



SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

Minutes of meeting held in Committee Room 1, Council Offices, Almada Street, Hamilton on 27 June 2017

Chair:

Philip Campbell, Non Executive Director, NHS Lanarkshire Board (Chair – *after Item 2*)

Present:

Health and Social Care Partnership

V de Souza, Director, Health and Social Care and Chief Officer; M Moy, Chief Financial Officer

NHS Lanarkshire Board

Lilian Macer, Non Executive Director; Tom Steele, Non Executive Director; Iain Wallace, Medical Director

South Lanarkshire Council

Councillors Stephanie Callaghan, Graeme Campbell, Maureen Chalmers (*substitute for Councillor McGuigan*), Allan Falconer

Attending:

NHS Lanarkshire

C Campbell, Chief Executive; L Ace, Director of Finance; C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director; E Duguid, Lead Communication Officer; M Hayward, Head of Health; H Knox, Director of Acute Services; C MacKintosh, Medical Director; P McCrossan, Director Allied Health Professions

Partners

B Addies, Carers Network; G Bennie, VASLAN; M Moncrieff, South Lanarkshire Health and Social Care Forum; S Smellie, Unison, South Lanarkshire Council Trade Union Representative; Dr V Sonthalia, GP Representative; T Wilson, Health Service Trade Union Representative

South Lanarkshire Council

L Freeland, Chief Executive; Y Douglas, Audit Manager; B Hutchinson, Head of Adult and Older People Services; M Kane, Planning and Performance Manager; P Manning, Executive Director (Finance and Corporate Resources); G McCann, Head of Administration and Legal Services; M McConnachie, Adult and Older People's Services Manager; J McDonald, Administration Adviser; L Purdie, Chief Social Work Officer

Also Attending:

Audit Scotland

S Boyd, Senior Auditor; D Richardson, Senior Audit Manager

Apologies:

South Lanarkshire Council

Councillor Jim McGuigan

Partners

H Biggins, Service User (Older People); R Ormshaw, Scottish Care

Opening Remarks

The Chief Officer welcomed everyone to the meeting and advised that she would be chairing the meeting for the initial agenda item until the appointment of the Chair.

1 Declaration of Interests

No interests were declared.

2 Voting Membership of the Integration Joint Board and Performance and Audit Sub-Committee

A report dated 25 May 2017 by the Director, Health and Social Care was submitted advising that, following the Local Government Elections in May 2017, changes were required to be made to South Lanarkshire Council's voting membership of the South Lanarkshire Integration Joint Board (IJB).

At its statutory meeting, South Lanarkshire Council had appointed Councillors Stephanie Callaghan, Graeme Campbell, Eileen Logan and Jim McGuigan as its voting members on the IJB and Councillors Maureen Chalmers, Richard Lockhart, Gerard Killen and Hugh Macdonald as its substitute representatives. The Chief Officer advised that, since then, a change had been made to the Council's representation on the IJB and that Councillor Allan Falconer had replaced Councillor Eileen Logan as a voting member and Councillor Fiona Dryburgh had replaced Councillor Gerard Killen as a substitute member on the IJB.

In terms of the approved IJB Standing Orders, responsibility for appointing the Chair and Depute Chair of the IJB transferred to the other party with effect from 1 April 2017 for a period of 2 years. NHS Lanarkshire had confirmed the appointment of Mr Phil Campbell, Non-Executive Director as Chair of the IJB and the Depute Chair would be appointed by South Lanarkshire Council's Executive Committee.

In addition, responsibility for Chairing the Performance and Audit Sub-Committee would transfer in accordance with the appointment of the Chair and Depute Chair of the IJB.

The Board decided:

- (1) that the appointment of Councillors Stephanie Callaghan, Graeme Campbell, Allan Falconer and Jim McGuigan by South Lanarkshire Council as its voting members on the IJB be noted;
- (2) that the appointment of Councillors Maureen Chalmers, Fiona Dryburgh, Richard Lockhart and Hugh Macdonald by South Lanarkshire Council as its substitute members on the IJB be noted;
- (3) that confirmation by NHS Lanarkshire of the appointment of Mr Phil Campbell, Non-Executive Director, NHS Lanarkshire as Chair of the IJB be noted;
- (4) that it be noted that the appointment of the Depute Chair of the IJB would be approved by the Council's Executive Committee;
- (5) that it be noted that responsibility for Chairing the Performance and Audit Sub-Committee would transfer in accordance with the appointment of the Chair and Depute Chair of the IJB; and
- (6) that it be noted that the appointments of Chair and Depute Chair of the IJB and the Performance and Audit Sub-Committee be for a period of 2 years with effect from 1 April 2017.

Phil Campbell took the Chair for the remaining items of business and the appropriate introductions were made

3 Minutes of Previous Meeting

The minutes of the meeting of the South Lanarkshire Integration Joint Board held on 14 February 2017 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.

4 Minutes of Special Meeting

The minutes of the special meeting of the South Lanarkshire Integration Joint Board held on 28 March 2017 were submitted for approval as a correct record.

The Board decided: that the minutes be approved as a correct record.

5 Minutes of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee

The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 29 November 2016 were submitted for noting.

The Board decided: that the minutes be noted.

6 Budget 2016/2017 Update

A report dated 5 June 2017 by the Director, Health and Social Care was submitted providing an update on the South Lanarkshire Health and Social Care Partnership budget for the financial year 2016/2017.

The budget allocation for 2016/2017 was based on the 2015/2016 budget which had been adjusted to reflect the Council's budget strategy assumptions for 2016/2017.

The allocation to the South Lanarkshire Health and Social Care Partnership budget for the financial year 2016/2017 totalled £453.739 million and, following adjustments, was revised to £464.88 million, as detailed in the appendix to the report.

The Board decided: that the update to the South Lanarkshire Health and Social Care Partnership's budget for the financial year 2016/2017 be approved.

[Reference: Minutes of 14 February 2017 (Paragraph 7)]

7 Code of Corporate Governance

A report dated 5 June 2017 by the Director, Health and Social Care was submitted on the South Lanarkshire Integration Joint Board's (IJB) Code of Corporate Governance.

Corporate Governance principles had been adopted by the public sector to ensure openness, integrity and accountability. In order to demonstrate that robust Corporate Governance procedures were in place for Health and Social Care Integration, and to comply with best practice, a local Code of Corporate Governance for the IJB had been developed which detailed the governance arrangements for delivering Health and Social Care Integration in South Lanarkshire.

It was proposed that the Code of Corporate Governance for the IJB, attached as an appendix to the report, be approved.

The Board decided:

- (1) that the South Lanarkshire Integration Joint Board's Code of Corporate Governance, attached as an appendix to the report, be approved, subject to the inclusion of reference to the independent sector at paragraph 6 of the appendix; and
- (2) that the Code of Corporate Governance be published on the website.

8 Integration Joint Board Annual Governance Statement 2016/2017

A report dated 5 June 2017 by the Director, Health and Social Care was submitted on the South Lanarkshire Integration Joint Board's (IJB) Annual Governance Statement for 2016/2017.

The Annual Governance Statement 2016/2017, which was attached as an appendix to the report, provided an assessment of the effectiveness of the IJB's governance arrangements in supporting the planned outcomes.

It was proposed that the IJB's Annual Governance Statement for 2016/2017 be approved and included in the IJB Annual Accounts for 2016/2017.

The Board decided: that the South Lanarkshire Integration Joint Board's Annual Governance Statement for 2016/2017, attached as an appendix to the report, be approved for inclusion in the IJB's Annual Accounts for 2016/2017.

9 Integration Joint Board Final Outturn and Annual Accounts 2016/2017

A report dated 8 June 2017 by the Director, Health and Social Care was submitted on the:-

- ◆ year end position of each of the Health and Social Care partners for the financial year 2016/2017
- ◆ provision of a reconciliation of the final outturns to the financial monitoring reports provided by each partner during the year
- ◆ proposed transfers to reserves and the delegation of authority to the Chief Officer to manage transfers to and from reserves
- ◆ unaudited IJB Annual Accounts for the financial year 2016/2017 in line with legislative requirements

Following accounting adjustments, which were required to present an accurate reflection of the South Lanarkshire Integration Joint Board's (IJB) Annual Accounts, a reconciliation of the financial information reported by both the Council and NHS Lanarkshire was provided in the Annual Accounts, a copy of which was attached as an appendix to the report.

It was proposed that the underspend, totalling £6.119 million, for 2016/2017 be transferred to the reserves funds, as detailed in the report.

It was also proposed that authority be delegated to the Chief Officer, in consultation with the Chief Executives of the Council and NHS Lanarkshire and the Chair and Depute Chair of the IJB, to authorise the transfer of funds in excess of £250,000 during the financial year to and from reserves and that any such transfers to be reported to the next meeting of the IJB.

The unaudited IJB Annual Accounts for 2016/2017, attached as an appendix to the report, had been prepared for public inspection by the due date of 30 June 2017 and were subject to audit by Audit Scotland. Following completion of the external audit, the audited Annual Accounts for 2016/2017 would be submitted to the IJB for final approval. The unaudited Annual Accounts would also be published online at the same time as they were made available for public inspection.

The Board decided:

- (1) that the final outturns for 2016/2017, as reported by each of the partners, be noted;
- (2) that the unaudited Annual Accounts for 2016/2017, as detailed in the appendix to the report, be noted;
- (3) that the proposed allocations to reserves, as detailed in the report, be approved;
- (4) that authority be delegated to the Chief Officer, in consultation with the Chief Executives of the Council and NHS Lanarkshire and the Chair and Depute Chair of the IJB, to transfer funds in excess of £250,000 during the financial year to and from reserves, subject to any such transfers being reported to the next meeting of the IJB; and
- (5) that the unaudited Annual Accounts be made available online at the same time as they became publicly available in Council Offices.

Y Douglas left the meeting following this item of business

10 Integration Joint Board Membership Development Proposal

A report dated 17 May 2017 by the Director, Health and Social Care was submitted on the membership of the South Lanarkshire Integration Joint Board (IJB) and development support for IJB members.

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on IJBs to have in place an approved Integration Scheme detailing the role, remit, responsibilities and membership of the IJB.

The challenges experienced by IJB members had been highlighted by Audit Scotland and the Coalition of Carers. To support the members of the IJB and ensure that they were equipped to undertake their roles and responsibilities, it was proposed that:-

- ◆ a review of the membership of the IJB be undertaken
- ◆ members' role profiles be updated in accordance with the outcomes from the review of membership
- ◆ a programme of development sessions be established to support members of the IJB
- ◆ an induction programme be developed for new and existing IJB members

The Board decided:

- (1) that the current membership of the IJB be reviewed and members' role profiles updated accordingly;
- (2) that a programme of development sessions be established to support IJB members; and
- (3) that an IJB Induction Programme be developed for new and existing members.

11 Communication Strategy 2017 to 2020

A report dated 30 May 2017 by the Director, Health and Social Care was submitted on the South Lanarkshire Integration Joint Board's (IJB) Communication Strategy for 2017 to 2020.

The Communication Strategy 2017 to 2020, attached as an appendix to the report, aimed to build on the success of the previous strategy by closely linking all communication actions to the operational and strategic priorities of the South Lanarkshire Health and Social Care Partnership whilst ensuring links were maintained to the 9 national health and wellbeing outcomes.

In addition, an evaluation framework would be developed to demonstrate the delivery of the IJB's strategic objectives and the impact this had on people's lives in South Lanarkshire.

Euan Duguid, Lead Communication Officer, NHS Lanarkshire gave a presentation on the Communication Strategy for 2017 to 2020 highlighting:-

- ◆ the aims of the Strategy and the importance of maintaining links to the national health and wellbeing outcomes
- ◆ progress made in establishing a reporting framework for the Strategy
- ◆ the next steps in implementing the Strategy
- ◆ benefits achieved through the implementation of a Communication Strategy

Discussion then took place in relation to the statistical information provided as part of the presentation.

The Board decided: that the Communication Strategy for 2017 to 2020, attached as an appendix to the report, be approved.

12 Carers - Strategic Issues Update

A report dated 24 May 2017 by the Director, Health and Social Care was submitted on the progress made in implementing the Carers Act 2016.

The South Lanarkshire Strategic Commissioning Plan 2016 to 2019 recognised carers' support as one of the key themes. The implementation of the Carers Act 2016 placed a duty on the South Lanarkshire Health and Social Care Partnership to:-

- ◆ implement an adult carer and young person's support statement
- ◆ develop and implement eligibility criteria
- ◆ support carers and their involvement in the planning of services
- ◆ develop a local carers' strategy
- ◆ provide information and advice

A monitoring framework for the implementation of the requirements of the Carers Act had been developed, a copy of which was attached as an appendix to the report.

It was proposed that, in order to meet the requirements of the Carers Act 2016, the following actions be undertaken:-

- ◆ a new Carers' Strategy be completed detailing how the requirements of the Act would be implemented and linked to the Strategic Commissioning Plan 2016 to 2019
- ◆ a review of the current model of commissioning to ensure it was fit for purpose
- ◆ the appropriate level of Carers' Information Strategy (CIS) funding to be identified
- ◆ the establishment of a partnership board to lead on the implementation of the Carers Act

The Board decided: that a Partnership Board be established to review existing commissioning arrangements and implement the requirements of the Carers Act 2016.

13 Measuring Performance Under Integration

A report dated 26 May 2017 by the Director, Health and Social Care was submitted on the new set of 6 indicators which had been identified by the Scottish Government in the Measuring Performance Under Integration.

The 6 new integration performance measures were contained in a letter from the Scottish Government, a copy of which was attached as Appendix 1 to the report. The 6 indicators were already contained in the various reporting mechanisms and performance reports that had been established for the South Lanarkshire Health and Social Care Partnership.

In order to streamline and reduce the potential for duplication across performance reporting areas, work was being undertaken to refine performance monitoring information, details of which were contained in Appendix 2 to the report.

The Board decided: that the report be noted.

14 Moving the 5% - Update

A report dated 2 June 2017 by the Director, Health and Social Care was submitted on the progress made in moving 5% of services from acute services to the community.

The South Lanarkshire Health and Social Care Partnership Strategic Commissioning Plan detailed the ambitions for the people of South Lanarkshire to be supported to maintain their own health and wellbeing in the community or their own home with hospital services only used for critical incidents or planned care.

To support this, an exercise had been undertaken to identify appropriate acute services that might be able to deliver the 5% shift into community activity, as detailed in the appendix to the report.

Marianne Hayward, Head of Health gave a presentation on the work being undertaken to identify and move 5% of services from the acute services to the community.

Discussion then took place in relation to the issues associated with the proposal and the supports required to facilitate moving 5% of services.

The Board decided: that the report be noted.

15 General Medical Service (GMS) Sustainability

A report dated 25 May 2017 by the Director, Health and Social Care was submitted providing an update on the General Medical Service (GMS) sustainability.

The sustainability of GMS was being challenged in relation to recruitment and retention of staff, an ageing workforce profile, current practice list sizes and the complexity of care. To address those significant challenges, key areas of work had been identified and were being progressed, as detailed in the report.

A GMS Sustainability working group had been established to progress the key areas of work identified and a strategy had been developed to monitor the outcomes from the work of the working group, a copy of which was attached as an appendix to the report.

The Board decided: that the report be noted.

16 Locality Development

A report dated 5 April 2017 by the Director, Health and Social Care was submitted on the process for locality development being taken forward by the South Lanarkshire Health and Social Care Partnership.

The South Lanarkshire Integration Joint Board (IJB) had agreed that 4 localities be established within South Lanarkshire to develop and deliver new ways of working. Details of the progress which had been made to deliver a fully integrated locality model of delivery were provided in the report.

The fully integrated locality model of delivery would continue to be developed and refined to ensure a locality planning model which was centred on delivering the 9 national health and wellbeing outcomes.

The Board decided: that the report be noted.

17 Building and Celebrating Communities

A report dated 24 May 2017 by the Director, Health and Social Care was submitted providing an update on progress for 2017/2018 in relation to capacity building within communities.

The Health and Social Care Partnership had undertaken work in relation to Building and Celebrating Communities which was specifically aimed at working with communities to identify what it was that communities :-

- ◆ were best placed to do when it came to health and social care
- ◆ were best placed to do with some help from outside
- ◆ needed outside agencies to do for them when it came to health and social care

This work would use the philosophy of a strengths based approach to build capacity and resilience in communities, particularly with regards to early intervention, prevention and health improvement. Therefore, the Partnership was keen to develop this approach as the method through which communities were engaged and facilitated to develop their own solutions to local issues.

The Board decided: that the report be noted.

18 Any Other Competent Business

Margaret Moncrieff, South Lanarkshire Health and Social Care Forum advised the Board that she had attended the Alliance Scotland AGM, the theme of which was 'Change – Health and Social Care Integration', where the South Lanarkshire Health and Social Care Partnership had been identified as a good example of an engagement process involving stakeholders.

The Board decided: to note the position.



SOUTH LANARKSHIRE INTEGRATION JOINT BOARD (PERFORMANCE AND AUDIT) SUB-COMMITTEE

Minutes of meeting held in Committee Room 5, Council Offices, Almada Street, Hamilton on 28 February 2017

Chair:

Philip Campbell, Non Executive Director, NHS Lanarkshire

Present:

NHS Lanarkshire Board

Tom Steele, Non Executive Director

South Lanarkshire Council

Councillor Jackie Burns (Depute)

Attending:

Health and Social Care Partnership

V de Souza, Director, Health and Social Care; M Moy, Chief Financial Officer

NHS Lanarkshire

C Cunningham, Head of Performance and Commissioning; M Docherty, Nurse Director; C MacKintosh, Medical Director

South Lanarkshire Council

Y Douglas, Audit Manager; B Hutchinson, Head of Adult and Older People Services; M Kane, Planning and Performance Manager; P MacRae, Administration Officer; L Purdie, Head of Children and Justice Services and Chief Social Work Officer

Also Attending:

Audit Scotland

F Mitchell-Knight, Assistant Director and Engagement Lead; D Richardson, Senior Audit Manager

Apologies:

NHS Lanarkshire

T Gaskin, Chief Internal Auditor; M Hayward, Head of Health

South Lanarkshire Council

Councillor Allan Falconer

1 Declaration of Interests

No interests were declared.

2 Minutes of Previous Meeting

The minutes of the meeting of the South Lanarkshire Integration Joint Board (Performance and Audit) Sub-Committee held on 29 November 2016 were submitted for approval as a correct record.

The Sub-Committee decided: that the minutes be approved as a correct record.

3 2016/2017 Annual External Audit Plan and Audit Fee

A report dated 17 February 2017 by the Director, Health and Social Care was submitted on the External Auditor's Annual Audit Plan for 2016/2017 and audit fee for the South Lanarkshire Integration Joint Board.

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Joint Boards (IJBs) to prepare annual accounts and for those accounts to be audited in accordance with Part VII of the Local Government (Scotland) Act 1973.

Audit Scotland had been appointed by the Accounts Commission and the Auditor General for Scotland as the external auditors of the South Lanarkshire Integration Joint Board for the period 2016/2017 to 2020/2021.

Details of the External Auditor's planned scope and timing of audit work was provided in the appendix to the report.

Based on an assessment of the following local circumstances, the 2016/2017 audit fee had been set at Audit Scotland's Audit Services Group standard fee applicable to IJBs of £17,400:-

- ◆ local risk areas for the IJB
- ◆ governance and accountability arrangements, control environment and risk assessment and management procedures
- ◆ an initial review of internal audit and the reliance that could be placed on its work
- ◆ review of the outcomes from previous audits
- ◆ systems and procedures in place for the production of timeous IJB financial statements
- ◆ progress with the implementation of the integration scheme and strategic plan
- ◆ any issues that might impact on the audit opinion

The Sub-Committee decided: that the content of the report be noted.

4 Measuring Performance Under Integration

A report dated 3 February 2017 by the Director, Health and Social Care was submitted on further performance reporting requirements for the South Lanarkshire Health and Social Care Partnership.

The national landscape for planning and performance for health and social care services remained complex and challenging. However, further correspondence and direction had been issued by the Scottish Government in relation to 3 distinct but interrelated areas as follows:-

- ◆ Health and Social Care Delivery Plan
- ◆ Measuring Performance under Integration
- ◆ Local Delivery Plan Guidance for 2017/2018

The Measuring Performance under Integration focused on tracking the following 6 indicators and Health and Social Care Partnerships were invited to set objectives against those indicators to demonstrate change and improvement:-

- ◆ unplanned admissions
- ◆ occupied bed days for unscheduled care
- ◆ accident and emergency performance
- ◆ delayed discharges
- ◆ end of life care
- ◆ the balance of spend across health and social care

The South Lanarkshire Health and Social Care Partnership had a number of current governance arrangements through which performance and trends were measured in relation to the 6 areas detailed above. However, it was proposed to streamline and reduce the potential duplication across all of the performance reporting areas within the Partnership with a view to a report being submitted to a future meeting of the Integration Joint Board and this Sub-Committee.

The Director, Health and Social Care would respond to the Scottish Government in relation to the requirements detailed in the letter attached as Appendix 1 to the report and provide an update to the next meeting of the Integration Joint Board.

The Sub-Committee decided:

- (1) that the work being undertaken to refine the performance management approach to health and social care be noted; and
- (2) that a report on the outcome of the review process be submitted to a future meeting of the Sub-Committee.

5 Internal Audit Plan - Progress Report as at 27 January 2017

A report dated 27 January 2017 by the Director, Health and Social Care was submitted on the delivery of the 2016/2017 Internal Audit Plan for the South Lanarkshire Integration Joint Board.

At its meeting on 6 December 2016, the South Lanarkshire Integration Joint Board (IJB) had approved the 2016/2017 Internal Audit Plan which detailed 4 main areas of audit work to be undertaken through joint working arrangements within South Lanarkshire Council and NHS Lanarkshire's audit functions.

Both the Council and NHS Lanarkshire's internal auditors would continue to be responsible for undertaking audit assignments in relation to their respective operational matters across in-scope services. Joint working arrangements would be implemented in respect of IJB only audits together with any cross cutting audits that occurred in the year.

Details of the progress which had been made in relation to the 4 main areas of audit work contained in the Internal Audit Plan 2016/2017 were provided in the appendix to the report.

It was proposed that:-

- ◆ the 2016/2017 Internal Audit Annual Report be submitted to a future meeting of the IJB
- ◆ prior to submission to the IJB, the Annual Report be circulated to members of the Sub-Committee for comments which would be provided to the IJB

The Sub-Committee decided:

- (1) that the progress made in relation to the 4 main areas of audit work contained in the Internal Audit Plan 2016/2017 be noted;
- (2) that the 2016/2017 Internal Audit Annual Report be submitted to a future meeting of the IJB; and
- (3) that, in view of the timescales involved, prior to submission to the IJB, the Annual Report to be circulated to members of the Sub-Committee for comments which would be provided to the IJB.

[Reference: Minutes of the South Lanarkshire Integration Joint Board of 6 December 2016 (Paragraph 6)]

6 Annual Performance Reports

A report dated 3 February 2017 by the Director, Health and Social Care was submitted on the South Lanarkshire Integration Joint Board's Annual Performance Reports.

The Public Bodies (Joint Working) (Scotland) Act 2014 provided the legislative framework for the integration of health and social care services and Section 42 of the Act placed a duty on the Integration Joint Board (IJB) to prepare Annual Performance Reports.

