appointment of internal auditors (16 February 2016) we are unable to place formal reliance on the work of internal audit to support our audit opinion on the financial statements. No Internal audit plan has been presented to the Board

for approval and no work is expected to be completed in 2015/16 in respect of the IJB.

15. In respect of our wider governance and performance audit work we plan to review the findings and consider areas of internal audit work carried out for the Council which relates to the Integration Joint Board. This includes the audit of the Board's Governance and Financial assurance, considered by the Council's Audit and Governance Committee in December 2015.

Materiality

16. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the decisions of users of financial statements. A misstatement or omission, which would not normally be regarded as material by amount, may be important for other reasons (for example, the failure to achieve a statutory requirement or, an item contrary to law). In the event of such an item arising, its materiality has to be viewed in a narrower context; such matters would normally fall to be covered in an explanatory paragraph in the independent auditor's report.
17. We consider materiality and its relationship with audit risk when planning the nature, timing and extent of our audit and conducting our audit programme. Specifically with regard to the financial statements, we assess the materiality of uncorrected misstatements both individually and collectively.

18. Based on our knowledge and understanding of the board we would have set our planning materiality at 1% of gross expenditure. We also normally set a lower level, known as performance materiality, when defining our audit procedures. This is to ensure that uncorrected and undetected audit differences do not exceed our planning materiality. This level depends on professional judgement and is informed by a number of factors including:

- extent of estimation and judgement within the financial statements
- extent of audit testing coverage

19. However the audit approach will be adjusted this year as this represents the first year of the Board, and to take account of the limited amount of transactions and balances contained within the financial statements. The planning and performance materiality will therefore be evaluated on receipt of the unaudited 2015/16 financial statements.

Reporting arrangements

20. The Local Authority Accounts (Scotland) Regulations 2014 require that the unaudited annual accounts are submitted to the appointed external auditor no later than 30 June each year. The Board (or a committee whose remit includes audit or governance) is required to consider the unaudited annual accounts at a meeting by 31 August.

21. NHS Lothian is required to submit audited accounts by 30 June each year to the Scottish Government Health and Social Care Directorate (SGHSCD).
22. Financial and non-financial information will be required by a mutually agreed date that allows the health board to meet its statutory obligations and have the financial statements of the IJB available to it in sufficient time to allow incorporation into its group financial statements. Guidance issued by the Scottish Government proposes agreement of in-year transactions and year-end balances with the local authority and health board by April 30. It is the responsibility of the Chief Finance Officer to ensure that adequate arrangements are in place to ensure the accuracy, completeness and integrity of the information obtained from the Council and the Health Board.
23. Integration joint boards must publish the unaudited accounts on their websites and give public notice of the inspection period.
24. The 2014 regulations require the IJB (or a committee whose remit includes audit or governance) to meet by 30 September to consider whether to approve the audited annual accounts for signature. Immediately after approval, the annual accounts require to be signed and dated by specified members and officers, and then provided to the auditor. The Controller of Audit requires audit completion and issue of an independent auditor's report (opinion) by 30 September each year.
25. The IJB is required to publish on its website its signed audited annual accounts, and the audit certificate, by 31 October. The

annual audit report is required to be published on the website by 31 December.

26. A proposed timetable for the audit of the 2015/16 financial statements is included at Exhibit 1 below.

Exhibit 1: Financial statements audit timetable

Key stage	Date
Meetings with officers to clarify expectations of working papers and financial system reports	By 31 March 2016
Agreement of transactions and balances with relevant local authority and health board	By 30 April 2016
Consideration of unaudited financial statements by those charged with governance	By 31 August 2016
Latest submission date of unaudited financial statements with complete working papers package	By 30 June 2016
Progress meetings with lead officers on emerging issues	As Required
Latest date for final clearance meeting with Chief Finance Officer	TBC
Agreement of audited unsigned financial statements, and issue of Annual Audit Report	By 30 September 2016

Key stage	Date
Independent auditor's report signed	By 30 September 2016

27. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to relevant officers to confirm factual accuracy. Responses to draft reports are expected within three weeks of submission. A copy of all final agreed reports will be sent to the Chief Officer, Finance Officer and the Council's Audit, Risk and Counter Fraud manager as well as Audit Scotland's Performance Audit and Best Value Group.
28. We will provide an independent auditor's report to the Board and the Accounts Commission that the audit of the financial statements has been completed in accordance with applicable statutory requirements. The Annual Audit Report will be issued by 30 September.
29. All annual audit reports produced are published on Audit Scotland's website: www.audit-scotland.gov.uk.
30. Planned outputs for 2015/16 are summarised at [Appendix 1](#).