Section 42 of the Act provided an overview of the content expected within Annual Performance Reports. In addition, the Scottish Government had issued supplementary guidance, a copy of which was attached as an appendix to the report, in relation to the main areas which should form the content of Annual Performance Reports as follows:-

- ◆ 9 national health and wellbeing outcomes, including the core suite of 23 national indicators
- ◆ progress with the Strategic Commissioning Plan and Financial Statement detailing the total amount spent by the Partnership, underspend/overspend information, how Best Value principles had been applied and financial comparator data for the 5 preceding years
- ◆ localities and how those had been developed to inform, shape and be consulted with as part of future planning and commissioning
- ◆ inspection information, particularly in relation to the functions carried out by the Health and Social Care Partnership, including external scrutiny by the Care Inspectorate, Healthcare Improvement Scotland, Audit Scotland, Accounts Commission and the Scottish Housing Regulator
- ◆ details of the rationale for any reviews and/or updates to the Strategic Commissioning Plan
- ◆ other information which the Partnership deemed important to include which demonstrated how services were being delivered to people in communities

The South Lanarkshire Health and Social Care Partnership had in place the necessary governance and performance reporting arrangements to meet the content of Annual Performance Reports detailed above.

The Sub-Committee decided: that the content of the report be noted.

7 Risk Workshop

The Head of Performance and Commissioning, NHS Lanarkshire, advised that a Risk Workshop, supported by Risk Management Staff, had taken place on 14 February 2017 and was well attended.

The Risk Register had been updated to take account of progress made and additional considerations, such as locality management change. Regular updates on the Risk Register would be submitted to the Sub-Committee in addition to the annual submission to the IJB.

The Sub-Committee decided: that the information be noted.

8 Any Other Competent Business

The Director, Health and Social Care, advised of an issue which had been highlighted by ISD Scotland in relation to performance data in respect of delayed discharges. The Director:-

- ◆ explained the methodology used locally to determine when a patient was ready to be discharged
- ◆ outlined alternative arrangements which were potentially used by other Partnerships

- ◆ indicated that discrepancies in performance information could be due to interpretation of the guidance in relation to delayed discharges

The Director advised that she would provide members with relevant information on the above methodology and the context in which the performance on delayed discharges was assessed.

The Sub-Committee decided: that the information be noted.

Report

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Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Financial Monitoring 2017/2018
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide a summary of the financial position of the South Lanarkshire Health and Social Care Partnership (SLHSCP) for the period from 1 April to 31 July 2017 (Health Care Services) and 1 April to 21 July 2017 (Social Work and Housing Services)

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that they note the contents of this report; and
- (2) that the development of a budget recovery plan to manage in-year demand be noted.

3. Background

3.1. This report is based on the financial monitoring reports received from the Director of Finance of NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council. The position detailed in these reports is therefore based on the information contained in each partner's respective financial systems and includes accruals and adjustments in-line with their financial policies.

3.2. This is the first financial monitoring report presented to the South Lanarkshire Integration Joint Board (IJB) for the financial year 2017/2018. Further reports will follow throughout the year.

4. Summary Position

4.1. The financial position as at July 2017 is summarised as follows:

- ◆ there is an overspend of £0.014m on health care services
- ◆ there is an overspend of £0.223m on social care services
- ◆ there is an underspend on the primary care transformation fund of £0.170m, which is ring-fenced

4.2. The budget variance is analysed by care services at Appendix 1.

5. Budget Changes

5.1. Following the approval of the financial plan for the financial year 2017/2018 at the meeting of the IJB on 28 March 2017, the following budget changes are reported:

Description	Changes to Expenditure Budget	Changes to Income Budget	Net Expenditure Budget Change
Care Home Services	£2.713m Increase	£0	£2.713m Increase
Homecare Services	£2.600m Increase	£0	£2.600m Increase
Transport Services	£0.702m Increase	£0	£0.702m Increase
Adult Services	£0.500m Increase	£0	£0.500m Increase
Intermediate Care Services	£0.400m Increase	£0	£0.400m Increase
Day Care Services	£0.373m Increase	£0	£0.373m Increase
Supported Living Services	£0.250m Increase	£0	£0.250m Increase
Social Care Fund 2017/2018	£6.450m Increase	£0	£6.450m Increase
SLC Savings	£0.498m Decrease	£0	£0.498m Decrease
NHSL Savings for realignment to offset 2017/2018 cost pressures	£2.127m Decrease £2.127m Increase	£0	£0.000m
Prescribing cost avoidance target to offset 2017/2018 prescribing cost pressures	£0.674m Decrease £0.674m Increase	£0	£0.674m Decrease £0.674m Increase
Prescribing Cost Realignment	£0.526m Decrease £0.526m Increase	£0	£0.526m Decrease £0.526m Increase
Prescribing cost re-basement of non-recurring budget	£0.552m Decrease	£0	£0.552m Decrease
Total	£12.938m Increase	£0	£12.938m Increase

5.2. The NHS contributions to IJBs for delegated health functions were maintained at the 2016 / 2017 recurring budgeted allocations in line with the Scottish Government financial settlement with the guarantee that all in-year income pertaining to the IJB would be allocated as it was confirmed.

5.3. The Director of Finance of NHS Lanarkshire has agreed to ensure that confirmation of the additional in-year funding allocations for the South Lanarkshire IJB since April 2017 are available for inclusion in the next finance report to the IJB.

5.4. In respect of the prescribing budget, £0.674m and £0.526m has been realigned but still remains within the NHS funding contribution to the South Lanarkshire IJB to meet prescribing costs. The reduction in the prescribing budget of £0.552m relates to non recurring funding and the annual exercise which is undertaken in line with the agreed funding arrangements for prescribing activity.

6. Reasons for Major Budget Variances

6.1. Locality and Other Services

6.1.1. There is a net underspend of £0.117m.

6.1.2. The underspend is mainly due to vacancies across Nursing, Occupational Therapists, Physiotherapists and admin and clerical posts within the localities. The average vacancy factor is currently 7.5%. This compares to an average vacancy factor of 9.2% during 2016/17.

6.1.3. Other services include boundary service level agreements, delayed discharge funding, management team costs and the apprenticeship levy. Further work is being progressed by NHSL finance staff with budget holders to realign budgets in line with the partnership locality structures.

6.2. Prescribing

6.2.1. A break-even position is reported in respect of prescribing.

6.2.2. The prescribing costs reflect the position to May 2017 at this stage. Each year, prescribing costs will increase as a result of inflationary price increases, the impact of demographic growth and the availability of new drugs. In order to mitigate these increasing costs in 2017/2018, action is being taken to achieve prescribing cost savings of £1.2m. Prescribing costs will continue to be monitored and reliance will be placed on Prescribing Quality and Efficiency Programme to manage prescribing activity.

6.3. Out of Area Services

6.3.1. There is an overspend of £0.346m.

6.3.2. This is mainly due to higher costs being charged by external facilities and also the cost of services to support individuals with complex care needs.

6.4. Hosted Services Led By South Lanarkshire

6.4.1. The hosted services which are led by the SLHSCP are outlined at Appendix 2.

6.4.2. There is an underspend of £0.405m. This is comprised of an underspend of £0.170m in respect of the Primary Care Transformation Fund, which is ring-fenced. There is also an underspend of £0.198m in respect of community dental services, mainly as a result of vacancies across dental nursing, dental technicians and oral health services.

6.4.3. In line with the Integrated Resource Advisory Group Finance Guidance, the lead partner for a hosted service is responsible for managing any overspends incurred. With the exception of ring-fenced funding, the lead partner can also retain any underspends which may be used to offset the overspends.

6.5. Hosted Services Led By North Lanarkshire

- 6.5.1. The hosted services which are led by the North Lanarkshire HSCP are outlined at Appendix 3. In-line with the hosted services agreement, a break-even position is reported.

7. Set-Aside Activity

- 7.1. The set-aside budget represents the consumption of hospital resources by South Lanarkshire residents and is included in the total resources for 2017/2018.
- 7.2. The set-aside budget has not yet been updated and continues to be based on 2014/2015 activity levels which are costed at 2016/2017 price levels.
- 7.3. The Director of Finance of NHS Lanarkshire is liaising with the Information Services Division to confirm accurate 2015/2016 activity levels which will then be costed at 2017/2018 price levels. Once this information is available, the set-aside budget will be updated.

8. Social Care Services

- 8.1. A net overspend is reported of £0.223m.
- 8.2. This is mainly due to increases in the demand for Home Care services, supporting living services and direct payments. There is an underspend in respect of the housing revenue account which reflects the demand for care of gardens. There was also an over-recovery of income from service users following financial assessments and one-off recoveries of previous year care costs.
- 8.3. It is expected that the requirement for social care services in 2017/2018 will continue to exceed the budget available across care at home services. There was an unusually high level of spend in May 2017. The full year costs of continuing to deliver the increased service levels in May 2017 will put further pressure on the budget for this year.
- 8.4. Work was undertaken to analyse this increase in home care spend. This level of additional activity has not been sustained into subsequent months.
- 8.5. An early indication of the projected position at 31 March 2018, based on the known commitments at July 2017, shows that the level of overspend for social care services within the Partnership could result in an overspend of £2.3m for 2017/2018.

9. Conclusion

- 9.1. The overall financial position continues to be reviewed and will be updated through the routine monitoring process where any material change is identified over the course of the financial year.

10. Action

- 10.1. The Chief Officer, Chief Financial Officer and the HSCP Management Team continue to manage and review the budget across all areas of the Partnership.
- 10.2. The social care services position is being closely monitored. It is recognised that the requirement for Home Care services is difficult to predict. The projected overspend may increase should the level of demand fluctuate. In monitoring the position, Social Work Resources are working to minimise the level of overspend being incurred. Consideration is also being given to where other underspends across social care

services can assist in offsetting these pressures in the short term. A budget recovery plan is being discussed with the Health and Social Care Partnership.

11. Employee Implications

11.1. There are no employee implications associated with this report.

12. Financial Implications

12.1. The financial implications are as outlined in the report.

13. Other Implications

13.1. The main risk associated with the IJB's revenue budget is that either or both partners may overspend.

13.2. Prescribing cost volatility represents the most significant risk within the NHS element of the Partnership's budget.

13.3. Demand for care at home services represents the most significant risk within the Council's element of the Partnership's budget.

13.4. These risks are managed by both NHS Lanarkshire and South Lanarkshire Council through their detailed budget management and probable outturn arrangements.

14. Equality Impact Assessment and Consultation Arrangements

14.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and therefore no impact assessment is required.

14.2. Consultation was undertaken with both the Director of Finance for NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 25 August 2017

Previous References

◆ none

List of Background Papers

- ◆ Appendix 1
- ◆ Appendix 2
- ◆ Appendix 3

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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SOUTH LANARKSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET	ANNUAL BUDGET 2017/2018 £m
Health Care Services	
Locality and Other Services	29.815
Addiction Services	1.692
Medical and Nursing Directorate	1.412
Prescribing	66.572
Out of Area Services	8.023
Area Wide Services	5.924
Hosted Services	148.747
Set-Aside Budget	55.154
Expenditure - Sub Total	317.339
Social Care Services	
Adult and Older People	156.840
Substance Misuse Services	1.390
Housing Services - General Fund	1.860
Housing Services - HRA	2.856
Gross Expenditure	162.946
Gross Income	(12.498)
Net Expenditure - Sub Total	150.448
TOTAL EXPENDITURE	467.787
FUNDED BY:	
SLC Funding	108.829
Total - SLC	108.829
NHS Lanarkshire Funding	317.339
Social Care Funding	19.500
Resource Transfer	22.119
Transfer of Hosted Services Funding From North Lanarkshire IJB	0.000
Transfer of Hosted Services Funding To North Lanarkshire IJB	0.000
Total - NHSL	358.958
TOTAL	467.787

YEAR TO DATE	
BUDGET July 2017 £m	ACTUAL July 2017 £m
9.982	9.865
0.564	0.530
0.478	0.566
22.190	22.190
2.395	2.741
1.975	1.941
49.878	49.473
18.385	18.385
105.846	105.690
41.601	42.098
0.396	0.380
0.490	0.475
1.013	0.822
43.500	43.775
(4.338)	(4.390)
39.162	39.385

YEAR TO DATE VARIANCE		
GENERAL July 2017 £m	RING-FENCED July 2017 £m	TOTAL July 2017 £m
0.117		0.117
0.034		0.034
(0.088)		(0.088)
0.000		0.000
(0.346)		(0.346)
0.034		0.034
0.235	0.170	0.405
(0.000)		(0.000)
(0.014)	0.170	0.156
(0.497)		(0.497)
0.016		0.016
0.015		0.015
0.191		0.191
(0.275)		(0.275)
0.052		0.052
(0.223)		(0.223)

Hosted Services

Appendix 2

Led by the South Partnership	TOTAL Annual Budget 2017/2018 £m
Community Dental Services	6.222
Out of Hours Services	5.783
Diabetic Services	2.869
Occupational Therapy Services	6.660
Palliative Care Services	1.636
Primary Care Services	0.622
Physiotherapy Services	8.001
Sub Total	31.793
Ring Fenced Funding	
Family Health Services	173.700
Primary Care Transformation Fund	3.703
Sub Total	177.403
Total	209.196

South Lanarkshire IJB - 49% Share			
Annual Budget 2017/2018 £m	YTD Budget July 2017 £m	YTD Actual July 2017 £m	YTD Variance July 2017 £m
3.049	1.015	0.817	0.198
2.834	0.948	0.939	0.009
1.406	0.468	0.509	(0.041)
3.263	1.089	1.028	0.061
0.802	0.247	0.230	0.017
0.305	0.102	0.081	0.021
3.920	1.303	1.333	(0.030)
15.579	5.173	4.938	0.235
85.113	28.828	28.828	0.000
1.814	0.372	0.202	0.170
86.927	29.200	29.030	0.170
102.506	34.373	33.968	0.405

North Lanarkshire IJB - 51% Share			
Annual Budget 2017/2018 £m	YTD Budget July 2017 £m	YTD Actual July 2017 £m	YTD Variance July 2017 £m
3.173	1.057	1.057	0.000
2.949	0.986	0.986	0.000
1.463	0.487	0.487	0.000
3.397	1.134	1.134	0.000
0.834	0.258	0.258	0.000
0.317	0.106	0.106	0.000
4.081	1.357	1.357	0.000
16.214	5.384	5.384	0.000
88.587	30.004	30.004	0.000
1.889	0.387	0.387	0.000
90.476	30.391	30.391	0.000
106.690	35.775	35.775	0.000

Hosted Services

Appendix 3

Led by the North Partnership	TOTAL Annual Budget 2017/2018 £m
Sexual health Services	2.275
Continence Services	2.161
Immunisation Services	0.639
Speech and Language Therapy Services	4.950
Children and Adolescents Mental Health Services	5.331
Childrens Services	9.881
Integrated Equipment and Adaptations Store	0.540
Dietetics Services	3.181
Podiatry Services	3.670
Prisoner Healthcare Services	1.411
Blood Borne Viruses Services	1.586
Mental Health Services	58.745
TOTAL	94.370

South Lanarkshire IJB - 49% Share			
Annual Budget 2017/2018 £m	YTD Budget July 2017 £m	YTD Actual July 2017 £m	YTD Variance July 2017 £m
1.115	0.372	0.372	0.000
1.059	0.353	0.353	0.000
0.313	0.104	0.104	0.000
2.426	0.809	0.809	0.000
2.612	0.885	0.885	0.000
4.842	1.614	1.614	0.000
0.265	0.088	0.088	0.000
1.559	0.520	0.520	0.000
1.798	0.600	0.600	0.000
0.691	0.231	0.231	0.000
0.777	0.233	0.233	0.000
28.785	9.695	9.695	0.000
46.241	15.505	15.505	0.000

North Lanarkshire IJB - 51% Share			
Annual Budget 2017/2018 £m	YTD Budget July 2017 £m	YTD Actual July 2017 £m	YTD Variance July 2017 £m
1.160	0.387	0.367	0.020
1.102	0.368	0.348	0.020
0.326	0.109	0.204	(0.095)
2.525	0.842	0.811	0.031
2.719	0.922	0.761	0.161
5.039	1.680	1.569	0.111
0.275	0.092	0.092	0.000
1.622	0.542	0.488	0.054
1.872	0.624	0.593	0.031
0.720	0.240	0.221	0.019
0.809	0.243	0.243	0.000
29.960	10.090	10.020	0.070
48.129	16.138	15.716	0.422

Report

5

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Internal Audit Annual Report 2016/2017 for the Integration Joint Board
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ report on Internal Audit findings for the audit assignments carried out for the South Lanarkshire Integration Joint Board (IJB) during 2016/2017
- ◆ provide an overall opinion of Internal Audit for the year 2016/2017 as to the adequacy and effectiveness of the Board's framework of governance, risk management and control arrangements

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the content of this 2016/2017 Internal Audit Annual Report be endorsed;
- (2) that the findings from this audit work which has informed the IJB's 2016/2017 draft governance statement, which was approved by South Lanarkshire IJB on 27 June 2017, be noted; and
- (3) that the intention to deliver the proposed programme of audit assignment for 2017/2018 in quarters two and three of this year to ensure that the findings from such are considered by the IJB in advance of the presentation of the 2017/2018 annual internal audit report and draft annual governance statement be noted.

3. Background

3.1. A Scottish Government Advisory Group - the Integrated Resource Advisory Group (IRAG) – produced professional guidance on integration and the responsibilities of the IJBs. This guidance included the responsibility of the IJB to establish adequate and proportionate Internal Audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

3.2. At the Board meeting on 13 September 2016, the Chief Officer was mandated to establish Internal Audit arrangements for 2016/2017. These arrangements would include a framework to manage the key strategic risks that could impact on the achievement of IJB's objectives.

- 3.3. At the IJB meeting on 06 December 2016, the Board were advised that the Chief Officer was establishing joint working arrangements with the internal audit functions of South Lanarkshire Council (SLC) and National Health Service (NHS) Lanarkshire to deliver the annual Internal Audit plan of work. The respective responsibilities of each partner were summarised at Section 4.2 of agenda Item no 6 (Internal Audit Plan 2016/2017). The employee and financial implications were also set out at Sections 5.1. and 6.1. of the report. Consequently, the Internal Audit Plan for 2016/2017 was approved by the Board on 6 December 2016.
- 3.4. This Plan has been delivered in accordance with the Public Sector Internal Audit Standards in order to comply with article seven of the Local Authority Accounts (Scotland) Regulations 2014.

4. Current Performance

- 4.1. The Audit Plan for 2016/2017 was detailed in an accompanying appendix to the IJB report (a copy of which is attached at Appendix 1). The proposed audit work, totalling 60 days, outlined a plan of work covering key aspects of IJB governance, performance and financial management.
- 4.2. Internal Audit work was undertaken in-line with an agreed protocol. It is intended that this will be further developed to include key performance indicators that will be reported to the IJB throughout the year.
- 4.3. Since approval of the Plan in December 2016, discussions have taken place between the Internal Audit functions and the IJB's Chief Finance Officer (CFO) to discuss the progress of the 2016/2017 audit programme and arrangements for audit planning for 2017/2018.
- 4.4. The 2016/2017 Audit Plan was delivered in the last quarter of 2016/2017 and the findings discussed with the CFO on conclusion. The audit opinion expressed within this report has informed the draft governance statement which was approved by the IJB on 27 June 2017. It is anticipated that the proposed plan of Internal Audit assignments for 2017/2018 will be delivered in quarters two and three of 2017/2018 and findings reported to the PAC to consider in advance of the presentation of the 2017/2018 Annual Internal Audit Report and draft governance statement.

5. Delivery of Audit Recommendations

- 5.1. Delivery of audit actions by their due dates contributes to a sound control environment. Future reporting arrangements for audit recommendations are detailed in the protocol.
- 5.2. No formal actions have been raised following the audit work undertaken during 2016/2017. Some recommendations have been advised and these are highlighted within this report. It is intended that these will be reflected in an action plan that will be presented to the IJB and subsequently monitored by them throughout 2017/2018.

6. Internal Audit Findings

- 6.1. Financial Allocation - Due Diligence Process (I942040)
 - 6.1.1. Fundamental to the establishment of the IJB was the identification of the financial allocation required to maintain the agreed "in-scope" services and functions as outlined within the IJB Integration Scheme. The first budgets formally delegated to the IJB were for the 2016/2017 financial year.

- 6.1.2. A due diligence process was undertaken by SLC and NHS to provide assurances as to the adequacy of the first delegated financial allocation to the IJB for 2016/2017. A report, presented to the IJB on 29 March 2016, documented the due diligence process.
- 6.1.3. The objective of the audit was to provide assurances that the due diligence process undertaken was in-line with corresponding IRAG guidance. The audit focused on the process undertaken, specifically excluding any verification of the delegated budget sum identified.
- 6.1.4. Internal Audit work obtained assurances that the due diligence process undertaken was in line with the stages recommended within the IRAG guidance with no obvious gaps.
- 6.1.5. In line with the guidance, the starting point for identification of the delegated budgets for both partners was the existing 2015/2016 budgets for “in scope” services. The proposed Council budget for 2016/2017 was adjusted for investment and savings obligations. As a result of timing constraints in finalising the 2016/2017 Health Board budgets, the delegated budget proposal for the Health Board was an interim position based on the 2015/2016 budgets. Consequently, the interim budget was adjusted when the financial plans and efficiencies for 2016/2017 were finalised. Proposed budgets were matched against actual expenditure incurred during the period 2012/2013 to 2014/2015. This was supported by questioning and challenging on year-on-year movements and variances, in particular the variances at the 2014/2015 outturn position. The process also focused on gaining an understanding of the assumptions and risks attached to the proposals. The risks attached to the delegated budget were understood by both parties.
- 6.1.6. Following the due diligence process, both parties accepted the continuing risk that the funds made available to the IJB, in both the short and longer term, may not be sufficient to fully fund all anticipated needs either as a result of the Scottish Government financial settlements, increases in demographic growth and/or changing priorities.
- 6.1.7. In terms of the risk of overspend, the risk to the other partner was assessed as low since a key assumption accepted by the partners was that overspends would be funded by the partner delegating the corresponding budget. However, although the risk was assessed as low, it was recognised that the impact on the original partner could be high depending on the level of any potential overspend incurred.
- 6.1.8. The audit acknowledged that, as integration becomes embedded going forward, the ability to continue to clearly attribute service provision and associated budget to one party may become more difficult and, on that basis, it would be prudent for the IJB to consider how cross-party overspends would be managed.
- 6.1.9. The due diligence process was listed as a key element of mitigation against the risks identified at the outset of the process. However, post due diligence, it is noted that these risks, some of which are inherent within the delegated budget, still largely remain. On this basis it would be prudent for the IJB to consider, at the next review of risks, the continuing risks, post integration, along with any further mitigating actions going forward.

- 6.1.10. In time, further financial risks may develop should the integrated body choose to review priorities and their associated resources. This risk should continue to be monitored.
- 6.2. Governance - Gap Analysis (I941063)
- 6.2.1. The IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of an Integration Scheme. It operates under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities.
- 6.2.2. The objective of the audit in this area was to assess the governance arrangements in place for the IJB against the IRAG guidance. This was supported by review of a self-assessment governance checklist facilitated for the IJB by its CFO. This assessment covered 19 separate areas including standing orders, structures of assurance, risk management and financial governance.
- 6.2.3. The self-assessment exercise and audit assignment concluded that there are strategic arrangements in place in terms of both the financial and operational governance arrangements outlined within the IRAG guidance but that there were some areas for further development. Actions arising from the self-assessment exercise undertaken by the CFO should be formalised and reported to the IJB to allow progress to be monitored.
- 6.2.4. In addition to reviewing the output of the IJB self-assessment of their governance arrangements, Internal Audit also undertook a comparative analysis of the governance arrangements currently in place across some Scottish councils. The results of this analysis were passed to the IJB's CFO for consideration as part of the wider review of governance arrangements.
- 6.2.5. Local governance arrangements were established at the outset within the IJB Integration Scheme. Subsequently, a local Code of Corporate Governance was approved by the IJB on 27 June 2017 which sets out a framework for the governance arrangements for delivering Health and Social Care Integration in South Lanarkshire. This is a reference for all stakeholders including partners, services users and the local community and essentially summarises the governance structure and arrangements already in place within the Partnership.
- 6.2.6. The IJB approved the establishment of a Senior Management Team (SMT) in April 2016 and the Nursing and Medical structures later in June 2016. An integrated structure across the Partnership continues to be developed, with the appointment of Health and Social Care Locality Managers.
- 6.2.7. Role profiles for members of the IJB have been set out, including the Chair, Depute Chair and Members of the Board and Scrutiny Sub-Committees.
- 6.2.8. A CFO was appointed to the IJB in June 2016. Financial Regulations, Standing Orders and a Financial Reserves policies are in place. There are arrangements for Risk Management and Insurance provision. Financial statements, including a governance statement were presented to the IJB on 27 June 2017 in advance of the statutory deadline of 30 June 2017 and final versions will be presented for approval on 12 September 2017, again ahead of the statutory deadline of 30 September 2017.

- 6.2.9. The draft Governance Statement detailed 9 separate control and governance improvement areas to be delivered during 2017/2018. This draft Statement reflected the audit opinion that had been based on the concluded programme of work for 2016/2017 and had previously been discussed with the CFO.
- 6.2.10. An annual performance report will be produced for the IJB. In respect of 2016/2017, this will be presented on 29 August 2017. A Partnership performance framework has been developed that measures nine health and wellbeing outcomes; the 10 overarching commissioning themes; the 63 commissioning intentions and the three thematic implementation groups of Early Intervention, Prevention and Health Improvement; Intermediate Care and Reduced Reliance on Hospital and Residential Care and Mental Health and Wellbeing.
- 6.2.11. Distinct from this also is a support, care and clinical governance framework, which includes a Support, Care and Clinical Governance Group to provide advice to the Strategic Planning Group and locality groups.
- 6.3. Financial Management (I942065)
- 6.3.1. The Strategic Commissioning Plan, approved March 2016, included an initial three year medium term financial plan for the resources within the scope of the Strategic Plan. The Commissioning Plan sets out the commissioning intentions to be implemented across the three financial years 2016/2017 to 2018/2019. The medium term financial plan is currently under review.
- 6.3.2. Once the budget planning has been completed for each financial year, the IJBs must publish subsequent annual financial statements. The indicative Financial Plan for the IJB for 2017/2018 was published March 2017. This, as anticipated at the outset, is a roll-forward of the 2016/2017 budget which was subject to due diligence, adjusted for revised savings/additional income that have been identified. The IJB Financial Plan for 2017/2018 is comprised of the financial contributions from SLC and NHSL to the IJB. Both SLC and NHSL face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available within the Scottish Government financial settlement in that year. Notwithstanding this, the financial contributions of both partners have helped to address a number of significant cost pressures across health and social care services in 2017/2018.
- 6.3.3. Further development of financial arrangements will be required to take cognisance of the requirements of the annual financial statement set out within Scottish Government guidance. This is likely to require further changes within financial information systems to allow the IJB to comply with the guidance but would, in turn, facilitate improvements in financial monitoring arrangements.
- 6.3.4. IRAG guidance recommends that the Health Board and Council, along with the CFO, establish a process of regular in-year reporting and forecasting to provide the IJB Chief Officer with management accounts for both arms of the operational budget and for the IJB as a whole. The process adopted continues the processes in place pre-Partnership, with periodic outturn reports presented to the IJB CFO for monitoring. In turn, budget monitoring reports are presented to the IJB; financial monitoring reports for 2016/2017 have been reported September and December 2016 and February 2017. The Health Care Services and Social Work Services are shown separately with relevant in-scope Housing Services namely care of gardens and adaptations; these reports noted that work would be progressed to refine the financial reporting format and develop an integrated report. In March 2017, a report

on in-scope partnership hosted services and area wide services was presented to the IJB to give oversight of spend in these areas.

- 6.3.5. The arrangements to manage significant budget variances are specified within the IJB's Integration Scheme and Financial Regulations. The assumption is that overspends will be the responsibility of the partner contributing the budget. This mitigates some risk, to the IJB and the other partner, in terms of overspend but the sustainability of such moving forward may require further consideration. Underspends across the in-scope partnership budgets for 2016/2017 were transferred to reserves in line with the agreed strategy.
- 6.3.6. A medium/long term financial plan needs to be developed that recognises the risks associated with financial constraints and demographic growth. In addition, a strategy will require to be developed to shift the balance of care. This strategy will require to be supported by detailed business cases which take cognisance of service re-prioritisation, sustainable funding solutions and funding reallocations from a whole system perspective.
- 6.3.7. The IJB Risk Register recognises funding risks due to austerity measures. But, it may also be prudent for the IJB Risk Register to recognise the potential risks attached to a scenario where partners re-prioritise funding to the IJB against their other priorities in future years.
- 6.3.8. The audit concluded that financial management arrangements are in place however that these should continue to be developed to ensure that they are both effective and inform decision-making in future years
- 6.4. Performance Management (I941064)
 - 6.4.1. IJBs are required to agree a performance framework to monitor performance of delegated functions in line with the IJB Strategic Plan.
 - 6.4.2. In-line with the agreed audit plan, Internal Audit sought to assess the arrangements and frameworks in place within the IJB to monitor and report on performance of the delegated functions. This concluded that arrangements are in place to provide the IJB with a range of performance information and that for a sample of indicators reported for Q2 and Q4 2016/2017, targets had been met and no specific improvement areas were identified.
 - 6.4.3. The Integration Scheme outlines the performance management requirements for the IJB in terms of the provision of regular reports to the IJB from both the Council and NHS on the delivery of integrated services, including a range of thematic reports including, but not limited to financial reports, annual budget setting recommendations, performance reports including progress against the nine National Health and Wellbeing Outcomes, regulatory and inspection reports, complaints, clinical and care governance reports, risk management and workforce reports and any relevant improvement plans.
 - 6.4.4. A report to the IJB, January 2016, outlined the development of the performance framework for the IJB. This framework, to support integration and performance reporting to the IJB was developed by the IJB Performance Group and includes a suite of performance measures alongside other measures which are aligned to the National Health and Wellbeing Outcomes. A subsequent report to the IJB in June 2016 set out the performance reporting framework for 2016/2017 which will be reported on a quarterly basis.

- 6.4.5. The Performance and Audit Sub-Committee has been established to track progress against outcomes and support the overall governance and scrutiny arrangements. The wider range of performance information/reports are utilised to support decision making within the IJB.
- 6.4.6. To support the overall aims of the Partnership, locality structures are currently being established. Performance management within these areas will subsequently be developed and embedded to monitor both performance and progress and assess the contribution to Partnership aims.
- 6.4.7. A suite of Key Performance Indicators are also monitored both within the Council, via IMPROVe, and within the NHS. There is a focus on both the National Health and Wellbeing Outcomes and the Core Integration Indicators which have been set out by the Scottish Government.

7. Summary of Internal Audit Findings

- 7.1. Internal Audit completed a specific programme of audit work in 2016/2017 undertaking a high level review of the due diligence process, governance framework and financial and performance management arrangements of the IJB. This work established that, at a strategic level, progress had been made in each of these areas. The most significant risk continues to be the management of demand for services within the budgets available. The current financial monitoring arrangements are being further developed to support decision-making and ensure the best use of available resources. Where appropriate, actions arising from the programme of audits are being agreed to take forward areas for improvement. These actions will be followed up during 2017/2018.

8. Internal Audit Opinion

- 8.1. Based solely on the programme of Internal Audit work undertaken in 2016/2017, it is Internal Audit's opinion that reasonable assurance can be placed upon the control environment which operated during 2016/2017.
- 8.2. As the roles of Officers across the Partnership evolve, it will be important to ensure responsibilities remain clear and changes in such are managed as required. Information flow should continue to be developed to ensure that the anticipated outcomes from the integration of Health and Social Care Services will be delivered.
- 8.3. Following on from the audit work undertaken in 2016/2017, the work planned for 2017/2018 will continue to focus on key strategic and operational areas of risk for the IJB.

9. Employee Implications

- 9.1. SLC's Internal Audit section, in conjunction with the NHS audit section, carried out the planned audit work. IJB representatives also contributed by providing documentation and information as requested.

10. Financial Implications

- 10.1. There was no charge for the provision of audit work as joint working arrangements are being developed to deliver this service.

11. Other Implications

- 11.1. Audit Scotland, IJB's external auditors, may consider the findings of Internal Audit in forming an opinion on the organisation as part of their annual audit.

11.2. There are no implications for risk or sustainability in terms of the information contained in this report.

12. Equality Impact Assessment and Consultation Arrangements

12.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no impact assessment is required.

12.2. Consultation is undertaken with the Director, Health and Social Care and the Chief Financial Officer in the preparation of the Audit Plan and in any amendments to the plan throughout the year.

Val de Souza
Director, Health and Social Care

Date created: 12 September 2017

Previous References

- ◆ Internal Audit Plan – South Lanarkshire Integration Joint Board (06 December 2016)

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Yvonne Douglas, Audit and Compliance Manager

Ext: 2618 (Phone: 01698 452618)

Email: yvonne.douglas@southlanarkshire.gcsx.gov.uk

Tony Gaskin, Chief Internal Auditor NHS Fife, Tayside and Lanarkshire

Phone: 01334 696028

Email: tony.gaskin@nhs.net

Audit Assignment	Outline Scope	Expected days
Due diligence	Review and validation of the processes used by NHSL, SLC and the IJB to ensure compliance with national guidance on the assurance work undertaken by the parties in respect of identifying and agreeing resources transferred to the IJB.	10
Governance	On-going support and advice re further development of the IJB's internal control and corporate governance arrangements including, but not limited to, a review of the extent to which the IJB governance arrangements are consistent with and meeting key requirements and expectations as laid out in relevant legislation and the approved SL Integration Scheme.	15
Performance	A high-level review of the performance management and reporting arrangements in place to monitor the delivery of the IJB Strategic Plan including compliance with relevant regulations and work to assess the robustness of process used to produce core integration indicators.	15
Financial Management	A review of the arrangements in place to manage key financial risks including budgetary control arrangements and how the IJB is developing arrangements in respect of financial planning and financial sustainability.	10
Internal Audit Annual Report	Annual report containing annual Internal Audit opinion on assurance and review of the IJB's self-assessment of governance and systems for preparing the 2016/2017 Annual Governance Statement.	5
Audit Management	Preparation of 2016/2017 audit plan. Development of longer-term strategic audit plan. Liaison with senior management and the external auditor (as appropriate). Attendance at the Finance and Audit Sub-committee (as appropriate).	5
Total		60

Report

6

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	External Auditor's Annual Audit Report 2016/2017
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise members of the outcome of the audit by the South Lanarkshire Integration Joint Board's External Auditor, Audit Scotland, within the statutory timescale of 30 September 2017
- ◆ advise that the auditor has submitted an Annual Audit Report setting out their key findings for the consideration of members
- ◆ advise members of the proposed response to the action points on page 25 of the External Auditor's Annual Audit Report

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the receipt of a clean audit certificate in respect of the Integration Joint Board's (IJB) Annual Accounts 2016/2017 be noted; and
- (2) that the proposed response to the action plan on page 25 of the External Auditor's Annual Audit Report, which is attached as an appendix, be approved.

3. Background

3.1. Following the publication of the Local Authority Accounts (Scotland) Regulations 2014, the members of the IJB have to meet to consider whether to approve the audited annual accounts for signature no later than 30 September 2017.

3.2. The IJB's appointed Auditor, Audit Scotland, is required to supply an audit certificate outlining the findings of the audit process undertaken in relation to the IJB's Annual Accounts 2016/2017. These findings are detailed in the External Auditor's Annual Audit Report for the financial year 2016/2017, which is attached as an appendix.

3.3. The members are therefore required to have regard to any report made or advice provided on the annual accounts by the Auditor.

4. External Auditor's Annual Audit Report 2016/2017

- 4.1. The Audit Report on the IJB's annual accounts extends across a number of subjects, as follows:
- ◆ 2016/2017 Annual Accounts
 - ◆ Financial Management
 - ◆ Financial Sustainability
 - ◆ Governance and Transparency
 - ◆ Value for Money
- 4.2. The External Auditor has concluded that the financial statements of the South Lanarkshire IJB for 2016/2017 give a true and fair view of the state of affairs and of its net expenditure for the year and have therefore issued an unqualified independent auditor's report.
- 4.3. The External Auditor's Annual Audit Report includes the key messages at page 4 and an action plan at appendix 1 on page 25 which has been agreed by both the Chief Officer and the Chief Financial Officer.

5. Employee Implications

- 5.1. There are no employee implications associated with this report.

6. Financial Implications

- 6.1. There are no financial implications associated with this report.

7. Other Implications

- 7.1. The main risk associated with the IJB Annual Accounts is a qualified audit report. The risk has been assessed as low due to the detailed preparation in relation to the year end process and technical training undertaken by key finance staff. The finance staff across the partners co-operated to achieve key deadlines.
- 7.2. There are no sustainable, environmental or other implications associated with this report.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 8.2. There is also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 18 August 2017

Previous References

Unaudited Annual Accounts: 27 June 2017

List of Background Papers

- ◆ External Auditor's Annual Audit Report 2016/2017

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Marie Moy, Chief Financial Officer

Ext: 3709 (Phone: 01698 453709)

Email: marie.moy@southlanarkshire.gcsx.gov.uk

South Lanarkshire Integration Joint Board

12 September 2017

South Lanarkshire Integration Joint Board Audit completion and Annual Audit Report 2016/17

1. Our work on the annual report and accounts is now complete. Subject to the receipt of a revised Annual Report and Accounts for final review, we anticipate being able to issue an unqualified unmodified Independent Auditor's Report following approval of the Annual Report and Accounts by the Board on 12 September. The proposed Independent Auditor's Report is attached at appendix A.
2. We also present for your consideration our proposed Annual Audit Report on the 2016/17 audit. International Standard on Auditing (UK and Ireland) 260 (Communication with those charged with governance) requires auditors to report specific matters arising from the audit of the Annual Report and Accounts to those charged with governance in sufficient time to enable appropriate action. Within the proposed Annual Audit Report (page 7), Part 1 headed "Audit of 2016/17 Annual Report and Accounts" sets out the issues which we consider require to be drawn to your attention. The Annual Audit Report will be issued in its final form after the Annual Report and Accounts has been approved for issue and the Independent Auditor's Report has been certified.
3. In presenting this report to the Audit Committee we also seek confirmation that we have been informed of:
 - any instances of actual, suspected or alleged fraud.
 - any events that have occurred since 31 March 2017 which could have a significant impact on the Annual Report and Accounts.
 - any instances of non-compliance with legislation.
4. We are required to report to those charged with governance, all unadjusted misstatements, other than those of a trivial nature, and request that they be corrected. We confirm that there were no monetary errors.
5. International Standard on Auditing (UK and Ireland) 580 (Management representations) requires auditors to obtain representations on certain matters from management. Accordingly, as part of the completion of our audit we seek written assurances from the Chief Financial Officer, as the "proper officer", on aspects of the Annual Report and Accounts and the judgements and estimates made therein. A draft letter of representation is attached at appendix B; this should be reviewed for accuracy and any proposed amendment discussed with us. Once satisfied, the letter should be signed and returned by the Chief Financial Officer with the signed Annual Report and Accounts.

Outstanding matters

6. There are no outstanding matters.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of South Lanarkshire Integration Joint Board and the Accounts Commission

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of South Lanarkshire Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the South Lanarkshire Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the South Lanarkshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Financial Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the South Lanarkshire Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements.

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

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

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

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

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

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

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

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Assistant Director, Audit Services
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

12 September 2017

APPENDIX B: Letter of Representation

Fiona Mitchell-Knight
Assistant Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona

South Lanarkshire Integration Joint Board Annual Accounts 2016/17

1. This representation letter is provided in connection with your audit of the financial statements of South Lanarkshire Integration Joint Board for the year ended 31 March 2017 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the South Lanarkshire Integration Joint Board, as at 31 March 2017 and its comprehensive net expenditure for the year then ended.
2. I confirm to the best of my knowledge and belief, and having made appropriate enquiries of the Board, South Lanarkshire Council and NHS Lanarkshire, the following representations given to you in connection with your audit of South Lanarkshire Integration Joint Board for the year ended 31 March 2017.

Legality of financial transactions

3. The financial transactions of South Lanarkshire Integration Joint Board are in accordance with the relevant legislation and regulations governing its activities. All known or possible non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed to you, together with any actual or contingent consequences which may arise.

Financial Reporting Framework

4. The financial statements have been prepared in accordance with Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 and the provisions of the Local Government (Scotland) Act 1973.
5. Disclosure has been made in the financial statements of all matters necessary for them to show a true and fair view of the transactions and state of affairs of South Lanarkshire Integration Joint Board for the year ended 31 March 2017.

Accounting Policies and Estimates

6. All material accounting policies adopted are as shown in the Statement of Accounting Policies included in the financial statements. The appropriateness of these policies has been reviewed, and takes account of the requirements set out in the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17.

7. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. There are no changes in estimation techniques which should be disclosed due to their having a material impact on the accounting disclosures.

Going Concern

8. I have assessed South Lanarkshire Integration Joint Board's ability to carry on as a going concern and concluded that it is appropriate to prepare the financial statements on a going concern basis.

Related Party Transactions

9. All transactions with related parties have been disclosed in the financial statements. I have made available to you all the relevant information concerning such transactions, and I am not aware of any other matters that require disclosure in order to comply with the requirements of IAS24.

Remuneration Report

10. The remuneration report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2011 and Scottish Government finance circular 8/2011 and includes all specified remuneration for relevant council officers and all elected members.

Corporate Governance

11. I acknowledge, as the officer with responsibility for the proper administration of the Board's financial affairs under section 95 of the Local Government (Scotland) Act 1973, my responsibility for the systems of internal control and I confirm that I have disclosed to the auditor all deficiencies in internal control of which I am aware.
12. The corporate governance arrangements have been reviewed and the disclosures I have made are in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2017, which require disclosure.

Fraud

13. I have considered the risk that the financial statements may be materially misstated as a result of fraud. I have disclosed to the auditor any allegations of fraud or suspected fraud affecting the financial statements. There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements.

General

14. I acknowledge my responsibility and that of South Lanarkshire Integration Joint Board for the financial statements. All of the accounting records requested have been made available to you for the purposes of your audit. All material agreements and transactions undertaken by South Lanarkshire Integration Joint Board have been properly reflected in the financial statements. All other records and information have been made available to you, including minutes of all management and other meetings.

15. Disclosure has been made in the financial statements of all matters necessary to give a true and fair view of the financial position of South Lanarkshire Integration Joint Board as at 31 March 2017 and the income and expenditure for the year then ended.
16. The information given in the narrative reports supporting the financial statements, including the Management Commentary, Annual Governance Statement and Remuneration Report, presents a balanced picture of South Lanarkshire Integration Joint Board and is consistent with the financial statements.
17. I confirm that I am not aware of any uncorrected misstatements.

Events subsequent to the date of the Balance Sheet

18. There have been no material events since the date of the balance sheet which would require the revision of the figures in the financial statements or notes thereto.
19. Since the date of the balance sheet no events or transactions have occurred which, though properly excluded from the accounts, are of such importance that they should be brought to your notice.

Yours sincerely

Marie Moy
Chief Financial Officer

South Lanarkshire Integration Joint Board

Proposed 2016/17 Annual Audit Report



 AUDIT SCOTLAND

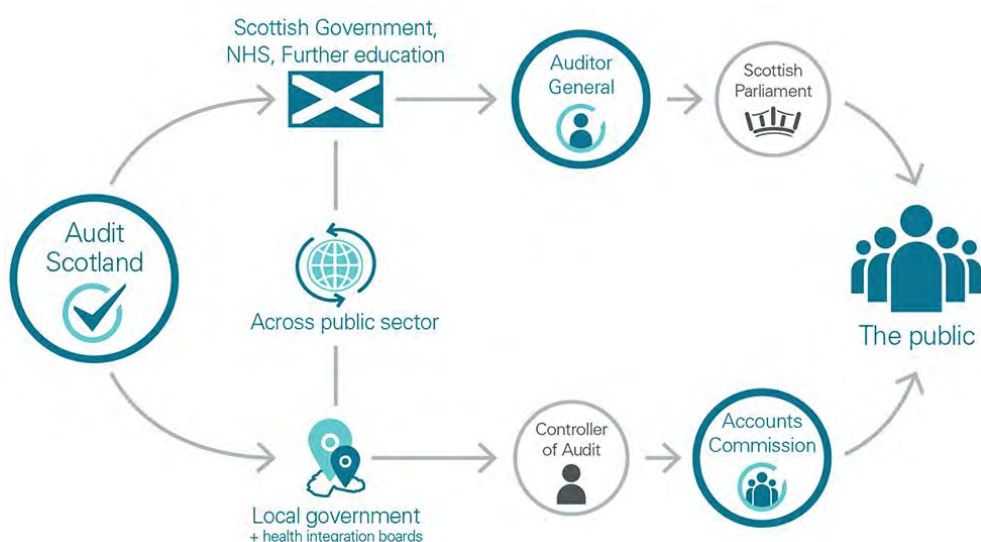
Prepared for members of South Lanarkshire Integration Joint Board and the Accounts Commission

12 September 2017

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2016/17 annual accounts

- 1** The financial statements of South Lanarkshire Integration Joint Board for 2016/17 give a true and fair view of the state of its affairs and of its net expenditure for the year.
- 2** We have issued an unqualified independent auditor's report on the South Lanarkshire Integration Joint Board Annual Report and Accounts for 2016/17.

Financial management

- 3** Budget monitoring and reporting processes should be improved to ensure that members have sufficient timely and relevant information to enable them to take appropriate action and request necessary adjustments.
- 4** Key controls within the main financial systems of both partner bodies were operating satisfactorily.

Financial sustainability

- 5** An underspend of £6.119 million is reported in the financial statements for 2016/17.
- 6** A medium to long term financial plan should be developed to bring together risks and opportunities affecting the Joint Board's financial position and financial sustainability.

Governance and transparency

- 7** Generally, the Joint Board has effective governance arrangements in place. However, it should review how it is organised to conduct its work and whether it could work more effectively through greater use of committees.
- 8** Internal audit arrangements and expectations need to be further clarified and formalised.
- 9** The Joint Board has adequate risk management arrangements in place with a commitment to further improving existing arrangements.
- 10** The Joint Board is open and transparent however, current arrangements could be further improved, with easier public access to information on the services provided.

Value for money

- 11** The statutory publication deadline of 31 July 2017 for the Annual Performance Report was missed for 2016/17.
- 12** Mechanisms and reporting arrangements should be implemented to provide assurance, to the Chief Officer and the Joint Board, that partners have arrangements in place to demonstrate that they are delivering Best Value.

Introduction

1. The scope of our audit was set out in our Annual Audit Plan presented to the February 2017 meeting of the Performance and Audit Committee.
2. This report sets out our findings from:
 - the audit of the Annual Report and Accounts
 - our consideration of the wider dimensions of public sector audit, [Exhibit 1](#), as set out in Audit Scotland's [Code of Audit Practice](#).

Exhibit 1 Audit dimensions



Source: *Code of Audit Practice 2016*

3. The main elements of our audit work in 2016/17 were:
 - an assessment of the Joint Board's arrangements for recording financial information and its governance arrangements
 - an audit of the Joint Board's 2016/17 Annual Report and Accounts
 - obtaining service auditor assurances from the auditors of NHS Lanarkshire (NHSL) and South Lanarkshire Council (SLC)
 - a review of the Joint Board's arrangements to demonstrate Best Value, manage performance, and use of resources.
4. The management of Joint Board is responsible for, inter alia:
 - preparing financial statements which give a true and fair view

- putting in place proper arrangements for the conduct of its affairs
 - ensuring that the financial position is soundly based.

5. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#).

6. An audit of financial statements is not designed to identify all matters that may be relevant to those charged with governance. We have included in this report only those matters that have come to our attention as a result of our normal audit procedures; consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made. It is the auditor's responsibility to express an opinion on the Annual Report and Accounts prepared by management. This does not relieve management of the responsibility for the preparation of the Annual Report and Accounts.