Quality control

31. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established as part of financial audit procedures. This is to provide reasonable assurance that those professional standards and regulatory and

legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice issued by Audit Scotland and approved by the Accounts Commission. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews and has been subject to a programme of external reviews by the Institute of Chartered Accountants of Scotland (ICAS).

32. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We do, however, welcome feedback at any time and this may be directed to the engagement lead, David McConnell.

Independence and objectivity

33. Auditors appointed by the Accounts Commission must comply with the Code of Audit Practice. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has in place robust arrangements to ensure compliance with these standards including an annual "fit and proper" declaration for all members of staff. The arrangements are overseen by the Assistant Auditor General, who serves as Audit Scotland's Ethics Partner.

34. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. In significant cases we would change the audit team, however where there are potential issues that are not fundamental to the delivery of the audit, we advise the senior finance officer of the circumstances and of the steps we have taken to manage this. We are not aware of any other such relationships pertaining to the audit of the West Lothian Integration Joint Board.

Audit issues and risks

Audit issues and risks

35. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following main risk areas for the West Lothian Integration Joint Board. We have categorised these risks into financial risks and wider dimension risks. The financial statements issues and risks, which require specific audit testing, are summarised below and detail contained in [Appendix 2](#).

Financial statement issues and risks

36. **Financial Statements** – NHS Lothian will require to have the financial statements of the IJB available to it in sufficient time to allow incorporation into its group financial statements. There is a risk that the partnership is unable to provide the necessary information within the timescales required by NHS Lothian to meet its statutory sign-off deadline of 30 June 2016.
37. We will continue to engage with officers on a regular basis throughout the duration of the accounts preparation.
38. **Governance Statement and Management Assurances** – Transactions of the Board are processed through the existing systems of the Council and the Health Board, and maintained on their respective ledgers. Preparation of the Board financial statements will rely on the provision of financial and non financial

information from the systems of the partner bodies. The Chief Finance Officer must obtain assurance that the costs transferred to the Board's accounts are complete and accurate and were incurred for services prescribed in the integration scheme.

39. There is a risk that the Chief Officer does not have adequate assurance that information received from each partner is accurate and complete. We will review the assurances received by the partnership from the Council and the Health Board as part of the audit of the financial statements.
40. **Appointment of Key Officers** – An interim Chief Officer was in post, but the Standards officer, Chief Finance Officer and Internal Auditor were not appointed until February 2016.
41. There is a risk that the late appointment of key officers would adversely impact upon the arrangements for the preparation of the financial statements and the adoption of key policies and regulations. We will liaise with the Chief Officer throughout the transition period.

Wider dimension issues and risks

42. **Risk management** – The Integration scheme requires some arrangements in respect of risk management to be in place before the date of the delegation of the integration functions. The Board does not have a risk management strategy and a risk register in place yet. The risk management strategy should be in place by 31 March 2016 to comply with the integration scheme. We will review

the integrated risk management strategy to ensure it adequately covers the risks faced by the partnership and the proposed management action for mitigating these risks.

- 43. Financial Sustainability** – The partnership is operating in an environment with a number of challenges and risks to future finances. These include increases in demand, demographic changes, welfare reform and potential changes in central funding. The Board will need strong financial management and budgetary control to address these challenges.

National performance audit studies

- 44.** Audit Scotland's Performance Audit and Best Value Group undertake a programme of studies on behalf of the Auditor General and Accounts Commission. In line with Audit Scotland's strategy to support improvement through the audit process, we will carry out work to collect relevant financial and performance information to inform Audit Scotland's national reports.

Fees and resources

Audit fee

- 45.** In determining the audit fee we have taken account of the risk exposure of West Lothian Integration Joint Board, the planned management assurances in place, and the level of reliance we plan to take from the work of internal audit. We have assumed receipt of a complete set of unaudited financial statements and comprehensive working papers package by 30 June 2016.
- 46.** The proposed audit fee for the 2015/16 audit of the Integration Joint Board is £5,000. Our fee covers the costs of planning, delivering and reporting the annual audit including auditor's attendance at committees.
- 47.** Where our audit cannot proceed as planned through, for example, late receipt of unaudited financial statements or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises outwith our planned audit activity.