7. An action plan is included at [appendix 1 \(page 24\)](#) setting out our recommendations to address the issues and risks we identified from our audit. Officers have considered the issues and agreed to take the specific steps in the column headed "Agreed management action/timing". We recognise that not all risks can be eliminated or even minimised. What is important is that the Joint Board understands its risks and has arrangements in place to manage them. The Audit Committee should ensure that it is satisfied with the proposed actions and has an adequate mechanism in place to assess progress and monitor outcomes.

8. As part of the requirement to provide full and fair disclosure of matters relating to our independence, we can confirm that we have not undertaken non-audit related services. The 2016/17 fee for the audit was set out in our Annual Audit Plan and remains unchanged.

9. This report is addressed to both the Joint Board and the Accounts Commission and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

10. The cooperation and assistance afforded to the audit team during the course of the audit is gratefully acknowledged.

Part 1

Audit of 2016/17 Annual Report and Accounts



Main judgements

The financial statements of South Lanarkshire Integration Joint Board for 2016/17 give a true and fair view of the state of its affairs and of its net expenditure for the year.

We have issued an unqualified independent auditor's report on the South Lanarkshire Integration Joint Board Annual Report and Accounts for 2016/17.

Unqualified audit opinions

11. The Joint Board's Annual Report and Accounts for the year ended 31 March 2017 was approved by the Joint Board on 12 September 2017.

12. We reported, in our Independent Auditor's Report:

- an unqualified opinion on the financial statements;
- an unqualified audit opinion on the auditable part of the remuneration report, management commentary and annual governance statement.

13. We also concluded that there were no matters upon which we are required to report to the Accounts Commission by exception.

Submission of annual accounts for audit

14. We received the unaudited financial statements on 28 June 2017, which was later than expected, although it was within the statutory deadline of 30 June 2017. The working papers provided with the unaudited financial statements were of a good standard; however, some supplementary information took some time to be provided. After completion of the audit, we would welcome a discussion with management on how we can improve the process in future years and ensure the most efficient use of Joint Board and audit resources.

15. Information was provided to NHS Lanarkshire in relation to the year-end figures in accordance with the pre-agreed timetable. The information provided was considered adequate for consolidation purposes. Assurances from NHS Lanarkshire and South Lanarkshire Council were received by the Joint Board in a timely manner.

Risks of material misstatement

16. The concept of audit risk is of central importance to our audit approach. During the planning stage of our audit we identified a number of key audit risks which involved the highest level of judgement and potential impact on the financial statements. We set out in our Annual Audit Plan, the audit work we proposed to

The Annual Report and Accounts is the principal means of accounting for the stewardship of the Joint Board's resources and its performance in the use of those resources.

undertake to secure appropriate levels of assurance. [Appendix 2](#) sets out the significant audit risks identified and how we addressed each risk in arriving at our opinion on the financial statements.

Materiality

17. 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 perceptions and decisions of users of the financial statements. The assessment of what is material is a matter of professional judgement. A misstatement or omission, which would not normally be regarded as material by value, may be important for other reasons (for example, an item contrary to law).

18. Our initial assessment of materiality for the financial statements was undertaken during the planning phase of the audit. We assess the materiality of uncorrected misstatements, both individually and collectively, in forming our opinions on the financial statements.

19. On receipt of the Annual Report and Accounts and following completion of audit testing we reviewed our original materiality calculations and concluded that they remained appropriate. Our final materiality levels are summarised at [Exhibit 2](#).

Exhibit 2

Materiality values

Materiality level	Amount
Overall materiality - This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It was set at 1% of gross expenditure for the year ended 31 March 2017.	£4.675 million
Performance materiality - This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 50% of overall materiality.	£2.337 million
Reporting threshold - We are required to report to those charged with governance on all unadjusted misstatements in excess of the 'reporting threshold' amount. This has been calculated at 1% of overall materiality.	£0.047 million

Evaluation of misstatements

20. There were no misstatements which had an impact on the unaudited Annual Report and Accounts.

Significant findings

21. International Standard on Auditing (UK and Ireland) 260 requires us to communicate significant findings from the audit "to those charged with governance". Our findings are summarised at [Exhibit 3](#). Where a finding has resulted in a recommendation to management, a cross reference to the Action Plan at [Appendix 1](#) has been included.

Exhibit 3

Significant findings from the audit of the Annual Report and Accounts

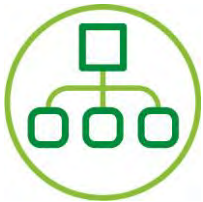
Issue	Resolution
<p>1. Hospital acute services (set aside)</p> <p>Partners agreed that hospital acute services would be managed by NHS Lanarkshire with no in year financial consequences to the Joint Board. The “set aside” budget is the Joint Board’s share of the budget for delegated acute services provided by large hospitals on behalf of the Joint Board. Included within the total Joint Board expenditure of £467.469 million is £55.154 million ‘set aside’ costs for hospital acute services.</p> <p>The budget and actual expenditure reported for the “set aside” are equal. The figure is based on 2014/2015 activity levels for hospital inpatient and day case activity and provided by NHS National Services Scotland’s Information Services Division.</p>	<p>The Comprehensive Income and Expenditure Account in the annual accounts correctly incorporates the set aside costs.</p> <p>This is a transitional arrangement for 2016/2017 agreed by Scottish Government. NHS Lanarkshire and the Joint Board should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.</p> <p>Action Plan (Appendix 1, point 1).</p>

Other Findings

22. In addition to the issues set out above and in accordance with normal audit practice, a number of presentational and disclosure amendments were discussed and agreed with management.

Part 2

Financial management



Main judgements

Budget monitoring and reporting processes should be improved to ensure that members have sufficient timely and relevant information to enable them to take appropriate action and request necessary adjustments.

Key controls within the main financial systems of both partner bodies were operating satisfactorily.

Financial management

23. Financial management is about financial capacity, sound budgetary processes and the control environment in operation over financial systems. It is the Joint Board's responsibility to ensure that its financial affairs are conducted in a proper manner.

24. The Joint Board is required by statute to make arrangements for the proper administration of its financial affairs and to appoint a "proper officer" to have "responsibility for the administration of those affairs" (section 95 of the Local Government (Scotland) Act 1973). For the South Lanarkshire Integration Joint Board that officer is the Chief Financial Officer.

25. The integration scheme between NHS Lanarkshire and South Lanarkshire Council sets out the budget contribution in respect of all of the functions delegated to Joint Board. Delegated baseline budgets for 2016/17 were subject to due diligence.

26. The Joint Board does not have any assets, nor does it directly incur expenditure or employ staff. All expenditure relating to services delegated to the Joint Board is incurred by NHS Lanarkshire or South Lanarkshire Council and processed through their financial systems.

27. As auditors, we need to consider whether the Joint Board has established adequate financial management arrangements. We do this by considering a number of factors, including whether:

- the Chief Financial Officer has sufficient status to be able to deliver good financial management
- standing financial instructions and standing orders are comprehensive, current and promoted within the Joint Board
- regular monitoring reports containing both financial and performance information are provided to the Joint Board
- Joint Board members provide a good level of challenge and question budget holders on significant variances.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

28. The Chief Financial Officer took up the post on 2 June 2016 and is appropriately qualified for the role. Financial regulations and standing orders are comprehensive and mirror those of the partner bodies.

29. The Joint Board is responsible for scrutinising financial and operational performance and ensuring that prompt corrective actions are taken where appropriate. To discharge this duty it needs timely and comprehensive budget monitoring information, including projections of the year end position. Expected information in periodic budget monitoring reports includes;

- explanations of any adjustments to the baseline budgets
- forecast outturns for the year with reasons for significant variances from budget
- income and expenditure analysed in accordance with the services provided by each partner

30. The Chief Financial Officer, as “proper officer” requires full access to financial information, from both partners, in order to be able to provide the Joint Board with assurances as to financial performance. During the year, incomplete budget monitoring information was reported in respect of Health Care Services and it was not possible to reconcile budget/expenditure to the delegated budget for the Joint Board. We recognise that the process to align the health care budgets to the functions delegated to the Joint Board is complex and that work is continuing to refine the future reporting arrangements.

31. The Joint Board was not provided with projected variances at the year end for Health Care Services budgets. The combined underspends reported in December and January was £1.853 million. At the year end an underspend of £6.119 million was reported in respect of Health Care services.

32. The budget outturn for the year is satisfactory in the context of the Joint Board’s annual expenditure. Underspending against budget is not, of itself, a positive outcome. Management and members should satisfy themselves that reasons for significant underspending/overspending against budget lines are understood. Where necessary, adjustments should be made to ensure that the budget approved is up to date and reflects the underlying cost of the service level agreed by the Joint Board.

33. Regular monitoring of expenditure and income against agreed budgets is central to effective financial management. The deficiencies in budget monitoring information, including the lack of full year projected variances, entails a risk that Joint Board members are not receiving sufficient information to enable them to scrutinise and challenge performance effectively or consider in-year re-allocation of resources to other service areas.

[Action Plan \(Appendix 1, point 2\).](#)

34. It is important that members understand the financial information presented in budget monitoring reports and are equipped with the knowledge and skills to enable them to effectively scrutinise and challenge. Finance can be a complex business and members would benefit from specific financial training to help them discharge their financial responsibilities.

[Action Plan \(Appendix 1, point 3\).](#)

35. Overall, we have concluded that the budget monitoring and reporting processes should be improved to ensure that members have sufficient timely and relevant information to enable them to take appropriate action and request necessary adjustments.

Internal controls

36. All financial transactions of the Joint Board are processed through the financial systems of NHS Lanarkshire and South Lanarkshire Council. International Standard on Auditing 402 obliges us, as the external auditor to the Joint Board, to obtain sufficient appropriate audit evidence regarding the systems of internal control used to produce the transactions and balances in the Joint Board's Annual Report and Accounts. We concluded that the key controls within the main financial systems of both partner bodies were operating satisfactorily and that no significant risks were identified.

Standards of conduct and arrangements for the prevention and detection of bribery and corruption

37. We concluded that the Joint Board had effective arrangements in place for the prevention and detection of bribery and corruption and we are not aware of any specific issues that we need to record in this report.

Part 3

Financial sustainability



Main judgements

An underspend of £6.119 million is reported in the financial statements for 2016/17.

A medium to long term financial plan should be developed to bring together risks and opportunities affecting the Joint Board's financial position and financial sustainability.

Financial performance in 2016/17

38. The integration scheme and financial regulations set out the arrangements between the Council and NHS Lanarkshire for addressing and financing any overspends or underspends. Underspends may be returned to the relevant partner in year, through a contribution adjustment, or retained by the Joint Board in general reserves. Where there is a forecast overspend, the Joint Board must agree a recovery plan to balance the overspending budget.

39. The Joint Board set a breakeven budget for 2016/17. This was based on expenditure of £451.246 million with £349.503 million contributed from NHS Lanarkshire and £101.743 million contributed by South Lanarkshire Council. The budget was increased by £13.634 million during the year to £464.880 million.

40. An underspend of £6.119 million is reported in the financial statements for 2016/17, [Exhibit 4](#). The Joint Board agreed to earmark £4.760 million of the underspend for specific commitments in 2017/2018. The balance of £1.359 million will be carried forward as a general contingency to manage the programme to shift the balance of care and unanticipated budget pressures.

Financial sustainability looks forward to the medium and longer term to consider whether the Joint Board is effectively planning to continue to deliver services.

Financial planning

41. The Joint Board allocates the resources it receives from the Council and NHS Lanarkshire in line with the Strategic Commissioning Plan. The Financial Plan for 2017/2018 was approved by the Joint Board on 28 March 2017.

42. Financial projections for 2017/18 predict a breakeven position in the year, although both the Council and NHS Lanarkshire face challenges balancing their respective budgets. Proposed efficiency savings have been identified and ways in which these savings can be made have been outlined to the Joint Board.

Exhibit 4

Budget v actual expenditure 2016/17

	Budget £m	Actual £m	Variance £m
NHS Lanarkshire	356.813	311.480	45.333
South Lanarkshire Council Lanarkshire	116.775	155.989	(39.214)
Total Net Expenditure	473.588	467.469	6.119
Surplus (from NHS Lanarkshire to be retained by the Joint Board)	0.000	6.119	6.119
Surplus (from South Lanarkshire Council to be retained by the Joint Board)	0.000	0.000	0.000
Earmarked Reserves	0.000	4.760	4.760

Source: South Lanarkshire Integration Joint Board monitoring information

43. The current budget process does not include medium to long term financial planning. One of the challenges for the Joint Board is the short term financial planning cycle of the Scottish Government and the resulting difficulty in preparing medium/longer term funding strategies to address its priorities. While this is an obstacle to precise financial planning management should prepare a 3-5 year rolling budget using what information is available and incorporating sensitivity analysis and scenario planning. In the absence of medium to long term financial planning the future financial risks facing Joint Board may not be clearly understood.

[Action Plan \(Appendix 1, point 4\).](#)

Reserves strategy

44. The Joint Board is empowered to hold reserves. A Reserves Policy and Reserves Strategy were approved by the Joint Board in February 2017.

Efficiency savings

45. Funding shortfalls were identified in the Joint Board's 2017/18 budget. Each partner proposed a range of efficiency savings to achieve financial balance. Plans to achieve savings (South Lanarkshire Council £0.498 million and NHS Lanarkshire £2.127 million) were approved by the Joint Board in March 2017. Work has been carried out by each partner to confirm achievability and assess service delivery impact.

Part 4

Governance and transparency



Main judgements

Generally, the Joint Board has effective governance arrangements in place. However, it should review how it is organised to conduct its work and whether it could work more effectively through greater use of committees.

Internal audit arrangements and expectations need to be further clarified and formalised.

The Joint Board has adequate risk management arrangements in place with a commitment to further improving existing arrangements.

The Joint Board is open and transparent however, current arrangements could be further improved, with easier public access to information on the services provided.

Governance arrangements

46. The integration scheme between South Lanarkshire Council and NHS Lanarkshire sets out the governance arrangements. The Joint Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of South Lanarkshire Integration Joint Board and for monitoring the adequacy of these arrangements. The Joint Board's governance arrangements and procedures are regulated by a set of procedural documents including a Scheme of Delegation; Standing Orders; Terms of Reference; and Financial Regulations.

47. The Joint Board is responsible for the strategic commissioning of health and social care services in South Lanarkshire and is supported by a number of groups as illustrated at [Exhibit 5](#). It is responsible for setting priorities and policies in the context of legislative requirements and has an obligation to report, explain and be answerable for its decisions. It comprises a wide range of service users and partners including four elected councillors nominated by South Lanarkshire Council and four directors nominated by NHS Lanarkshire

48. The Board is supported by a Chief Officer who provides overall strategic and operational advice to the Joint Board and is directly accountable for the delivery of services. The Chief Officer is also accountable to both the Chief Executive of South Lanarkshire Council and the Chief Executive of NHS Lanarkshire and provides regular reports to both the Council and the board of NHS Lanarkshire. A Standards Officer and Deputy Standards Officer have also been appointed.

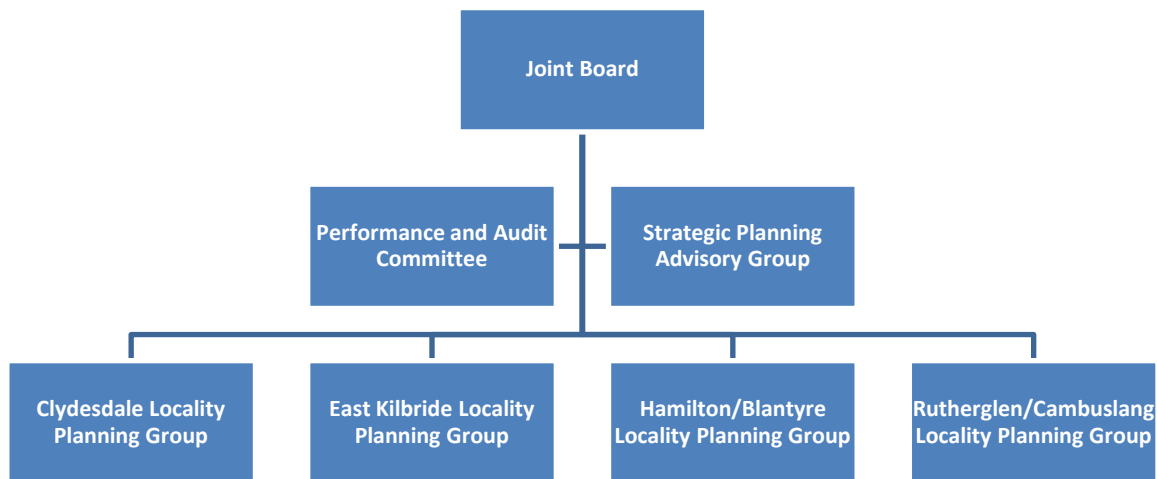
49. The Joint Board and Performance and Audit Committee meet on a regular basis throughout the year. We attend meetings of the Joint Board, mainly as

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance

observers. We also attend the Performance and Audit Committee, frequently as contributors.

Exhibit 5

Committees and groups at South Lanarkshire Integration Joint Board



Source:

50. The Joint Board is committed to ensuring the involvement of partner groups including community planning groups, the third sector, the independent sector and local communities. From observation of Joint Board meetings, it was noted that the actual number of people attending is in excess of thirty. Extensive agendas include varied, and sometimes complex, papers for discussion and decisions. The Joint Board should review how it is organised to conduct its work and whether it could work more effectively through greater use of committees.

[Action Plan \(Appendix 1, point 5\)](#)

51. The Performance and Audit Committee meets in public and delivers a good standard of debate and scrutiny.

52. We concluded that, overall, the Board has satisfactory governance arrangements in place however it should consider whether the current structure is best suited to its work.

Internal audit

53. Internal audit is intended to provide members and management with independent assurance on risk management, internal control and corporate governance processes. The Joint Board did not establish internal audit arrangements until September 2016 and this has delayed the completion of the internal audit work and the provision of the annual internal audit opinion. There is no formally designated Chief Internal Auditor. The internal audit function is carried out jointly by a team from South Lanarkshire Council and NHS Lanarkshire.

54. In September 2016 the Joint Board were advised that protocols would be developed to provide a framework within which the internal audit service would be provided, including planning and conducting work and the reporting of results.

[Action Plan \(Appendix 1, point 6\)](#)

55. Each partner organisation has its own internal audit service. As part of our routine 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 requirements of Public Sector Internal Audit Standards (PSIAS). A review of the adequacy of the respective internal audit functions was carried out by the external auditors of the host bodies from which an assessment was made in relation to the Joint Board. We concluded that the internal audit function operates largely in accordance with the Public Sector Internal Audit Standards (PSIAS) and has sound documentation standards and reporting procedures in place.

56. The Chief Internal Auditor(s) is required by PSIAS to provide an opinion to the Joint Board on the outcomes of the internal audit work carried out during the year. PSIAS states that '*The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement*'. The Annual governance statement was approved by the Joint Board on 27 June 2017.

57. The 2017/18 annual internal audit report was not issued until mid-August 2017. No interim reports were issued during the year although this can be attributed, in the main, to the late establishment of internal audit arrangements. Results from the 2016/17 internal audit work are included in the annual internal audit report. The Chief Internal Auditor(s) concluded that reasonable assurance can be placed on the adequacy and effectiveness of the Joint Board's systems of governance, risk and internal control.

Annual Governance Statement

58. The Annual Governance Statement is published as part of the Joint Board's Annual Report and Accounts. Its purpose is to provide assurance regarding the Joint Board's governance arrangements. Essentially, it accounts for the extent to which the Joint Board has complied with its own Code of Governance.

59. The CIPFA/SOLACE document *Delivering Good Governance in Local Government* provides guidance on the format and wording of the Annual Governance Statement. In respect of the previous financial year, the Annual Governance Statement should set out the key elements of the Joint Board's governance framework and summarise how assurance is obtained on these key elements. It should also list those areas where improvement is required and how this is being managed.

60. The Annual Governance Statement included in the unaudited 2016/17 Annual Report and Accounts included too much superfluous detail which tended to obscure the key governance messages. The Chief Financial Officer agreed to revise the statement for 2016/17 and consider what further refinements could be applied for 2017/18.

Risk management

61. As part of the preparatory work to establish the Joint Board, work was undertaken to prepare a Risk Register and Risk Management Strategy. Alongside and underpinning this are the risk management arrangements and registers prepared by NHS Lanarkshire and South Lanarkshire Council.

62. There are currently four separate risk registers which have relevance to the Joint Board's operations. The Joint Board Risk Register, the NHS Lanarkshire

Corporate Risk Register, the South Lanarkshire Council's Social Work Resources Risk Register and the risk associated with the delivery of Community Health Services. Regular risk management updates are provided to the Performance and Audit Committee

63. Management recognise that a specific risk register should be an integral part of the Joint Board's governance framework. In order to streamline the reporting of risk and assurance, work is currently underway to develop a single integrated risk register which captures all of the risks facing the Joint Board.

64. Based on our review of the evidence we concluded that the Joint Board has adequate risk management arrangements in place with a commitment to further improving existing arrangements.

Transparency

65. Local residents should be able to hold the Joint Board to account for the services it provides. Transparency means that residents have access to understandable, relevant and timely information about how the Joint Board is taking decisions and how it is using its resources.

66. To enhance transparency of the information provided in the financial statements we would encourage the Joint Board to include a clearer subjective analysis of income and expenditure in the notes to the accounts. An objective level of detail is provided in Note 4 but it would be helpful to readers of the accounts if more detail was provided. We note that this additional disclosure is being considered for 2017/2018.

67. Access to all committee papers and minutes of the Joint Board and the Performance and Audit Committee are available through the NHS Lanarkshire website. A number of governance documents are also available on the NHS Lanarkshire website, notably information on freedom of information. The current webpages are not particularly easy to navigate, incomplete and include potentially confusing pointers to information on the North Lanarkshire Integration Joint Board. An example of incomplete information would be the publication notice of the public's right of inspection of the unaudited accounts, which was published on the South Lanarkshire Council website but not on the NHS Lanarkshire webpages.

68. As part of the commitment to integration and to emphasise the Joint Board's leadership of health and social care in South Lanarkshire, the Joint Board should consider whether a dedicated website would afford interested citizens and stakeholders better access to information.

[Action Plan \(Appendix 1, point 7\).](#)

69. There is no bar to members of the public attending meetings of the Joint Board however, there is no information available to the public on how to arrange attendance. In an effort to increase transparency, a number of public sector organisations broadcast meetings live on the web and/or make recordings of meetings available via their websites. As part of the commitment to openness and transparency, the Joint Board should consider whether greater public engagement could be achieved through promotion of public attendance at meetings and/or the use of technology to reach a wider audience.

[Action Plan \(Appendix 1, point 8\).](#)

70. Overall we concluded that the Joint Board is open and transparent and found no evidence to suggest that information is unjustifiably withheld from public scrutiny. We have, however, made recommendations where we believe that the current arrangements could be enhanced.

Other governance arrangements

71. The Joint Board continues to use the South Lanarkshire Social Work Resources and NHS Lanarkshire complaints procedures. Consequently, complaints against the Joint Board are not covered under current complaints procedures.

72. In March 2017 the Scottish Public Services Ombudsman (SPSO) issued guidance and a template to help Integrated Joint Boards develop an appropriate complaints handling procedure. We are advised that a complaints handling procedure, based on SPSO guidance, will be prepared and submitted to the September 2017 meeting of the Joint Board for approval.

Part 5

Value for money



Main judgements

The statutory publication deadline for the annual performance report was missed for 2016/17. Arrangements should be put in place to ensure that the Joint Board meets its statutory reporting responsibilities in future years.

Mechanisms and reporting arrangements should be implemented to provide assurance, to the Chief Officer and the Joint Board, that partners have arrangements in place to demonstrate that they are delivering Best Value.

Best Value

73. Local government bodies, including IJBs, have a statutory duty to make arrangements to secure Best Value, through the continuous improvement in the performance of their functions.

74. The audit findings included throughout this report, comment on arrangements that have been put in place by the Joint Board to secure Best Value in areas such as the financial position, financial management, governance and performance management arrangements. While there is evidence of elements of Best Value being demonstrated by the Joint Board, there is no mechanism for formal review. Mechanisms and reporting arrangements should be implemented to provide assurance, to the Chief Officer and the Joint Board, that partners have arrangements in place to demonstrate that they are delivering Best Value.

[Action Plan \(Appendix 1, point 9\).](#)

Value for money is concerned with using resources effectively and continually improving services.

Performance management

75. The Joint Board needs to demonstrate how it aims to achieve value for money in providing services. To drive this, the Joint Board should have effective arrangements for scrutinising performance, monitoring progress towards strategic objectives and holding partners to account.

76. The Strategic commissioning Plan identifies ten 'priority themes' that are linked to the Scottish Government's nine health and wellbeing outcomes. These are:

- statutory work
- early intervention
- prevention health inequalities.

- carers support
- models of self care and self management including Telehealth and Telecare
- seven day services
- intermediate care to reduce reliance on hospital and residential care
- suitable and sustainable housing
- single points of contact mental health and wellbeing

77. Following approval of the Strategic Commissioning Plan, a draft Performance Reporting Framework (PRF) was prepared as the basis of a monitoring tool for the Joint Board.

78. The PRF which has continued to be refined and progressed throughout the year allows progress to be measured against the 9 national health and wellbeing outcomes, the 10 overarching priority themes, 63 commissioning intentions and 3 thematic implementation groups of Early Intervention, Prevention and Health Improvement; Intermediate Care and Reduced Reliance on Hospital and Residential Care; and Mental Health and Wellbeing. Quarterly Progress Reports are submitted to the Performance and Audit Committee.

79. The Joint Board is required to publish an annual performance report within four months of the year end. The draft annual performance report for 2016/17 was considered by the Performance and Audit Committee at its meeting of 29 August 2017 and was approved for publication by the Joint Board at its September meeting. The statutory publication deadline was therefore, missed for 2016/17. Arrangements should be put in place to ensure that the Joint Board meets its statutory reporting responsibilities in future years.

[Action Plan \(Appendix 1, point 10\).](#)

80. In terms of the performance reporting framework, of the 157 performance measures (comprising key performance indicators and commissioning intentions), 108 (69%) are reported as having met the timescale/target expectations. Of the remainder 11 (7%) are reporting minor slippage with 9 (6%) reporting major slippage. A further 29 (18%) will be reported later or are contextual in nature. [Exhibit 6.](#)

Local performance audit – Managing Delayed Discharges

81. In June, NHS Lanarkshire's auditors issued a report on arrangements for managing delayed discharges. The report identified areas of good practice and areas where improvements could be made to improve the patient experience across Lanarkshire.

82. The areas of good practice identified in the report were:

- Delayed discharge statistics are regularly monitored by both the Corporate Management Team (CMT) and Board.
- The Lanarkshire Unscheduled Care Improvement Board / Whole System Delayed Discharge Group brings together representatives from the NHS Lanarkshire and both Lanarkshire Integration Joint Boards, to identify trends and issues in delayed discharge and unscheduled care and to seek ways to address these.
- Delayed discharge hubs are in place to arrange the ongoing care of patients

83. Areas where improvements should be considered include:

- Monitoring arrangements of delayed discharges in the Joint Boards are at an early stage and need to be kept under review to ensure they are effective in identifying areas for focus to improve performance.
- Review of the role and operation of the discharge hubs to ensure their staff and resources services are used effectively.
- Review of the use of patient information systems such as Wardview and the Social Work Information System (SWIS) to ensure they assist staff in the management of patient flow.
- Review of the timing of ward rounds to discharge patients.
- Comparing working practices between North and South Lanarkshire services and roll out of good practice across the Lanarkshire area, to promote a consistent patient experience.

84. Health and social care integration in Scotland has added complexity to who is responsible for reducing instances of delayed discharge. However, it has also presented opportunities for the Joint Board and its partners to work together. The Lanarkshire partners have recognised this and agreed a joint action plan to address the improvements recommended in the audit report. A number of the actions have been assigned to the South Lanarkshire Integration Joint Board's Chief Officer. Progress in implementing the actions will be monitored by the auditors of the NHS Lanarkshire and Joint Boards.

85. Management have advised that since the audit report was published, significant progress has been made in implementing the recommendations. Work is also underway to identifying an increased range of community supports which could have a positive impact both in avoiding hospital admission as well as supporting earlier discharge, including:

- Introduction of 22 intermediate care beds throughout South Lanarkshire in supporting more people to be discharged timeously from hospital.
- Estimated Date of Discharge (EDD) processes are now working in a number of wards in Hairmyres hospital.
- Piloting a change to the management of patients undergoing Adults With Incapacity (AWI) processes.

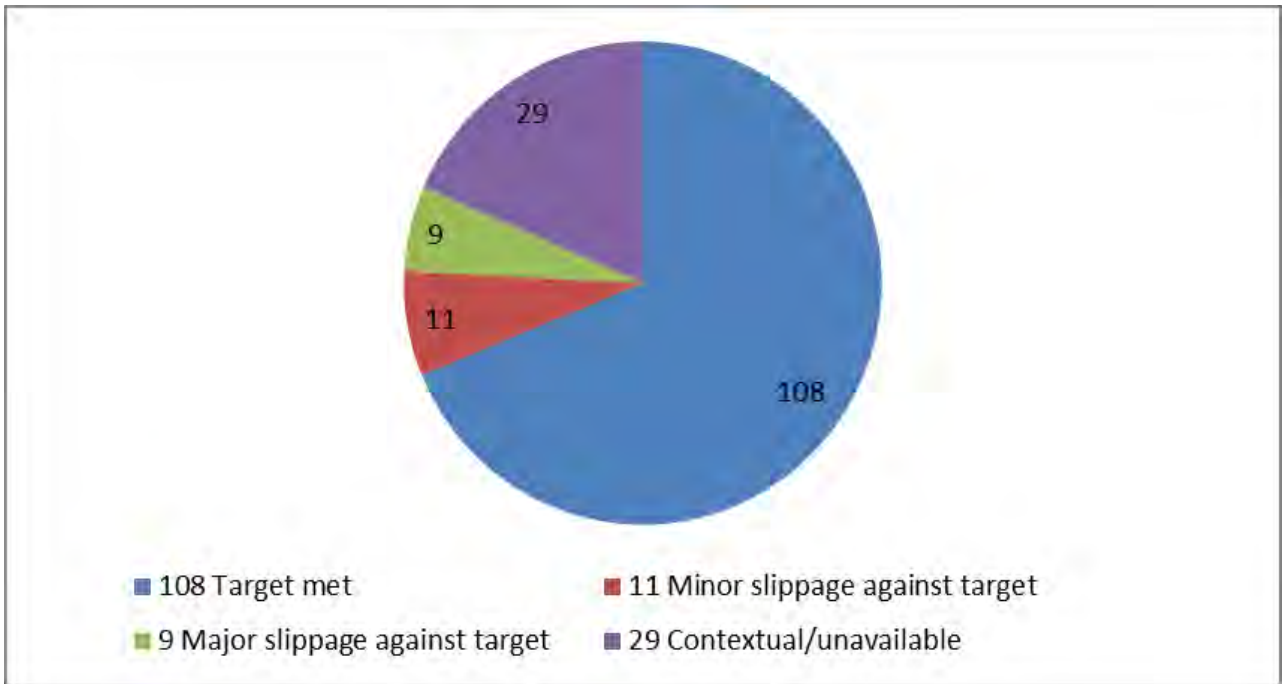
86. In addition, the Corporate Management Team of NHS Lanarkshire have recently agreed considered and agreed an action plan update flowing from the Delayed Discharges Report.

National performance audit reports

87. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2016/17, we published a number of reports which are of direct interest to the Joint Board appendix 3. National reports are presented to the Joint Board with a covering report from the relevant officer highlighting any implications for the Joint Board.

Exhibit 6

Performance against targets 2016/17



South Lanarkshire Integration Joint Board Performance Report 2016/17

Appendix 1

Action plan 2016/17

2016/17 recommendations for improvement

Page no.	Issue/risk	Recommendation	Agreed management action/timing
9	<p>1. Hospital acute services (set aside)</p> <p>Included within the total Joint Board expenditure of £467.469 million is £55.154 million 'set aside' costs for hospital acute services.</p> <p>The figure is, essentially an estimate, based on 2014/2015 activity levels for hospital inpatient and day case activity and provided by NHS National Services Scotland's Information Services Division.</p> <p>Risk</p> <p>In future years the sum set aside recorded in the annual accounts will not reflect actual hospital use.</p>	<p>NHS Lanarkshire and the Joint Board should prioritise establishing revised processes for planning and performance management of delegated hospital functions and associated resources in 2017/18.</p>	<p>Agreed</p> <p>Work is ongoing to develop a more robust measurement of the use of hospital acute services.</p> <p>This development relies on the information from ISD on activity levels.</p> <p>Responsible Officer</p> <p>Chief Financial Officer in consultation with the NHS Lanarkshire Director of Finance</p> <p>Timing</p> <p>December 2017</p>
11	<p>2. Budget monitoring</p> <p>During the year incomplete budget monitoring information was reported in respect of Health Care Services and it was not possible to reconcile budget/expenditure to the delegated budget for the Joint Board.</p> <p>Risk</p> <p>The Chief Financial Officer is not able to provide members with information sufficient to enable them to scrutinise and challenge performance effectively or consider in-year re-allocation resources to other service areas.</p>	<p>Financial information reporting processes from partners should be improved to ensure that the Chief Financial Officer is being provided with complete, relevant and timely financial information.</p>	<p>Agreed</p> <p>The financial monitoring arrangements continue to be refined to ensure the in-year financial reporting is accurate and complete and financial risks continue to be effectively managed.</p> <p>NHS Lanarkshire also recognise the value of providing a financial projection to 31 March and are progressing this.</p> <p>The Chief Financial Officer is developing a new financial reporting template for the IJB.</p> <p>Responsible Officer</p> <p>Chief Financial Officer in consultation with the NHS</p>



Page no.	Issue/risk	Recommendation	Agreed management action/timing
			<p>Lanarkshire Director of Finance and the South Lanarkshire Council Executive Director (Finance and Corporate Resources)</p> <p>Timing</p> <p>September 2017 to December 2017</p>
11	<p>3. Members training</p> <p>It is important that members understand the financial information presented in budget monitoring reports and are equipped with the knowledge and skills to enable them to effectively scrutinise and challenge.</p> <p>Risk</p> <p>Members do not have a sufficient understanding of information being presented to them to enable them to properly challenge and/or make decisions.</p>	<p>Members should be provided with specific financial training to help them discharge their financial responsibilities.</p>	<p>Agreed</p> <p>A programme is being developed to ensure the IJB Members receive appropriate support to fulfil their responsibilities.</p> <p>Responsible Officer</p> <p>Chief Financial Officer</p> <p>Timing</p> <p>September 2017 to March 2018</p>
14	<p>4. Medium to long term financial planning</p> <p>The Joint Board has no financial plans in place beyond 2017/18.</p> <p>Risk</p> <p>In the absence of medium to long term financial planning the future financial risks facing Joint Board may not be clearly understood.</p>	<p>Management should prepare a 3-5 year rolling budget using what information is available and incorporating sensitivity analysis and scenario planning.</p>	<p>Agreed</p> <p>A medium to long term financial plan is being developed. This relies on the financial planning assumptions of each partner.</p> <p>Responsible Officer</p> <p>Chief Financial Officer</p> <p>Timing</p> <p>December 2017</p>
16	<p>5. Meetings</p> <p>Joint Board meetings are attended by in excess of thirty people. Extensive agendas include varied, and sometimes complex papers for discussion and decisions.</p> <p>Risk</p> <p>Loss of focus on strategic issues at Joint Board level.</p>	<p>The Joint Board should review how it is organised to conduct its work and whether it could work more effectively through greater use of committees.</p>	<p>Agreed</p> <p>Following the first year of operation, a review of the IJB arrangements will be undertaken to ensure business is conducted effectively.</p> <p>Responsible Officer</p> <p>Chief Officer</p> <p>Timing</p> <p>December 2017</p>



Page
no.

Issue/risk

Recommendation

Agreed management
action/timing

17	<p>6. Internal Audit</p> <p>Protocols have not yet been developed to provide a framework within which the internal audit service is provided.</p> <p>Risk</p> <p>Lack of clarity over responsibilities, planning and conducting work and the reporting of results.</p>	<p>The Joint Board should review internal audit arrangements and ensure that the internal audit work is deliverable within the required timescales.</p>	<p>Agreed</p> <p>Internal audit protocols will be finalised and presented to the Audit and Performance Sub-Committee.</p> <p>Responsible Officer</p> <p>South Lanarkshire Council Audit Manager and NHS Lanarkshire Chief Internal Auditor</p> <p>Timing</p> <p>December 2017</p>
18	<p>7. Website</p> <p>The Joint Board does not have its own website.</p> <p>Risk</p> <p>Service users, members and staff have difficulty in accessing information.</p> <p>The Joint Board's status as leader in health and social care is diluted.</p>	<p>The Joint Board should consider whether a dedicated website would afford interested citizens and stakeholders better access to information.</p>	<p>Agreed</p> <p>The IJB website is already being developed.</p> <p>Responsible Officer</p> <p>Communications Officer</p> <p>Timing</p> <p>December 2017</p>
18	<p>8. Public accessibility</p> <p>A number of public sector organisations broadcast meetings live on the web and/or make recordings of meetings available via their websites.</p> <p>Risk</p> <p>The Joint Board is seen as remote from its stakeholders.</p>	<p>As part of the commitment to openness and transparency the Joint Board should consider whether greater public engagement could be achieved through promotion of public attendance at meetings and/or the use of technology to reach a wider audience.</p>	<p>Agreed</p> <p>Consideration will be given to further developing effective engagement with the public.</p> <p>Responsible Officer</p> <p>Chief Officer</p> <p>Timing</p> <p>March 2018</p>
20	<p>9. Best Value</p> <p>The Joint Board should have systems and processes to ensure that it can demonstrate that it is delivering Best Value by assessing and reporting on the economy, efficiency, effectiveness and equality in</p>	<p>Mechanisms and reporting arrangements should be implemented to provide assurance, to the Chief Officer and the Joint Board, that partners have arrangements in place to</p>	<p>Agreed</p> <p>A Best Value Framework will be developed which demonstrates that each partner is securing economy, efficiency, effectiveness and equality in service provision.</p>



Page no.	Issue/risk	Recommendation	Agreed management action/timing
	<p>service provision.</p> <p>Risk</p> <p>Opportunities for improvement through Best Value review are missed.</p>	<p>demonstrate that they are delivering Best Value.</p>	<p>Responsible Officer</p> <p>Chief Officer</p> <p>Timing</p> <p>March 2018</p>
21	<p>10. Annual Performance Report</p> <p>The statutory publication deadline for the Annual Performance Report was missed for 2016/17.</p> <p>Risk</p> <p>Failure to achieve statutory deadlines.</p>	<p>Arrangements should be put in place to ensure that the Joint Board meets its statutory reporting responsibilities in future years.</p>	<p>Agreed</p> <p>A timeline will be agreed to ensure the Annual Performance Report is published by 31 July each year.</p> <p>Responsible Officer</p> <p>Head of Commissioning and Performance</p> <p>Timing</p> <p>December 2017</p>

Appendix 2

Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual accounts and those relating our wider responsibility under the [Code of Audit Practice 2016](#).

Audit risk	Assurance procedure	Results and conclusions
Risks of material misstatement in the financial statements		
<p>1 Risk of management override of controls</p> <p>Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit.</p>	<p>Detailed testing of journal entries.</p> <p>Service auditor assurances will be obtained from the auditors of South Lanarkshire Council and NHS Lanarkshire over the completeness, accuracy and allocation of the income and expenditure.</p>	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding journal testing and accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>2 Financial statements preparation</p> <p>NHS Lanarkshire will require to have the financial statements of the Integration Joint Board in sufficient time to allow incorporation into its group financial statements. Without proper planning there is a risk that the requisite information is not provided within the timescales required by NHS Lanarkshire to meet its statutory sign-off deadline of 30 June 2017.</p>	<p>Engage with officers prior to the accounts being prepared to ensure that the relevant information is disclosed and the timetable is understood.</p> <p>Formal assurances will be obtained from the auditors of South Lanarkshire Council and NHS Lanarkshire over the completeness, accuracy and allocation of the income and expenditure</p>	<p>The required information was disclosed within the accounts and the financial statements were prepared in accordance with the Code.</p> <p>The Annual Report and Accounts met the timescales necessary to meet NHS reporting requirements.</p> <p>Satisfactory written assurances were received from the external auditors of the South Lanarkshire Council and NHS Lanarkshire regarding accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>3 Governance statement and management assurances</p> <p>Preparation of the IJB financial statements relies on the provision of financial and non-financial information from the systems of the two partner</p>	<p>Ensure governance statement adequately reflects the position of IJB.</p> <p>Confirm appropriate action is taken on issues raised in internal audit reports.</p>	<p>The Annual Governance Statement adequately reflects the position of the South Lanarkshire Council and NHS Lanarkshire and assurance from Chief Internal Auditor.</p> <p>Satisfied that financial information</p>





















Audit risk	Assurance procedure	Results and conclusions
<p>bodies. The Chief Financial Officer of the IJB must obtain assurance that the costs transferred to the accounts of the IJB are complete and accurate and were incurred on behalf of the IJB for services prescribed in the integration scheme.</p> <p>There is a risk that the Chief Finance officer does not have adequate assurance that information received from each party is accurate and complete.</p>	<p>Confirm that financial reporting throughout the year is accurately reflected in the year end position.</p> <p>Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.</p> <p>Seek audit assurances from the external auditors of the council and health board</p>	<p>provided by the partner bodies has been accurately incorporated into the Joint Board accounts at year end.</p> <p>Satisfactory written assurances were received from the external auditors of the council and health board regarding accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>4 Risk of fraud over expenditure</p> <p>The Code of Audit Practice expands the ISA assumption on fraud over income to aspects of expenditure.</p> <p>The expenditure of the IJB is processed through the financial systems of South Lanarkshire Council and NHS Lanarkshire. There is a risk that non IJB related expenditure is incorrectly charged to IJB account codes.</p>	<p>Obtain assurances from the auditors of South Lanarkshire Council and NHS Lanarkshire over the accuracy, completeness and appropriate allocation of the IJB ledger entries.</p> <p>Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they are recorded in the correct financial year.</p>	<p>Satisfactory written assurances were received from the external auditors of the council and health board regarding accuracy, allocation and cut-off of Joint Board transactions.</p>
<p>5 Budget overspends</p> <p>Based on the budget monitoring report for the period to 31 October 2016 the Board is forecasting an overspend for the financial year of:</p> <ul style="list-style-type: none"> • Health care services: £nil • Social care: £3.605 million <p>There is a risk that the budget setting process is unsound and/or there is a lack of control over spending.</p>	<p>Review outcome of due diligence exercise.</p> <p>Consider whether budget monitoring is robust and accurately reflects the financial position.</p> <p>Consider whether the outturn position is accurately reported in the financial statements.</p>	<p>Incomplete and piecemeal budget monitoring reporting in respect of Health Care Services meant we were unable to reconcile budget/expenditure to the delegated budget for the partnership during the year.</p> <p>Joint Board is not being provided with complete budget information or projected variances for NHS budgets.</p> <p>Action Plan (Appendix 1, point 2).</p> <p>The outturn position is accurately reported in the financial statements.</p>
<p>Risks identified from the auditor's wider responsibility under the Code of Audit Practice</p>		
<p>6 Financial sustainability</p> <p>South Lanarkshire Council and NHS Lanarkshire face significant financial pressures from reductions in Scottish Government funding and increasing unavoidable costs.</p>	<p>Ensure on-going budget monitoring accurately reflects the position of the IJB.</p> <p>Review recovery plans or remedial action taken to address areas of budget pressure / projected</p>	<p>See action point 5 above regarding budget monitoring Action Plan (Appendix 1, point 2).</p> <p>Underspend of £6.119 million in year and retained in reserves.</p> <p>The Joint Board's reserves policy</p>

Audit risk	Assurance procedure	Results and conclusions
<p>There is a risk that the IJB is not able to identify sustainable savings measures or meet cost pressures as they arise.</p>	<p>overspends. Review reserves policy.</p>	<p>and reserves strategy, approved in February 2017, fully set out the circumstances in which reserves can be created, and the governance arrangements around their use.</p>
<p>7 Transparency</p> <p>In order to ensure transparency, information about the nature of the IJB, its performance and governance should be readily accessible to the public. The South Lanarkshire Integration Joint Board does not have its own website and therefore committee and board papers are only available on the NHS Lanarkshire website. The absence of a dedicated information site for citizens, board members and staff means there is a risk that the nature and performance of the IJB is inaccessible to stakeholders.</p>	<p>Review public reporting and other IJB information available to the public.</p>	<p>Information available to the public via the NHS Lanarkshire website (committee papers/minutes of meetings and some governance documents) and via the South Lanarkshire Council website (inspection advert and annual accounts).</p> <p>However, the Joint Board still do not have a dedicated website. Action Plan (Appendix 1, point 18).</p>

Appendix 3

Summary of national performance reports 2016/17



Apr			
May		Common Agricultural Policy Futures programme: an update	
Jun		South Ayrshire Council: Best Value audit report	 The National Fraud Initiative in Scotland
Jul		Audit of higher education in Scottish universities	 Supporting Scotland's economic growth
Aug		Maintaining Scotland's roads: a follow-up report	 Superfast broadband for Scotland: a progress update
			 Scotland's colleges 2016
Sept		Social work in Scotland	 Scotland's new financial powers
Oct		Angus Council: Best Value audit report	 NHS in Scotland 2016
Nov		How councils work – Roles and working relationships in councils	 Local government in Scotland: Financial overview 2015/16
Dec		Falkirk Council: Best Value audit report	 East Dunbartonshire Council: Best Value audit report
Jan			
Feb		Scotland's NHS workforce	
Mar		Local government in Scotland: Performance and challenges 2017	 i6: a review
			 Managing new financial powers: an update

IJB relevant reports

[The National Fraud Initiative in Scotland](#) – June 2016

[NHS in Scotland 2016](#) – October 2016

[Social work in Scotland](#) – September 2016

[Scotland's NHS workforce](#) – February 2017

South Lanarkshire Integration Joint Board

Proposed 2016/17 Annual Audit Report

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Report

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Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Annual Accounts 2016/2017
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise members of the requirement to approve the Annual Accounts 2016/2017 for signature

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the audited Annual Accounts 2016/2017 be approved for signature; and
- (2) that the signed audited Annual Accounts 2016/2017 will be advertised as being available to the general public in Health and Social Care Partnership, Floor 8, Council Offices, Almada Street, Hamilton, and also on the Integration Joint Board (IJB) website, be noted.

3. Background

3.1. Following the publication of the Local Authority Accounts (Scotland) Regulations 2014, the members of the IJB have to meet to consider whether to approve the audited Annual Accounts for signature no later than the 30 September 2017.

4. Annual Accounts 2016/2017

- 4.1. The Annual Accounts 2016/2017 were prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003. This means that suitable accounting policies were selected and applied consistently, reasonable and prudent judgements were made and proper accounting records were maintained. The preparation of the Annual Accounts also met the statutory deadlines of 30 June 2017 and 30 September 2017.
- 4.2. The unsigned Audited Annual Accounts 2016/2017 are attached as an appendix.
- 4.3. The External Auditor has concluded that the financial statements of the South Lanarkshire IJB for 2016/2017 give a true and fair view of the state of affairs and of its net expenditure for the year and have therefore issued an unqualified independent auditor's report. The findings of the audit process have also been reported to the IJB and an action plan approved as set out in the External Auditor's Annual Audit Report.