Audit team

- 47.** David McConnell, Assistant Director, Audit Services is your appointed auditor. The local audit team will be led by Allister Perston who will be responsible for day to day management of the audit and who will be your primary contact. Details of the

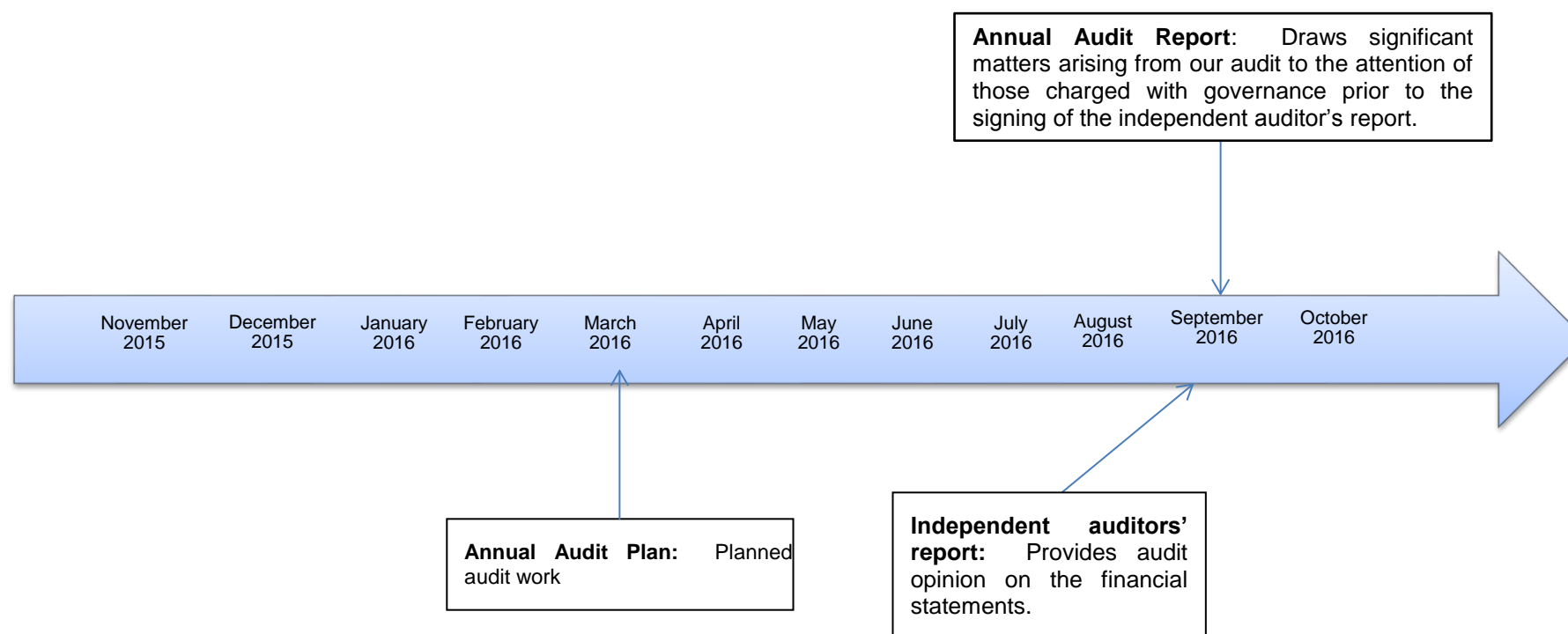
experience and skills of our team are provided in Exhibit 2. The necessary.
core team will call on other specialist and support staff as

Exhibit 2: Audit team

Name	Experience
David McConnell, MA CPFA Assistant Director (and certifying auditor)	David has extensive experience of audit in central and local government as well as the NHS, with nearly 35 years of public sector audit experience.
Allister Perston, BA (Hons) CPFA Audit Manager	Allister has 37 years public sector audit experience and has been involved in the audit of various organisations across health, local and central government sectors.
Inire Evong, BA (Hons) CPFA Senior Auditor	Inire has worked in public sector audit for 8 years, building up her knowledge of audit across the three main sectors with the last 5 years spent in local government.
David Wightman Auditor	David has 13 years experience of public sector audit as well as having previously worked in internal audit in the private sector.
Taiba Hussain Professional Trainee	Taiba joined Audit Scotland in 2015. She is on her second year in local authority audit and is training towards the Institute of Chartered Accountants of Scotland professional qualification.

Appendix 1: Planned audit outputs

The diagram below shows the key outputs planned for the West Lothian Integration Joint Board in 2015/16.



Appendix 2: Significant audit risks

The table below sets out the key audit risks, the related sources of assurance received and the audit work we propose to undertake to address the risks during our audit work.