4.4. Once signed, the audited Annual Accounts 2016/2017 will be advertised as being available to the general public in the Health and Social Care Partnership, Floor 8, Council Offices, Almada Street, Hamilton. The signed audited Annual Accounts 2016/2017 will also be available on the website.

5. Employee Implications

5.1. There are no employee implications associated with this report.

6. Financial Implications

6.1. There are no financial implications associated with this report.

7. Other Implications

7.1. The main risk associated with the IJB Annual Accounts is a qualified audit report. The risk has been assessed as low due to the detailed preparation in relation to the year end process and technical training undertaken by key finance staff. The finance staff across the partners co-operated to achieve key deadlines.

7.2. There are no sustainable, environmental or other implications associated with this report.

8. Equality Impact Assessment and Consultation Arrangements

8.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. There is also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 18 August 2017

Previous References

◆ unaudited Annual Accounts 27 June 2017

List of Background Papers

◆ unsigned Audited Annual Accounts 2016/2017

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

ANNUAL REPORT AND ACCOUNTS

2016/2017

SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

ANNUAL REPORT AND ACCOUNTS 2016/2017

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MANAGEMENT COMMENTARY

Introduction

This management commentary provides an overview of the key messages relating to the objectives and strategy of the South Lanarkshire Integration Joint Board (IJB). It considers our financial performance for the year ended 31st March 2017 and provides an indication of the issues and risks which may impact upon our finances in the future.

The Role and Remit of the IJB

The IJB was established as a body corporate by order of the Scottish Ministers, and became operational from 6 October 2015.

The IJB has responsibility for the strategic planning and commissioning of a wide range of health and social care services within the South Lanarkshire area. The IJB is made up of eight voting members: four elected members appointed by South Lanarkshire Council and four non-executive directors appointed by NHS Lanarkshire. Non voting members of the Board include the Chief Officer, the Chief Social Work Officer, the Nurse Advisor, the Medical Advisor, the Chief Financial Officer, the Registered Medical Practitioner and representatives for staff, the third sector, service users and carers.

Integrated delivery of health and social care services commenced on 1 April 2016. The functions delegated by South Lanarkshire Council and NHS Lanarkshire to the IJB are detailed in the Integration Scheme which is available at [South Lanarkshire Integration Scheme](#). In summary, these include:

- accident and emergency services provided in a hospital;
- inpatient services related to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care services in a hospital;
- community health services;
- social care services;
- health orientated services designed on a Lanarkshire-wide basis (hosted services).

The purpose of the IJB is to improve the wellbeing of people who use health and social care services and their carers, particularly those whose needs are complex and involve support from health and social care at the same time. A primary focus of the partnership is therefore to deliver on the nine national health and wellbeing outcomes.

A strategic needs assessment was undertaken at both a South Lanarkshire and locality level, the key profile of which is summarised as follows:

- The population of South Lanarkshire is 315,829. From the most recent population projections, life expectancy of both men and women has been improving and is now comparable with the Scottish average. Population growth is also observed across the age groups of between 0.6% and 5.2%, the only exception being the age group of 18 to 64 year olds which is expected to decrease by 0.5%. The latest life expectancy at birth figures show a favourable movement for both men and women, a positive indicator of health.
- Over 14,500 people were living with a long term condition. Included within this are over 3,700 people who are living with three long term conditions. The prevalence of dementia and the number of people, including younger adults, being diagnosed is increasing. This is consistent with the pattern across Scotland. South Lanarkshire has a higher number of people with physical disabilities, mental ill health and learning disabilities when compared with the Scottish average.
- Our needs assessment work highlighted that a relatively small number of the population, approximately 7,500 people, have particular needs which result in them having many interactions with health and social care services. Although only 2.3% of the population, this group of people account for 50% of the total health and care spend in the area.

MANAGEMENT COMMENTARY (Cont.)

The Role and Remit of the IJB (Cont.)

- Over 32,700 people in South Lanarkshire (10.5% of the population) are providing unpaid care. Over 33% of carers were aged 50 to 64 years, around 20% were aged 65 years and over and approximately 2% (650) were young people aged 16 years or under. 50% of the caring population were providing between 1 and 19 hours of care per week, with 27% providing care of greater than 50 hours per week.
- Emergency department attendances and admissions are higher than the Scottish average. Emergency bed days related to admissions for those aged 75 years and over is improving. Discharge planning and the numbers of people requiring to be discharged home with support has been an area of significant demand for the partnership.
- Cancer and circulatory system diseases were the causes of the greatest number of deaths in South Lanarkshire, accounting for over half of all deaths. The share of all deaths accounted for by mental health and behavioural disorders, including accidents and suicides, has been increasing steadily.
- The percentage of those dying in South Lanarkshire who spent their last 6 months at home or in a community setting is below the Scottish average. Supporting more people to die in their own home or a homely setting is an aspiration for the partnership.
- It is estimated that two thirds of the population are overweight or obese and that 40% of the adult population will be obese by 2035.
- Issues relating to substance misuse continue to place significant demands on health and social care services. There are an estimated 3,200 problem drug users in South Lanarkshire and the death rate is above the Scottish average.
- People requiring statutory interventions to protect them from harm has also seen a rise in activity with an overall increase in relation to adult support and protection inquiries and guardianship orders.
- Children's health care services are included in the partnership. The social care element of children's services is not delegated to the partnership however there are Integrated Children's Services Partnership planning arrangements in place, which strategically lead this agenda.
- The number of children up to 19 years of age living in relative poverty, 10,880, continues to be below the Scottish average. 45,000 households in South Lanarkshire were living in fuel poverty and spending at least 10% of household income on their energy. 32,210 of the working age population were claiming benefits. Household projections show the largest absolute percentage increases are projected in single adult households, an increase of 8% from 34% to 42%.
- The number of households in South Lanarkshire is projected to increase by 10,000 by 2029. Preventative support services for existing homes, such as adaptations and housing investment in maintenance and energy efficiency improvements are key priorities. These services work alongside health and social care services, ensuring people can manage their own health and wellbeing and live independently within their own homes for as long as possible.

A strategic commissioning plan has been approved by the IJB and sets out how the health and social care services will be developed and changed over the three years from April 2016 using the resources available to meet the changing needs of the population and achieve better outcomes for people. The plan is available at [South Lanarkshire Strategic Commissioning Plan 2016 to 2019](#).

MANAGEMENT COMMENTARY (Cont.)

The IJB's Operations for the Year

The South and North Health and Social Care Partnerships Strategic Commissioning Plans and the NHS Lanarkshire Strategy, Achieving Excellence, all set out the ambitions for the people of Lanarkshire to be supported to maintain their own health and wellbeing in the community or their own home, with hospital services only used for critical incidents or planned care.

To support this ambition there is a requirement to shift services traditionally provided in a hospital setting to the community. The main objective of this shift is to reduce the number of beds in hospital and, bed days, plus the outpatient activity, in addition to moving the balance of care into the community.

During the first year of the IJB, service redesign options are being considered and are currently being scoped in terms of demand, capacity, skill mix, clinical governance and financial impact. Priorities for further work have been identified where the biggest potential impact could be demonstrated. These options are intrinsically linked to the locality teams and the partnership would require to re-design the locality based services in order to support them. This could include consideration of the strategic fit with the hospital @ home service, intermediate care beds, integrated care teams, home care and support teams. Workforce planning is being progressed to establish the right skill mix for multi disciplinary teams within our localities. A programme board will be established to oversee this work.

For ease of access for people who need them, multi disciplinary teams in the community should have one point of contact. Alongside digital, telehealth and self-directed support solutions, our independent, third sector, Community Justice, Housing and Education partners will be crucial in supporting the fundamental shift from acute services to community services.

The national landscape with regards to the planning and performance of health and social care services remains complex and challenging.

A key priority for the partnership is the issue of inequalities in society and the impact that these have on people's ability to realise their potential. The adverse effects of inequality include increased levels of stress and anxiety and a higher risk of other long term health conditions related to lifestyle.

Very detailed data is available through the Scottish Index of Multiple Deprivation which highlights where very specific improvement activity can be targeted to address inequalities. The partnership undertakes very detailed analysis within data zones and ranks them according to issues such as health, employment and crime. This builds on the use of the profiling area characteristics and experiences system and also the recent NEXUS system developed for health and social care needs profiling.

Due to the fact that the health and wellbeing of people is intrinsically linked to their individual life circumstances and the societal inequalities that they may experience, the partnership agreed to prioritise Building Communities Capacity which supports solution focused capacity building, resilience and sustainability.

This recognition supports feedback from the consultation activity that was undertaken in developing the strategic commissioning plan 2016-2019 and also reinforces the vision of working together to improve the health and wellbeing in the community – with the community. This also supports the delivery of the nine national health and wellbeing outcomes and the recent additional directions issued by the IJB at its meeting on 28 March 2017.

This is a long term commitment and the direction of travel will take time to agree, embed and evolve. There is evidence though to suggest this is a sustainable approach to improving the health and wellbeing of communities.

MANAGEMENT COMMENTARY (Cont.)

The IJB's Operations for the Year (Cont.)

It is very difficult to definitively state what the overall impact of the Building Communities Capacity approach will be. The partnership however anticipates that, as this approach grows and is embedded within localities, there should be recognisable benefits and a strategic fit with a number of the commissioning themes which the partnership is committed to.

A suite of performance monitoring measures is already embedded across the partnership and performance management arrangements have been implemented during 2016/2017. Detailed joint performance reports are now produced quarterly for scrutiny. These reports are also scrutinised by the IJB's Performance and Audit Sub-Committee. A strategic overview of performance is maintained by the IJB. The range of mechanisms in place to scrutinise performance enables areas of good practice to be shared and performance improvement plans to be developed in response to identified areas of underperformance, which are monitored on an ongoing basis.

In addition to this existing framework, in order to ensure more integrated working across the wider health and social care pathways, the following six indicators will also be monitored:

- unplanned admissions
- occupied bed days for unscheduled care
- Accident and Emergency department performance
- delayed discharges
- end of life care
- the balance of spend across health and social care

The partnership is also currently working with the wider Community Planning Partnership to develop the new Local Outcome Improvement Plans.

An annual performance report will be published setting out our performance in 2016/2017.

The IJB's Position at 31 March 2017

The 2016/2017 income for integrated health and social care services totalled £473.588 million. An analysis of this income is detailed at note 4 of the annual accounts.

Included within the total income is the amount of £0.789 million which was transferred by the North Lanarkshire IJB to the South Lanarkshire IJB in respect of the Primary Care and Mental Health Transformation Fund. The South and North Lanarkshire health and social care partnerships and NHS Lanarkshire were successful in securing an investment of £4 million in 2016/2017 to take forward the aims of the Primary Care and Mental Health Transformation Programme which supports the aspirations of the partnership. The South Lanarkshire IJB is the lead for this fund for both the North and South partnerships. This transfer of £0.789 million was necessary in order to carry forward the balance of the fund, in line with the hosted services arrangements. The funding of £0.789m however still remains the responsibility of the North Lanarkshire IJB and this transaction is an adjustment only for the purposes of the year-end accounts.

The income also included Scottish Government funding of £15.210 million which was directed from the national health budget to the integration authorities for social care. Half of this was allocated to support additional spend on expanding social care to support the objectives of integration, including increasing thresholds at which charges begin for all non-residential services to address poverty. The balance was provided to help meet a range of existing cost pressures faced by the IJB in the delivery of effective and high quality health and social care services in the context of reducing budgets. This included the impact of delivering the Scottish Living Wage for all social care workers.

A financial due diligence assurance process was undertaken on the 2016/2017 funding contributions made available by NHS Lanarkshire and South Lanarkshire Council.

MANAGEMENT COMMENTARY (Cont.)

The IJB's Position at 31 March 2017 (Cont.)

In accordance with the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB issued directions effective from 1 April 2016 to NHS Lanarkshire Health Board and South Lanarkshire Council in respect of the delivery of integrated functions and how resources were to be allocated for resultant services. The value of commissioned services delivered across the partnership in 2016/2017 totalled £467.469 million. An analysis of this expenditure is also detailed in note 4 of the annual accounts.

A surplus of £6.119 million was therefore achieved at 31 March 2017, of which £4.760 million is ring-fenced or earmarked for specific commitments in 2017/2018. The balance of £1.359 million will be carried forward as a general contingency to manage unanticipated budget pressures in future years in support of our strategic plan priorities. The detail of the reserves strategy approved by the IJB is set out at note 11 of the annual accounts.

Significant efficiency savings across the partnership were identified for 2016/2017. The key focus of savings continued to be through alternative methods of service delivery and efficiency initiatives whilst protecting, where possible, front line service delivery. In line with the IJB Financial Regulations, plans were also agreed to address in-year budget pressures.

The indicative IJB financial plan for 2017/2018 has been agreed and includes additional funding from both partners, taking into consideration the Scottish Government guidance on the financial settlements. Efficiency savings across the partnership have been agreed for 2017/2018. An implementation plan is in place and will be regularly monitored to ensure savings targets are achieved. The risk profile associated with delivering savings plans is reflected in each of the partner's risk registers, as appropriate, and also that of the IJB. As part of the Scottish Government budget announcement in December 2016, the Scottish Government and COSLA also set out their expectations in terms of the IJBs' priorities for 2017/2018, which may have further cost impacts for the IJB. They include:

- reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible;
- increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices;
- enhance primary care provision, with particular focus on developing and expanding multidisciplinary teams; sustainability of provision; development of GP clusters and responsiveness to a new GP contract;
- reflect delivery of the new Mental Health Strategy;
- where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018;
- support delivery of agreed service levels for Alcohol and Drugs Partnerships' work;
- ensure provision of the living wage to adult care workers and plan for sustainability of social care provision;
- continue implementation of self directed support; and
- prepare for the commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

These expectations are set against a backdrop of significant demographic change which most likely will result in increasing demand for community health and social care services.

The financial position for public services continues to be challenging. Inflationary cost increases and demographic growth pressures in 2017/2018 and beyond will require to be met within the financial envelope. We will have to review the way we currently deliver health and social care supports and services to make sure we remain focussed on our priorities and they offer best value.

MANAGEMENT COMMENTARY (Cont.)

The IJB's Business Model and Strategy

The business of the IJB and the partnership are managed through an architecture of strategic and financial management and core leadership groups that ensure cross-care and cross-locality working. This structure includes the senior management team, operational management teams and the strategic commissioning group.

Front-line service delivery continues to be carried out by the Council and Health Board, under direction from the IJB. As required by the Public Bodies (Joint Working) (Scotland) Act 2014, directions from the IJB to the Council and Health Board are made in writing. This is enabled through the Chief Officer writing to the Chief Executives of the Council and Health Board giving the details of directions agreed by the IJB.

Directions from the IJB to NHS Lanarkshire and South Lanarkshire Council ensure and control front-line service delivery in as much as they outline what the IJB requires both bodies to do, the funding allocated to these functions and the mechanisms through which the performance in delivering the directions will be monitored.

There has been significant participation and engagement activity undertaken by the partnership throughout the course of developing the way forward for health and social care integration and we have listened to what people with an interest in our services have told us. The partnership's overall ambitions by April 2019 for our Adult and Older People Services include the following:

- all adults requiring care in South Lanarkshire have the advice, information and support they require to live long, safe, active, healthy lives at home or in a homely setting;
- our care and support services are high quality, continually improving and are delivered by multi disciplinary teams who work well with the people who use our services along with the community partnership; and
- prevention and early intervention is a priority to reduce demand and make the best use of our resources to ensure our services are affordable and sustainable.

Primary health care is at the heart of the vision for health and social care to enable everyone to live longer, healthier lives at home or in a homely setting by 2020. Stronger GP services and community health services are essential to managing future demand and ensuring the success of integrated working.

The IJB also has to have local synergy with the NHS Lanarkshire Healthcare Strategy, Achieving Excellence, which sets out specific elements of health care delivery for the next ten years. This determines the redesign and improvement of services across Lanarkshire which have both a direct and indirect impact on the functions delegated to the partnership.

The challenges ahead and the opportunities we are working towards are set out in detail in our Strategic Plan. Transformational change activities will deliver the priorities contained within the strategic plan across a range of activities within the partnership.

Strong financial planning and management, the achievement of best value and the allocation of resources to support sustainable models of service delivery from a whole system perspective need to underpin everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives.

Key Risks and Uncertainties

A Risk Management Strategy was approved by the IJB and refreshed in January 2017. The IJBs Risk Register, and the separate registers which currently remain in place for social care and health services, are reviewed regularly by the senior management team. At the start of the financial year under review, eight very high risks were identified for the IJB. These risks were managed during the year under review and continue to be monitored.

MANAGEMENT COMMENTARY (Cont.)

Matters of Strategic Importance

From a South Lanarkshire perspective, our local vision of “Working together to improve health and wellbeing in the community – with the community” reflects and underpins the higher level national outcomes. This is evidenced by the progress towards a personal outcomes approach which involves working with people to jointly agree how we support them to meet their aspirations and goals in life. In pursuit of our vision, and central to our philosophy, are the following commitments:

- we will focus on promoting health improvement and tackling the underlying causes of ill-health;
- we will continue to develop a health and social care system which is integrated around the needs of individuals, their carers and family members;
- we will be working with people, their carers and families who have a range of complex support needs to identify the outcomes they want to achieve in life. In doing so, our aim will be to provide care and support to help them realise these outcomes;
- we will put the leadership of clinicians and professionals at the heart of service delivery for people who require support and their carers;
- we will work with partners in the third and independent sectors to remove unhelpful boundaries and using combined resources to achieve maximum benefit for patients, service users, carers and families; and
- we will work with a range of agencies and partners to address health and social inequalities and the subsequent impact of this experienced by people in their communities.

Like many other public sector organisations, we continue to face significant financial challenges. Pressures on public sector expenditure are expected to continue, both at a UK and Scottish level due to the continuing difficult national economic outlook and the increasing demand for services. This will impact on the ability of South Lanarkshire Council and NHS Lanarkshire to resource the functions delegated to the IJB and we will need to operate within tight fiscal constraints for the foreseeable future.

A range of wider issues also present some degree of uncertainty to the IJB, particularly in terms of future planning relating to finance, the workforce and the scale and scope of the IJB. These include:

- the potential reform of the NHS boards;
- the future employment rights of health and social care staff from EU countries which may be impacted by Brexit;
- the impact of welfare reform;
- the impact of the living wage and other nationally agreed policies; and
- the costs associated with meeting new legislative requirements without adequate resources being put in place.

The specific impacts of these potential issues cannot be reliably quantified at this time. These developments will continue to be monitored and appropriate action will be taken if and when required.

Annual Accounts 2016/2017

The annual accounts report the financial performance of the IJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to us for the delivery of our vision and strategic priorities. The requirements governing the format and content of the IJBs' annual accounts are contained in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code). These annual accounts have been prepared in accordance with this Accounting Code.

Integrated delivery of health and care services commenced on 1 April 2016. The financial year 2016/2017 is therefore the first fully operational financial year for the IJB and the figures within the annual accounts reflect this.

MANAGEMENT COMMENTARY (Cont.)

Annual Accounts 2016/2017 (Cont.)

The IJB's financial performance is presented in the comprehensive income and expenditure statement, which can be seen on page 24. The balance sheet on page 26 is also presented and sets out the liabilities and assets at 31st March 2017.

Whilst a surplus was delivered for 2016/2017, significant pressures were nonetheless apparent, most notably the continued growth in demand reflecting a growing elderly population who are living longer with more complex needs. It will be important moving forward to 2017/2018 and future years that expenditure is managed within the financial resources available and this will require close partnership working between the IJB as service commissioner and South Lanarkshire Council and NHS Lanarkshire as providers of services.

Our financial plan for 2017/2018 was approved on 28 March 2017 and recognises the relationship between the delivery of ongoing financial balance, our ability to make investments in line with our strategic plan priorities and the requirement to deliver efficiency savings. In order to work within the total annual budget, it is therefore crucial that we focus on early intervention and prevention and embed the proposed locality model to ensure that people receive the right care in the right place at the right time.

Philip Campbell

Val de Souza

Marie Moy

Chair

Chief Officer

Chief Financial Officer

Date 12 September 2017

Date 12 September 2017

Date 12 September 2017

STATEMENT OF RESPONSIBILITIES

Responsibilities of the South Lanarkshire Integration Joint Board

The South Lanarkshire Integration Joint Board (IJB) is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the South Lanarkshire Integration Joint Board on 12 September 2017.

Signed on behalf of the South Lanarkshire Integration Joint Board

Chair Philip Campbell

Date 12 September 2017

Responsibilities of the Chief Financial Officer

As Chief Financial Officer I am responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2016/2017 (the Accounting Code), as supported by the International Financial Reporting Standard (IFRS), is required to give a true and fair view of the financial position of the South Lanarkshire Integration Joint Board at the financial year end and its income and expenditure for the year then ended.

In preparing the Annual Accounts, I am responsible for:

- selecting suitable accounting policies and applying them consistently;
- making judgements and estimates that are reasonable and prudent;
- complying with legislation; and
- complying with the Accounting Code in so far as it is compatible with legislation.

I am also required to:

- keep proper accounting records which are up to date; and
- take reasonable steps to ensure the propriety and regularity of the finances of the IJB.

I certify that these Annual Accounts present a true and fair view of the financial position of the South Lanarkshire Integration Joint Board as at 31st March 2017 and the transactions for the year then ended.

Chief Financial Officer Marie Moy

Date 12 September 2017

REMUNERATION REPORT

Introduction

The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014 which requires, at least, disclosure about the remuneration and the pension benefits of any person whose remuneration is £150,000 or more.

Integration Joint Board

The Standing Orders of the IJB, as prescribed by the Public Bodies (Joint Working) (Integration Joint Board) Order 2014, sets out the detail regarding IJB membership, voting and the calling of meetings.

The IJB comprises eight voting members, four of whom are elected members appointed by South Lanarkshire Council and four of whom are non-executive directors appointed by the NHS Lanarkshire Health Board. The term of office of members is for a period of three years.

Senior officers

The Chief Officer is appointed by the IJB in consultation with NHS Lanarkshire Health Board and South Lanarkshire Council. The Chief Officer is employed by South Lanarkshire Council and seconded to the IJB. The Chief Officer post has been held by Val de Souza since 19th September 2016 following the retirement of Harry Stevenson on 10th September 2016.

Remuneration: IJB Chair and Depute Chair

The board members do not currently receive remuneration or expenses directly from the IJB however voting board members will be remunerated by their relevant IJB partner organisation.

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

During 2016/2017, the Chair of the IJB was Councillor Jackie Burns and the Depute Chair was Mr Philip Campbell. Following the local government elections in May 2017, Mr Philip Campbell has been appointed as the Chair of the IJB and Councillor Stephanie Callaghan holds the post of Depute Chair. The details of the Chair and Depute Chair appointments held during 2016/2017 and any taxable expenses paid by the IJB are shown below.

Name	Post Held	Nominated by	Taxable Expenses 2016/2017	Taxable Expenses 2015/2016
Cllr. Jackie Burns	Chair (April 2016 to March 2017)	South Lanarkshire Council	Nil	Nil
Mr Philip Campbell	Depute Chair (April 2016 to March 2017)	NHS Lanarkshire	Nil	Nil
Total			Nil	Nil

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of the voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Depute Chair.

REMUNERATION REPORT (Cont.)

Remuneration: Officers of the IJB

The remuneration of the senior officers is set with reference to national arrangements as well as local decisions on management structures and their associated remuneration levels. The Scottish Joint National Committee for Local Authority Services sets out the spinal column salary points for Chief Officers which can be utilised in setting salary levels for such posts.

The senior officers received the following remuneration in the year:

Name	Salary, fees, allowances	Taxable Expenses	2016/2017 Total Remuneration	2015/2016 Total Remuneration
Harry Stevenson Chief Officer (April 2016 to September 2016)	£29,937 (FYE - £64,377)	-	£29,937 (FYE - £64,377)	£30,258 (FYE - £62,215)
Val de Sousa Chief Officer (September 2016 to March 2017)	£32,277 (FYE - £62,626)	-	£32,277 (FYE - £62,626)	-
Marie Moy Chief Financial Officer (April 2016 to March 2017)	£32,563 (FYE - £32,563)	-	£32,563 (FYE - £32,563)	-

The remuneration disclosed in the table above is the proportion of remuneration received in relation to the activity of the South Lanarkshire IJB during 2016/2017.

The Chief Officer is appointed to the South Lanarkshire Integration Joint Board however South Lanarkshire Council continues to meet 50% of the costs of this post directly. The Chief Officer post has been held by Val de Souza since 19th September 2016 following the retirement of Harry Stevenson on 10th September 2016. The Chief Financial Officer is also appointed to the North Lanarkshire Integration Joint Board. The remuneration in respect of this post is therefore shown separately in the North Lanarkshire Integration Joint Board Annual Accounts. The Integration Joint Board does not directly employ any Health or Social Care staff. They are employed by either NHS Lanarkshire or South Lanarkshire Council and remuneration for staff is reported in the employing organisation.

Disclosure by Pay Bands

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

Remuneration Band	Number of Employees in Band 2016/2017	Number of Employees in Band 2015/2016
£50,000 - £54,999	-	-
£55,000 - £59,999	-	-
£60,000 - £64,999	-	-
£65,000 - £69,999	-	-

REMUNERATION REPORT (Cont.)

Pension Benefits

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The senior officers are members of the Strathclyde Pension Fund which is a Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Scheme Regulations 2014.

The costs of the pension scheme contributions for the year to 31 March 2017 are shown in the table below:

Name		To 31 March 2017	To 31 March 2016
Harry Stevenson Chief Officer (April 2016 to September 2016)	In-year pension contributions	£11,556	£24,015
	Accrued pension benefits	£68,615	£68,484
	Movement in accrued pension benefits	£131	£3,000
	Lump Sum	£166,155	£163,136
Val de Sousa Chief Officer (September 2016 to March 2017)	In-year pension contributions	£12,459	-
	Accrued pension benefits	£1,331	-
	Movement in accrued pension benefits	£1,331	-
	Lump Sum	£0	-
Marie Moy Chief Financial Officer (April 2016 to March 2017)	In-year pension contributions	£12,569	-
	Accrued pension benefits	£22,277	-
	Movement in accrued pension benefits	£1,547	-
	Lump Sum	£39,283	-

The pension benefits detailed in the table above relate to the total amount attributable to each post on a full-time basis. A pro-rata approach has not been adopted.

The information contained within the Remuneration and Pension Benefits sections above is subject to audit.

Philip Campbell

Chair

Date 12 September 2017

Val de Souza

Chief Officer

Date 12 September 2017

ANNUAL GOVERNANCE STATEMENT 2016/2017

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the arrangements required to progress an integrated health and social care service. The South Lanarkshire Health and Social Care Integration Scheme was approved by the Scottish Parliament in 2015. The South Lanarkshire Integrated Joint Board (IJB) became a public sector organisation in October 2015.

The Annual Governance Statement explains the governance arrangements for the IJB and also reports the outcomes for the people of South Lanarkshire.

Scope of Responsibility

The IJB is responsible for commissioning health and social care supports and services to improve the outcomes of the people of South Lanarkshire.

The IJB has a responsibility to ensure business is conducted in accordance with legislation and proper standards and adheres to and works within a framework of internal values and external principles and standards.

Within a strategic context, as part of that responsibility, the IJB ensures that public money is safeguarded, properly accounted for and used economically, efficiently and effectively through the continuous improvement of service provision and delivery.

The Purpose of the Governance Framework

The overall aim of the governance framework is to ensure that resources are directed in accordance with agreed policy and according to priorities, that there is sound and inclusive decision making and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The attainment of the partnership outcomes is the key focus of the governance processes and structures. The outcomes give the role of the health and social care partnership its meaning and importance and they are central to the IJB's governance. Furthermore, the focus on sustainability and the links between governance and public financial management are crucial.

The IJB must recognise the need to focus on the long term and take account of the impact of current decisions and actions on future generations.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives.

The system of internal control is also proportionate to the IJB's strategic responsibility and reliance is placed on the NHS Lanarkshire and South Lanarkshire Council systems of internal control. These support compliance with each organisation's policies and promote achievement of each organisation's aims and objectives, as well as those of the IJB.

The system of internal control can only provide reasonable and not absolute assurance of effectiveness. It is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's aims and objectives by evaluating the likelihood and potential impact of those risks being realised, and to manage them efficiently, effectively and economically. Internal controls cannot eliminate all risks of failing to achieve policies, aims and objectives. Internal controls however are a significant part of the governance framework and are designed to manage risk at a reasonable level.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

The IJB Code of Corporate Governance

The term Code of Corporate Governance essentially refers to the governance structure and arrangements in place within an organisation. The IJB has developed a Code of Corporate Governance which is consistent with the principles set out in the Delivering Good Governance in Local Government Framework (CIPFA 2016). This framework is consistent with the International Framework, Good Governance in the Public Sector, which aims to promote the development of robust governance in the public sector by establishing good governance benchmarks.

The Code of Corporate Governance, which was approved by the IJB on 27 June 2017, sets out the main features of the governance framework in existence during 2016/2017 and includes details of the IJB and sub-committee structures and terms of reference, IJB members' and officers' responsibilities and the key elements of the IJB's system of internal controls.

The IJB's Code of Corporate Governance is available on the website.

Strategic Planning Framework

Fundamental to developing services that are fit for the future is the commitment to ensuring that the people of South Lanarkshire, their communities, carers, staff and the third and independent sectors are full planning partners and also partners in the delivery of support and services. Health and Social Care South Lanarkshire has a range of ways by which we involve our stakeholders. Our overall approach is based on communication and consultation.

The Strategic Commissioning Group has been established and includes a broad range of people, professionals and partners. This includes local clinicians and professionals from across health and social care, including GPs. Patients, service users and unpaid carers, along with staff from the third sector and the independent sector, are also on the group. This group co-produced the strategic commissioning plan using their combined knowledge, expertise and experience.

Locality events have been held across South Lanarkshire's four localities. The events were attended by staff across health, social care, housing and voluntary and independent sectors. The agenda for the sessions focused primarily on an update on overall progress with integration, locality profiling, strategic commissioning and the inspection of older people's services. Crucially, the events were also structured to give those at the heart of process – including staff, partners and stakeholders - a chance to have their say. The vital feedback influenced and shaped the preparation of the strategic commissioning plan.

As part of the roadshows, a short film was made capturing a snapshot of opinion from across the partnership.

The Governance Framework and Internal Control System

The IJB came into existence in October 2015 with the health and social care functions being delegated to the IJB on 1 April 2016. Harry Stevenson held the post of Chief Officer from March 2014 until his retirement when the appointment was taken up by Val de Souza in September 2016. The Chief Financial Officer was offered and accepted the post on 31 March 2016.

The governance framework as set out in the Code of Corporate Governance operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation.

The reliance placed on each partner's procedures, processes and systems has been considered as part of the assessment against the Delivering Good Governance in Local Government Framework (CIPFA 2016) and includes cognisance of each partner's standing financial instructions, contract standing orders and whistle blowing arrangements.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Our Purpose, Vision and Goal for South Lanarkshire

In South Lanarkshire, the Health and Social Care Partnership's vision is to work together to improve health and wellbeing in the community - with the community.

In order for health and social care to be completely successful we have ensured that it links to the NHS Lanarkshire's Healthcare Strategy, South Lanarkshire Council's Plan and South Lanarkshire Health and Social Care Partnership's Strategic Commissioning Plan.

These plans will build on locality-based care and support to address health inequalities, improve health outcomes and deliver a better experience for all. The South Lanarkshire Health and Social Care partnership will also support the delivery of the ambitions for Children's Services and Justice Services.

A Senior Management Team Workplan Group has been established which oversees a range of key workstreams to progress our vision.

Health and Social Care Locality Managers have been appointed to South Lanarkshire's four localities, each of which has a profile that provides a detailed picture of health needs and trends at a local level. These officers will have a key role in leading the partnership locality planning agenda, particularly from a strategic commissioning viewpoint. They will be working with all stakeholders to build on current good practice and stretch our collective ambitions to create excellent integrated, people-facing services.

Performance Management Framework

The IJB Performance Management Framework ensures that progress against key plans and strategies are monitored routinely in order that timely action can be taken to address any performance issues. Progress is monitored by the Senior Management Team, the Performance and Audit Sub-Committee, the IJB and also both partners.

Analysis and consideration of this performance management information supports informed decision making.

The annual performance report will include details of the progress we have made to deliver the national health and wellbeing outcomes and the allocation of resources as well as an assessment of performance during the year. This report, and performance management information, will be made available on the website.

Financial Management Arrangements

The Scottish Government established the Integrated Resources Advisory Group to consider the financial implications of integrating Health and Social Care and to develop professional guidance. In line with this guidance and the Integration Scheme, the resources in the first year of the IJB were based on the due diligence process which was carried out during the shadow year. This involved an assessment of the 2016/2017 budget against the previous four financial years and took into consideration the financial plans, including planned efficiencies, non-recurring costs and uplifts.

The due diligence process was independently assessed by the internal auditors as part of this year's audit plan coverage.

An indicative 2016/2017 budget was agreed in March 2016. In accordance with the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB issued directions effective from 1 April 2016 to NHS Lanarkshire Health Board and South Lanarkshire Council in respect of the delivery of integrated functions and how resources were to be allocated for resultant services. The budget was further refined during the course of the year by both partners and also updated to reflect additional in-year funding.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Financial Management Arrangements (Cont.)

Each of the partners, South Lanarkshire Council and NHS Lanarkshire have a proven track record of sound financial management and robust monitoring arrangements to manage their finances in year. The IJB places reliance on these existing financial monitoring arrangements.

The IJB is recognised as a section 106 body and, as such, has the legal power to hold a General Fund which will be accounted for in the financial accounts and records of the IJB as appropriate. A reserves policy and strategy was agreed by the IJB.

As part of the work to develop our future commissioning intentions, we are focused on building community capacity. This engagement process has therefore been progressed which will empower communities at a local level.

The Chief Financial Officer is a member of the Senior Management Team, and as such, is involved in all major decisions taken by the IJB's Chief Officer, and in material matters which are submitted to IJB members for decision. This involvement fulfils the expectation of the Chartered Institute of Public Finance and Accountancy (CIPFA) in terms of the role of the Chief Financial Officer. The Chief Financial Officer has overall responsibility for the IJB's financial arrangements and is professionally qualified.

A fundamental element of the role of the Chief Financial Officer is to provide professional advice to the IJB on all aspects of the IJB's finances and, in partnership with the Director of Finance of NHS Lanarkshire and the Executive Director of Finance and Corporate Resources of South Lanarkshire Council, ensure sound financial management across the partnership. The financial monitoring arrangements for the IJB will be further developed during the year to support the IJB's decision-making processes.

Decision Making, Governance Roles and Responsibilities

The IJB is responsible for the strategic commissioning of health and social care services. There are seven general principles of conduct that underpin public life and these are fundamental requirements of good governance. They are: Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty; and Leadership.

The IJB is responsible for setting priorities and policies in the context of legislative requirements and has an obligation to report, explain and be answerable for its decisions.

The IJB has rules under which decisions are made with the IJB members and officers being aware of their roles and responsibilities. Decision making powers lie with the IJB, the Chief Officer and the Chief Financial Officer. A Performance and Audit Sub-Committee has also been established.

The IJB's decision making arrangements and procedures are regulated by a set of procedural documents which embed sound governance across the IJB including:

- Scheme of Delegation
- Standing Orders on Procedures
- Terms of Reference
- Financial Regulations

These documents are supported by a range of other policies and frameworks within the IJB and across each of the partners. The roles and responsibilities of the IJB Officers are outlined within a structured Performance and Development Review process which links to the priorities and objectives of the IJB and the Strategic Plan.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Information Governance

The IJB has a commitment to high standards of governance including information governance. An Information Sharing Protocol has been implemented. A publication scheme has been agreed and a process is also in place for responding to Freedom of Information requests and for handling complaints.

Internal Audit Arrangements

The internal audit service plays an essential role in the control environment by providing assurance that internal controls are being applied. The IJB approved the joint appointment of the Audit Manager for South Lanarkshire Council and the Chief Internal Auditor for NHS Lanarkshire.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). Both Heads of Internal Audit report directly to the Performance and Audit Sub-Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Performance and Audit Sub-Committee on any matter.

An internal audit plan was agreed for 2016/2017. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the IJB Performance and Audit Sub-Committee. The agreed programme of assignments included a review of the due diligence exercise, financial monitoring, performance monitoring and governance arrangements.

Risk Management Arrangements

Risk management is an essential element in the governance control environment by providing assurance that the IJB is compliant with best practice standards and that work is being undertaken to address the gaps highlighted by ongoing IJB wide and partner wide risk identification.

A Risk Management Strategy has been approved by the IJB which complements the existing risk management processes within each partner.

Following the most recent risk workshop in January 2017, the IJB strategic risks were identified and continue to be monitored regularly. The operational risks in respect of the delegated health and social care functions have also been identified and are regularly monitored by both partners. The IJB has oversight of service delivery and the associated risks.

Overview of Control and Governance Improvements during 2016/2017

As a result of the improvement areas identified in the Annual Governance Statement for 2015/2016 and also the implementation of internal controls, the IJB’s governance arrangements have been further developed as follows:

- the Strategic Commissioning Plan, which sets out the key priorities for the three years 2016 to 2019, was approved in March 2016;
- the IJB’s budget for the financial year 2016/2017 was confirmed following the due diligence process in March 2016 and updated during the year to reflect additional funding;
- the IJB risk management strategy was approved in April 2016;
- the internal audit plan for 2016/2017 was approved by the IJB in December 2016; and
- the IJB Financial Reserves Strategy and Reserves Policy was approved in February 2017.

The IJB is required to conduct a review at least once in a year of the effectiveness of its system of internal control. An Annual Governance Statement which reports on the outcome of the review must be included in the Annual Accounts.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Overview of Control and Governance Improvements during 2016/2017 (Cont.)

Assurance for 2016/2017 has been developed and informed through a wide range of sources including:

- The governance structures of the IJB have been reviewed against the principles contained in the Delivering Good Governance in Local Government Framework (CIPFA 2016).
- Individual internal statements of assurance and self assessments from the Chief Officer;
- Internal audits;
- Internal reviews and improvement action plans;
- National reports and guidance; and
- Development of the strategic commissioning plan.

In respect of the first year during which the IJB was responsible for the delegated health and social care functions, the assessment of the governance arrangements was proportionate to reflect the progress made.

The following good governance control measures and related actions had been progressed:

- Embarked on the ambition to build our communities' capacities by developing the assets based approach to improving health and wellbeing from within our communities.
- Progressed the development of the locality model with the aim of providing an integrated, multi-disciplinary approach in each locality area to removing hand-offs and service barriers;
- Provided the necessary locality profiles so that locality teams can better identify and proactively support individuals in need;
- Participated on the pan- Lanarkshire Mental Health and Learning Disability Strategy Group;
- Created the Primary Care and Mental Health Transformation Strategy Board involving the establishment of the Primary Care Transformation Programme which incorporates eight key workstreams;
- Developed the overarching governance framework for hosted services including the establishment of a formal Hosted Services meeting and the mechanisms for performance management between the partnerships;
- Implemented the Lanarkshire pilot, Distress Brief Intervention, a national mental health project that seeks to deliver an 'ask once - get help fast' service for people in distress. The Lanarkshire partnerships will also join four other partnerships across Scotland as a test site for this programme;
- Implemented mobile technology to support front-line service delivery within homecare services;
- and
- Established the financial governance arrangements for the IJB including Financial Regulations, the Reserves Policy and Reserves Strategy and the Scheme of Delegation.

Multi-Agency Inspection of Older People's Services

The Multi-Agency Inspection of Older People's Services was undertaken in 2015 by the Care Inspectorate. This Inspection formed part of the national programme of Older People's Inspections, with South Lanarkshire being the tenth Partnership to be inspected. The Partnership was assessed against 10 high level themes, underpinned by 27 quality indicators. Overall, the South Lanarkshire Partnership Inspection report was broadly comparable with other Partnerships across Scotland who have already been inspected. The inspection report was published in June 2016.

The report also highlighted areas of good practice within the Partnership such as Integrated Community Support teams, NHS Carer Support Teams, Lanarkshire Carers Centre Respite Project and the VASLan LOCATOR Tool.

Nine improvement recommendations were made by the Care Inspectorate and an Improvement Plan was submitted and agreed with the Care Inspectorate to take these forward. These improvements are being progressed.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Internal Audit Assurance for 2016/2017

Internal Audit completed a specific programme of audit work in 2016/2017 undertaking a high level review of the due diligence process, governance framework and financial and performance management arrangements of the IJB.

This work established that, at a strategic level, progress had been made in each of these areas.

The most significant risk continues to be the management of demand for services within the budgets available. The current financial monitoring arrangements are being further developed to support decision-making and ensure the best use of available resources. Where appropriate, actions arising from the programme of audits are being agreed to take forward areas for improvement. These actions will be followed up during 2017/2018.

Based solely on the programme of internal audit work undertaken in 2016/2017, both Heads of Internal Audit have concluded jointly that in their opinion reasonable assurance can be placed upon the control environment which operated during 2016/2017.

Overview of Control and Governance Improvements for 2017/2018

Following consideration of the internal review of the adequacy and effectiveness of the IJB governance arrangements, continuous improvement actions will be progressed in 2017/2018 to further develop good governance controls.

Ref	Good Governance Controls and Continuous Improvement Actions
1	<p>Ensure a balanced budget is achieved for 2017/2018.</p> <ul style="list-style-type: none"> ▪ Continue to ensure the process used for managing budgets and monitoring and achieving identified savings continues to be effective.
2	<p>In respect of the medium to longer term financial outlook, ensure a financial strategy is developed to maintain a balanced budget.</p> <ul style="list-style-type: none"> ▪ Develop a financial strategy which is consistent with the financial planning principles adopted by each partner. ▪ Consider investment and disinvestment options in line with the strategic commissioning plan.
3	<p>The role of the IJB members will continue to be developed.</p> <ul style="list-style-type: none"> ▪ Implement the recommendations of the external audit review on the role of Board members. ▪ Effective training will be delivered to new members.
4	<p>Further develop the governance arrangements for the IJB and the partnership to ensure effective controls are in place, best value is secured and outcomes are achieved.</p> <ul style="list-style-type: none"> ▪ Establish a good governance group to review the current arrangements and implement best practice.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Overview of Control and Governance Improvements for 2017/2018 (Cont.)

Ref	Good Governance Controls and Continuous Improvement Actions
5	<p>Health Boards and Integration Authorities will be encouraged to prioritise establishing revised processes for the planning and performance management of delegated hospital functions (set-aside) and associated resources in 2017/18.</p> <ul style="list-style-type: none"> ▪ Continue to progress the ‘bed modelling’ exercise to consider how our community facilities can be developed to support the delivery of improved outcomes. ▪ Explore the options to use bed-based resources in a different way in relation to our Care Homes.
6	<p>Ongoing effectiveness of business continuity plans.</p> <ul style="list-style-type: none"> ▪ Spread and share knowledge and good practice across the partnership with a particular focus on the provision of support to those individuals who are taking on new responsibilities within the partnership.
7	<p>Further development of the Performance Management Framework.</p> <ul style="list-style-type: none"> ▪ Ongoing review of performance trajectories.
8	<p>Further develop stakeholder engagement.</p> <ul style="list-style-type: none"> ▪ Embark on the Building and Celebrating Communities programme. A series of events in June 2017 is being held. Views will be sought on the best way forward for localities and other key issues. ▪ Develop localities through implementing locality operational arrangements and health and social care information systems to complement the newly-established Locality Planning Groups, to further support service users in any given area and to take integration to its next natural stage.
9	<p>Further develop the strategic commissioning plan.</p> <ul style="list-style-type: none"> ▪ Explore opportunities to rely on a wide range of partners to achieve the national health and well being outcomes. ▪ Develop a market facilitation plan with our stakeholders. ▪ Progress Primary Care Transformation which will consider how we plan for the future and how crucial community-based health services are developed in line with this. ▪ Review the future arrangements for hosted services in consultation with the North Lanarkshire Health and Social Care Partnership and NHS Lanarkshire.

Review of Adequacy and Effectiveness

The IJB is required to report publicly on compliance with its own Code of Corporate Governance on an annual basis and on how it has monitored the effectiveness of its governance arrangements in the year and on planned changes. This Annual Governance Statement explains how the IJB has complied with the Code of Corporate Governance.

ANNUAL GOVERNANCE STATEMENT 2016/2017 (Cont.)

Conclusion and Opinion on Assurance

During 2016/2017, the IJB has adhered to the stated principles of good governance, acted in the public interest and been committed to continuous improvement. The Annual Governance Statement reflects the vision of the IJB.

It is the IJB's view that the systems for governance and internal control in respect of the first year of operation for the IJB were effective and fit for purpose during 2016/2017 and that there are no significant weaknesses.

We propose in the coming year to take steps to further enhance the IJBs governance arrangements. We will monitor and assess the implementation of the action plan as part of our next review. While recognising that continuous improvement actions will be progressed during the second year of operation as set out in the 2017/2018 action plan, it is the IJB's opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

The IJB considers that systems are in place to regularly review and improve the internal control environment and that the current internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

This assurance is limited, however, to the work undertaken during the year and the evidence available at the time of preparing this statement.

Philip Campbell

Val de Souza

Chair

Chief Officer

Date 12 September 2017

Date 12 September 2017

**SOUTH LANARKSHIRE INTEGRATION JOINT BOARD
ANNUAL REPORT AND ACCOUNTS 2016/2017**

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31 MARCH 2017

2015/2016				2016/2017		
Gross Expenditure	Gross Income	Net		Gross Expenditure	Gross Income	Net
£m	£m	£m		£m	£m	£m
	-	-	Health Care Services	311.391	0.000	311.391
	-	-	Social Care Services	155.931	(2.924)	153.007
0.045	-	0.045	Corporate Services (Note 6)	0.147	0.000	0.147
0.045	-	0.045	Cost of Services	467.469	(2.924)	464.545
-	(0.045)	(0.045)	Taxation and Non-Specific Grant Income (Note 5)	-	(470.664)	(470.664)
0.045	(0.045)	-	(Surplus)/Deficit on provision of services	467.469	(473.588)	(6.119)
-	-	-	Other Comprehensive Income and Expenditure	-	-	-
0.045	(0.045)	-	Net Income and Expenditure (Note 11)	467.469	(473.588)	(6.119)

The IJB was established on 6 October 2015. Integrated delivery of health social care services commenced on 1 April 2016. Consequently, 2016/2017 is the first year of operation for the IJB and the figures above reflect this.

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

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

Movements in Reserves during 2016/2017	General Fund Balance £m	Total Reserves £m
Opening balance at 1 April 2016	-	-
Total Comprehensive Income and Expenditure	6.119	6.119
Adjustments between accounting basis and funding basis under regulations	-	-
Increase or decrease in 2016/2017	6.119	6.119
Closing balance at 31 March 2017	6.119	6.119

BALANCE SHEET AS AT 31 MARCH 2017

The balance sheet shows the value as at 31 March 2017 of the IJB's assets and liabilities at the balance sheet date. The net assets of the IJB are matched by the reserves held by the IJB.