#	Audit Risk	Source of assurance	Audit assurance procedure
Financial statement issues and risks			
1	Financial Statements There is a risk that the Board has not fully embedded processes to agree all transactions and balances and to submit draft financial statements on time and in line with statutory guidance.	<ul style="list-style-type: none"> • A sound system of budgetary control, including regular budget monitoring. • Officers complying with relevant guidance from IRAG and LASAAC. • Relevant accounting policies being prepared and agreed by the Board. • Timescales will be determined in accordance with Council timescales to ensure delivery of the financial statements. • Strong working relationship between the Council and the Health Board. 	<ul style="list-style-type: none"> • Continued engagement with officers prior to the accounts being prepared to ensure relevant information is disclosed and the timetable met. • Review technical guidance from LASAAC and IRAG. • Gain assurances from the Health Board auditors over the accuracy, completeness and appropriate allocation of the IJB ledger entries. • Ensure accounting policies are appropriate and complete.
2	Governance Statement and Management Assurances Preparation of the Board financial statements will rely on the provision of financial and non financial information from the systems of the	<ul style="list-style-type: none"> • Regular monitoring of financial information. • Regular reporting to the Board. • Strong working relationship between Council and Health Board. 	<ul style="list-style-type: none"> • Ensure the Governance Statement adequately reflects the position of the Board. • Review financial reporting throughout the year to ensure it accurately

#	Audit Risk	Source of assurance	Audit assurance procedure
	<p>partner bodies.</p> <p>There is a risk that the Chief Officer does not have adequate assurance that information received from each partner is accurate and complete.</p>		<p>reflects the financial position of the Board.</p> <ul style="list-style-type: none"> Carry out audit testing to confirm the accuracy and correct allocation of Board transactions. Seek audit assurances from the Health Board auditors.
4	<p>Appointment of key officers</p> <p>While an interim Chief Officer was in post, the Standards officer, Chief Finance Officer and Internal Auditor were not appointed until February 2016.</p> <p>There is a risk that the late appointment of key officers would adversely impact upon the arrangements for the preparation of the financial statements and the adoption of key policies and regulations.</p>	<ul style="list-style-type: none"> Appointed officers are experienced and worked closely with the Shadow Board and the Board before their appointments. The appointed Chief Officer was the Director of the WLCHCP and so is quite experienced in dealings between the Council and the Health Board. 	<ul style="list-style-type: none"> Continued engagement with officers prior to the accounts being prepared to ensure relevant information is disclosed and the timetable met. Continue to monitor Board papers and ensure that relevant documentation such as the Financial Regulations are presented for approval.
Wider dimension issues and risks			
6	<p>Risk management</p> <p>The Integration scheme requires some arrangements in respect of risk management to be in place before the date of the delegation of the integration functions.</p> <p>Without a formal process of risk recognition</p>	<ul style="list-style-type: none"> A strategy document and risk register will be developed in due course recognising arrangements in place at the NHS Board and Council. 	<ul style="list-style-type: none"> Completion of additional work on any risks that specifically impacts our audit approach. We shall liaise with the Chief Finance Officer regarding the development of a WLIJB specific Risk Management

#	Audit Risk	Source of assurance	Audit assurance procedure
	and management, the Board could suffer loss on the crystallisation of specific risks.		strategy.
8	Financial Sustainability The Board is operating in an environment with a number of challenges and risks to future finances. These include increases in demand, demographic changes, welfare reform and potential changes in central funding. The Board will need strong financial management and budgetary control to address these challenges.	<ul style="list-style-type: none"> • Strong working relationship between the Council and the Health Board. • The Council has approved its budget for the next two years and it is clear what the IJB allocation is. • Regular financial monitoring reported to the Board. • A Strategic plan based on evidence based affordable budget. 	<ul style="list-style-type: none"> • Ensure ongoing budget monitoring accurately reflects the position of the IJB.

Date: 23 March 2016

Agenda Item: 12

WORKPLAN FOR WEST LOTHIAN IJB 2016

Date of IJB meeting	Meeting to approve reports	Title of Report	Lead Officer	Action
5 April	24 March			
		Process for accounts and governance statement	James Millar / Kenneth Ribbons	
		Review of Standing Orders and Code of Conduct	James Millar	
		Schedule of Meetings 2016/17	Jim Forrest	
		Joint Commissioning Plans	Alan Bell	
		Finance Report	Patrick Welsh	
		IJB Member Induction	Marion Barton	
		Strategic Planning Group	Carol Bebbington	
		Audit Committee	James Millar	
31 May	19 May			
		Engagement Strategy	Jane Kellock	
		Draft Governance Statement	James Millar / Kenneth Ribbons	
		Draft unaudited accounts	James Millar / Patrick Welsh / Carol Mitchell	
		Risk Management	Kenneth Ribbons / Sharon Leitch	
FOR FUTURE UNSPECIFIED MEETINGS				
		Lothian Hospitals Strategic Plan		
		Arrangements to liaise /		

Date: 23 March 2016

Agenda Item: 12

		cooperate with other Lothian IJBs		
		Community Planning Partnership / IJB relationship		
		SW Audit	Jane Kellock	
		Provision of Support Services		
		JIT Evaluation Tool		
		NMC Revalidation	Mairead Hughes	
		Performance Monitoring and Reporting	Alan Bell	June meeting

17 March 2016