	Notes	31 March 2017 £m	31 March 2016 £m
Current assets			
Short term debtors	7	6.119	0.005
Current liabilities			
Short term creditors	8	-	0.005
Net assets / (liabilities)		6.119	-
Usable reserves	11	6.119	-
Total reserves		6.119	-

The Statement of Accounts present a true and fair view of the financial position of the South Lanarkshire Integration Joint Board as at 31 March 2017 and its income and expenditure for the year then ended.

The unaudited accounts were authorised for issue on 27 June 2017 and the audited accounts were authorised for issue on 12 September 2017.

Marie Moy

Chief Financial Officer

Date: 12 September 2017

NOTES TO THE ACCOUNTS

1. Accounting policies

1.1 General principles

The Annual Accounts summarise the transactions of the IJB for the financial year 2016/2017 and its position at the year end of 31 March 2017.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a section 106 body as defined in the Local Government (Scotland) Act 1973.

The financial statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/2017, supported by the International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

1.2 Going concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

1.3 Accounting convention

The accounts are prepared under the historical cost convention as modified for the valuation of certain assets.

1.4 Accruals of income and expenditure

Activity is accounted for in the year that it relates to and not simply when financial transactions are undertaken. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance, by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the balance sheet.
- Where debts may not be received, the balance of debtors is written down.

1.5 Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, South Lanarkshire Council and NHS Lanarkshire, to fund its services. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in South Lanarkshire.

1.6 Cash and cash equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a "cash and cash equivalent" figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March 2017 is represented as a debtor or creditor on the IJB's balance sheet.

1.7 Employee benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a pensions liability on its balance sheet.

NOTES TO THE ACCOUNTS (Cont.)

1.8 Corporate services

The IJB has a legal responsibility to appoint a Chief Officer. A Chief Financial Officer has also been appointed to the IJB. The details in respect of these arrangements are outlined in the Remuneration Report. The charges from the employing partner are treated as employee costs within Corporate Services.

The absence entitlement of both the Chief Officer and the Chief Financial Officer as at 31 March 2017 is not material and has therefore not been accrued.

1.9 Provisions, contingent liabilities and assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2017 due to a past event, settlement of the obligation is probable and a reliable estimate of the amount can be made. Recognition of a provision would result in expenditure being charged to the Comprehensive Income and Expenditure Statement. There are no provisions in respect of the IJB for the financial year 2016/2017.

A contingent liability is a possible liability arising from events on or before 31 March 2017 whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's balance sheet, but is disclosed in a note where it is material. There are no contingent liabilities in respect of the IJB for the financial year 2016/2017.

A contingent asset is a possible asset arising from events on or before 31 March 2017 whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's balance sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured. There are no contingent assets in respect of the IJB for the financial year 2016/2017.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding board member and officer responsibilities.

NHS Lanarkshire and South Lanarkshire Council have responsibility for claims in respect of the services that they are statutory responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any "shared risk" exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in CNORIS is therefore analogous to normal insurance arrangements.

Known claims would be assessed as to the value and probability of settlement. If material, the overall expected value of known claims, taking probability of settlement into consideration, would be provided for in the IJB balance sheet.

The likelihood of receipt of an insurance settlement to cover any claims would be separately assessed and, if material, presented as either a debtor or disclosed as a contingent asset.

There are no known claims for which the IJB would be liable in respect of the financial year 2016/2017.

NOTES TO THE ACCOUNTS (Cont.)

1.11 Debtors and creditors

Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the balance sheet.

1.12 Reserves

A reserve is the accumulation of surpluses, deficits and appropriation over a number of years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB. Reserves should be split between usable and unusable on the balance sheet. As at 31 March 2017, the useable reserve balance totals £6.119 million. There are no unusable reserves.

2. Critical judgements and estimation uncertainty

The critical judgements made in the financial statements relating to complex transactions are in relation to the accounting treatment of hosted services and the hospital acute services (set-aside). The aforementioned areas of expenditure are therefore included in the financial statements on the basis of estimated figures. Estimates are made taking into account the best available information, however, actual results could be materially different from the assumptions and estimates used.

2.1 Hosted services.

The relevant share of the pan Lanarkshire and area wide service expenditure is included in the South Lanarkshire IJB on the basis of 49% of the total expenditure.

In line with the Integrated Resource Advisory Guidance, the IJB responsible for the management of the hosted service is also responsible for managing overspends. As a result, these are accounted for within the annual accounts of the lead IJB. The same accounting treatment was adopted where an underspend arose in respect of a hosted service.

2.2 Hospital Acute Services (Set Aside)

The legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care services.

In respect of the current financial year 2016/2017, a notional figure for the sum set aside has been agreed with NHS Lanarkshire and will be included in both the Health Board and IJB 2016/2017 annual accounts. This is based on 2014/2015 activity levels uprated to reflect the 2016/2017 price basis.

It should be noted therefore that the sum set aside recorded in the annual accounts will not therefore reflect actual hospital use in 2016/2017. This is a transitional arrangement for 2016/2017. Advice is expected to be issued in 2017/2018 to Health Boards and Integration Authorities to help establish arrangements that meet the legislative requirements and statutory guidance.

3. Events after the reporting period

The Chief Financial Officer authorised the audited accounts for issue on 12 September 2017. There have been no other material events since the date of the balance sheet which requires revision to the figures in the Accounts.

NOTES TO THE ACCOUNTS (Cont.)

4. Expenditure and Income Analysis by Nature

2015/2016 £m	Expenditure and Income	2016/2017 £m
-	Locality Services	27.476
-	Family Health Services	84.231
-	Prescribing Costs	67.013
-	Area Wide Services Fund	6.055
	Out-of Area Services	8.870
-	Primary Care Transformation Fund	0.000
-	Hosted Services – Led by the South IJB	15.043
-	Hosted Services – Led by the North IJB	47.549
-	Hospital Acute Services (Notional Set Aside Budget)	55.154
-	Adult Learning Disability Services	40.546
	Adult Physical Disability Services	11.579
	Adult Mental Health Services	6.947
	Older People Services	90.339
	Substance Misuse Services	1.318
-	Housing Services - General Fund	2.278
-	Housing Services – Housing Revenue Account	2.924
	Corporate Services	0.147
-	Total Gross Expenditure	467.469
-	Funding Contribution – South Lanarkshire Council	104.587
-	Funding Contribution – NHS Lanarkshire	333.936
-	Resource Transfer – NHS Lanarkshire	22.088
-	Transfer of Hosted Service Funding from North Lanarkshire IJB	0.789
-	Specific Service Income	2.924
-	Other Service Income	9.264
-	Total Income	473.588
-	Surplus on the provision of services	(6.119)

NOTES TO THE ACCOUNTS (Cont.)

5. Taxation and Non-Specific Grant Income

2015/2016 £m		2016/2017 £m
(0.022)	Funding Contribution from NHS Lanarkshire	(356.813)
(0.023)	Funding Contribution from South Lanarkshire Council	(113.851)
-	Other Non-Ring Fenced Grants and Contributions	-
(0.045)	Total	(470.664)

The funding contribution from the NHS Board shown above includes £55.154 million in respect of the “set aside” resources relating to acute hospital and other resources. These are provided by NHS Lanarkshire which retains responsibility for managing the costs of providing these services. The IJB however, has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ring fenced grants or contributions.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

The only ring fenced contribution is in relation to the Housing Revenue Account and totals £2.924m. Income and expenditure in relation to a local authority's own direct provision of housing must be recorded separately within a Housing Revenue Account as laid out in Section 203 of the Housing (Scotland) Act 1987.

In line with the principles agreed with the North Lanarkshire Health and Social Care Partnership in respect of hosted services, funding totalling £0.789m has been transferred from the North Lanarkshire IJB to the South Lanarkshire IJB in respect of the hosted service Primary Care Transformation Fund. This is included in the transfer to reserves of £2.749 million and will be available to both partnerships to meet planned commitments in 2017/2018 (Note 11).

6. Corporate Services

31 March 2016 £m		31 March 2017 £m
0.040	Staff Costs	0.125
-	Administration Costs	0.005
0.005	External Audit Fee	0.017
0.045	Total	0.147

7. Short Term Debtors

31 March 2016 £m		31 March 2017 £m
0.002	NHS Lanarkshire Health Board	6.119
0.003	South Lanarkshire Council	-
0.005	Total	6.119

NOTES TO THE ACCOUNTS (Cont.)

8. Short Term Creditors

31 March 2016 £m		31 March 2017 £m
-	NHS Lanarkshire Health Board	-
0.005	South Lanarkshire Council	-
0.005	Total	-

9. VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these are treated differently for VAT purposes.

Where South Lanarkshire Council is the provider, income and expenditure excludes any amounts related to VAT, as collected VAT is payable to HM Revenue & Customs and all VAT paid is recoverable from it.

South Lanarkshire Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from HM Revenue & Customs.

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

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

NOTES TO THE ACCOUNTS (Cont.)

10. Agency Income and Expenditure

On behalf of the North Lanarkshire IJB within the NHS Lanarkshire area, the South Lanarkshire IJB acts as the lead for a number of delegated services. It therefore commissions services on behalf of the North Lanarkshire IJB and reclaims the costs involved. The payments that are made on behalf of the North Lanarkshire IJB, and the consequential reimbursement, are removed from the Comprehensive Income and Expenditure Statement, since the South Lanarkshire IJB is not acting as principal in these transactions.

The net amount of expenditure and income relating to these agency arrangements is shown below:

2015/2016			Delegated Services - Hosted Services	2016/2017		
Expenditure on agency services	Income from agency services	Net Expenditure		Expenditure on agency services	Income from agency services	Net Expenditure
£m	£m	£m		£m	£m	£m
-	-	-	Primary Care Transformation	1.251	(1.251)	0.000
-	-	-	Community Dental Services	3.259	(3.259)	0.000
-	-	-	Out of Hours Services	3.040	(3.040)	0.000
-	-	-	Diabetic Services	1.389	(1.389)	0.000
-	-	-	Occupational Therapy Services	3.500	(3.500)	0.000
-	-	-	Palliative Care Services	0.865	(0.865)	0.000
-	-	-	Primary Care Services	0.318	(0.318)	0.000
-	-	-	Physiotherapy Services	4.270	(4.270)	0.000
-	-	-	Services hosted by the South Lanarkshire IJB on behalf of the North Lanarkshire IJB	17.892	(17.892)	0.000

NOTES TO THE ACCOUNTS (Cont.)

10. Agency Income and Expenditure (Cont.)

Similarly, the North Lanarkshire IJB within the NHS Lanarkshire area acts as the lead for a number of delegated services on behalf of the South Lanarkshire IJB. The payments that are made by the North Lanarkshire IJB on behalf of the South Lanarkshire IJB, and the consequential reimbursement, are included in the Comprehensive Income and Expenditure Statement, since this expenditure is incurred for the residents of South Lanarkshire.

The net amount of expenditure and income relating to those agency arrangements is shown below:

2015/2016			Delegated Services - Hosted Services	2016/2017		
Expenditure on agency services	Income from agency services	Net Expenditure		Expenditure on agency services	Income from agency services	Net Expenditure
£m	£m	£m		£m	£m	£m
-	-	-	Sexual Health Services	1.127	(1.127)	0.000
-	-	-	Continence Services	1.091	(1.091)	0.000
-	-	-	Immunisation Services	1.200	(1.200)	0.000
-	-	-	Speech and Language Therapy Services	2.397	(2.397)	0.000
-	-	-	Child & Adolescent Mental Health Services	2.520	(2.520)	0.000
-	-	-	Children's Services	4.803	(4.803)	0.000
-	-	-	Integrated Equipment and Adaptations Services	0.495	(0.495)	0.000
-	-	-	Dietetics Services	1.589	(1.589)	0.000
-	-	-	Podiatry Services	1.798	(1.798)	0.000
-	-	-	Prisoner Healthcare Services	0.718	(0.718)	0.000
-	-	-	Blood Borne Viruses	0.777	(0.777)	0.000
-	-	-	Mental Health Services	29.034	(29.034)	0.000
-	-	-	Services hosted by the North Lanarkshire IJB on behalf of the South Lanarkshire IJB	47.549	(47.549)	0.000

**SOUTH LANARKSHIRE INTEGRATION JOINT BOARD
ANNUAL REPORT AND ACCOUNTS 2016/2017
NOTES TO THE ACCOUNTS (Cont.)**

11. Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

2015/2016				Useable Reserve	2016/2017		
Balance as at 1 April 2015	Transfers Out	Transfers In	Balance as at 31 March 2016		Transfers Out	Transfers In	Balance as at 31 March 2017
£m	£m	£m	£m		£m	£m	£m
-	-	-	-	Primary Care and Mental Health Transformation Fund	-	2.749	2.749
-	-	-	-	Alcohol and Drug Partnership Fund	-	0.473	0.473
-	-	-	-	Family Health Services	-	0.015	0.015
-	-	-	-	Prescribing Fund	-	0.636	0.636
-	-	-	-	Transitional Fund	-	0.696	0.696
-	-	-	-	Telehealth Project	-	0.191	0.191
-	-	-	-	Total Earmarked	-	4.760	4.760
-	-	-	-	Contingency	-	1.359	1.359
-	-	-	-	General Fund	-	6.119	6.119

NOTES TO THE ACCOUNTS (Cont.)

12. Related Party Transactions

The IJB has related party transactions with NHS Lanarkshire and South Lanarkshire Council. In particular, the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

2015/2016 £m	Transactions with NHS Lanarkshire	2016/2017 £m
0.022	Funding Contributions received from NHS Lanarkshire	(356.813)
-	Service Income received from NHS Lanarkshire	-
-	Expenditure on Services Provided by NHS Lanarkshire	311.391
-	Key Management Personnel: Non-Voting Board Members	0.063
0.022	Support Services	0.021
-	Net Transactions with NHS Lanarkshire	(45.338)

Key Management Personnel: The non-voting Board members are not directly employed by NHS Lanarkshire however a contribution of 50% of the cost of the Chief Officer and the Chief Financial Officer is made by NHS Lanarkshire. This payment is included in the Corporate Services cost in the Comprehensive Income and Expenditure Statement. Details of the remuneration of these post holders is included in the Remuneration Report.

NHS Lanarkshire provide a range of support services for the IJB including finance services, personnel services, planning services, audit services, payroll services and creditor services. There is no charge from NHS Lanarkshire to the IJB for these support services.

31 March 2016 £m	Balances with NHS Lanarkshire	31 March 2017 £m
0.002	Debtor balances: Amounts due from NHS Lanarkshire	6.119
-	Creditor balances: Amounts due to NHS Lanarkshire	-
0.002	Net Balance with NHS Lanarkshire	6.119

2015/2016 £m	Transactions with South Lanarkshire Council	2016/2017 £m
0.023	Funding Contributions received from South Lanarkshire Council	(113.851)
-	Service Income received from South Lanarkshire Council	(2.924)
-	Expenditure on Services Provided by South Lanarkshire Council	155.931
-	Key Management Personnel: Non-Voting Board Members	0.063
0.023	Support Services	
-	Net Transactions with South Lanarkshire Council	39.219

NOTES TO THE ACCOUNTS (Cont.)

12. Related Party Transactions (Cont.)

Key Management Personnel: The non-voting Board members are directly employed by South Lanarkshire Council. A contribution of 50% of the cost of the Chief Officer and the Chief Financial Officer is made by South Lanarkshire Council. This payment is included in the Corporate Services cost in the Comprehensive Income and Expenditure Statement. The balance of 50% of the cost is met by NHS Lanarkshire. Details of the remuneration of these post holders is included in the Remuneration Report.

South Lanarkshire Council also provide a range of support services for the IJB including finance services, personnel services, planning services, legal services, audit services, payroll services and creditor services. There is no charge from South Lanarkshire Council to the IJB for these support services.

31 March 2016 £m	Balances with South Lanarkshire Council	31 March 2017 £m
0.003	Debtor balances: Amounts due from South Lanarkshire Council	-
(0.005)	Creditor balances: Amounts due to South Lanarkshire Council	-
(0.002)	Net Balance with South Lanarkshire Council	-

The financial information contained in the IJB Annual Accounts excludes any values associated with transactions between each of the partners. This has been removed to prevent double counting.

13. Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2017.

Independent auditor's report to the members of South Lanarkshire Integration Joint Board and the Accounts Commission

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

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of South Lanarkshire Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the South Lanarkshire Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the South Lanarkshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Financial Officer for the financial statements

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

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the South Lanarkshire Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Financial Officer; and the overall presentation of the financial statements.

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

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

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

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

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

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

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

I have nothing to report in respect of these matters.

Fiona Mitchell-Knight FCA
Assistant Director, Audit Services
Audit Scotland
4th Floor, The Athenaeum Building
8 Nelson Mandela Place,
Glasgow, G2 1BT

12 September 2017

Report

8

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Risk Register for the Integration Joint Board
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present an updated version of the strategic risks which apply to the Integration Joint Board (IJB)

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the updated Risk Register as it relates to the IJB be approved; and
- (2) that the next steps for the ongoing ownership and upkeep of the IJB Risk Register and future reporting arrangements are noted.

3. Background

3.1. In December 2015, work commenced to prepare an outline Risk Register for the IJB. Much of this preparatory work was undertaken with members of the IJB and Health and Social Care Management Team (HSCMT). On completion of this work, a Risk Register was agreed and presented to the IJB for approval.

3.2. From a governance perspective, the IJB remitted to the Performance and Audit Sub Committee to have oversight of the continuing risks as they relate to the IJB. Update reports have been presented to the Sub Committee as part of fulfilling this role.

3.3. As part of the continued commitment to ensure that there is continuing oversight and governance in relation to risk management, a further risk workshop was held on 14 February 2017 to review the Risk Register and update any existing risks, whilst taking account of new and emerging risks.

3.4. This report outlines the further work that has been undertaken, including the assimilation of an updated risk register for the IJB.

4. Development of a Strategic Risk Register

4.1. The Risk Managers of both partner organisations carried out a review of the initial Risk Register to refine the content.

4.2. The initial Risk Register was subsequently issued to all those who attended the February 2017, risk workshop for review and comment. This was essentially a cross

section of staff working in Health and Social Care. The Risk Register has been updated to reflect comments and requested amendments received. A number of transitional risks have now been removed from the original Risk Register and the remaining risks rescored. At the same time, a suite of risk control actions to mitigate risks have been defined and refined.

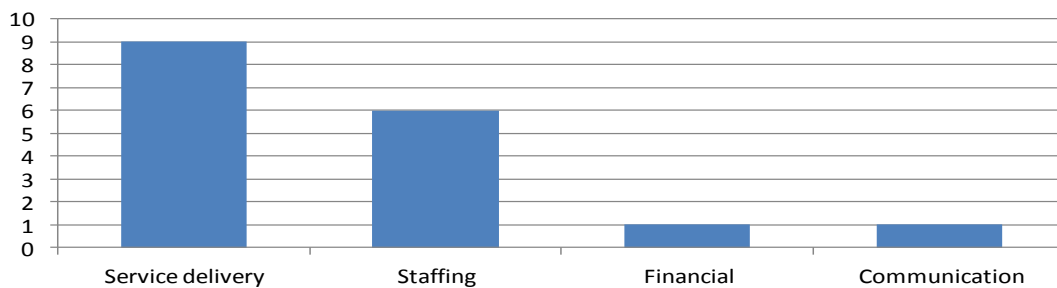
- 4.3. In developing and updating the IJB Risk Register, cognisance was also taken in relation to the existing Risk Registers for NHS Lanarkshire and South Lanarkshire Council Social Work Resources.
- 4.4. This provided assurance that the three registers had a consistency of approach, with all three capturing risks relevant to their strategic and operational scope, whilst at the same time, managing similar risks via the same approach. Resultantly, all three Risk Registers are comprehensive and complement each other, with the appropriate ownership of the captured risks.
- 4.5. The IJB is asked to note the process undertaken to develop the Risk Register and to approve the full finalised Risk Register attached at Appendix 1.

5. IJB Initial Risk Profile and Key Risks

- 5.1. The table below shows the IJB risk profile, for the 17 risks identified. The profile sets out the likelihood and impact of each risk, giving an overall assessed level of residual risk.

			Impact				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
Likelihood	Almost Certain	5					
	Likely	4			1		
	Possible	3	1	1	5	1	
	Unlikely	2	2	2	1		
	Rare	1		1	2		

- 5.2. The profile shows that 35% of risks identified have a residual risk rating of low; 53% are rated medium and 12% per cent are rated high.
- 5.3. At this time, the attached Risk Register reflects the nature of risk proportionate with the maturity of the IJB. In line with the IJB risk strategy, where required, actions have been identified to mitigate risks, particularly for the higher rated risks.
- 5.4. The 17 risks identified have been classified within four risk classifications. The split per classification is shown below:



6. Next Steps

- 6.1. In November 2014, at the outset of the discussions around the work required to be undertaken by the Risk Managers of both partner organisations in respect of insurance and risk management arrangements for the integration of Health and Social Care, a scope of reference was agreed, namely:
- ◆ to provide ongoing input to insurance liability, indemnity and risk management clauses within the integration scheme document
 - ◆ to explore insurance/risk financing options
 - ◆ to develop and implement a risk management strategy and framework
 - ◆ to prepare Risk Registers and risk control plans
- 6.2. Given that these areas of work have now been completed, the HSCMT will now take ownership of the IJB Risk Register, which will require to be reviewed and updated on a quarterly basis.
- 6.3. The HSCMT will also require to ensure that actions detailed within the Risk Register are progressed.
- 6.4. Future reviews and updates to the IJB Risk Register should give consideration to the partner organisation's risks and where a number of operational risks impact across multiple service areas or because of interdependencies, require more strategic leadership, then these can be proposed for escalation to strategic risk status for the IJB.
- 6.5. A review of risks against the strategic objectives within the IJB Strategic Commissioning Plan also requires to be undertaken. Given that it is anticipated that the Strategic Commissioning Plan will be updated and reviewed at some point in the near future, the opportunity exists to run the risk work in tandem with this.
- 6.6. As the Performance and Audit Sub-Committee has now been established, it is recommended that annual risk update reports are reported to the Sub-Committee.
- 6.7. As a minimum, as per the Risk Management Strategy, an annual report should be provided to the IJB. This has been taken account of, in that the draft IJB Annual Performance Report includes a section on risk management.

7. Employee Implications

- 7.1. The HSCMT will require to provide relevant support to the IJB in the further development and upkeep of the IJB Risk Register.
- 7.2. Where required, advice and support will be available from the Risk Managers of both partner organisations in the implementation of the IJB's risk management arrangements.

8. Financial Implications

- 8.1. There are no financial implications associated with the risk worth being undertaken.

9. Other Implications

- 9.1. There are no additional risks associated with this report.
- 9.2. There are no sustainable development issues associated with this report.
- 9.3. There are no other implications at this stage.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 10.2. Consultation has taken place with appropriate personnel within the partner organisations.

Val de Souza

Director, Health and Social Care

Date created: 10 August 2017

Previous References

- ◆ report to South Lanarkshire Integration Joint Board - Development of a Risk Management Strategy and Register for the Integrated Joint Board, 1 December 2015
- ◆ report to South Lanarkshire Integration Joint Board – Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), 1 December 2015

List of Background Papers

- ◆ Appendix 1 – Risk Register

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Risk ID	Review date	Key Risk	Risk Description	Classification	Lead Officer	Inherent Risk Score			Controls	Adequacy of controls	Risk Treatment	Residual Risk Score			Further Action Required	Responsible Person	Target Date	Updated
						Likelihood	Impact	Risk Level				Likelihood	Impact	Risk Level				
IJB002		Strategic planning arrangements between Children's Services and Adult and Older People Services not clearly defined.	The Strategic planning arrangements between Children's Services and Adult and Older People Services are not clearly defined. This could lead to decisions being made by the IJB regarding children's health services which potentially could conflict with the direction of travel being undertaken for planning of children's services. This could result in two bodies making decisions which affect strategic planning for children's services (issue of primacy)	Service Delivery	Val de Souza	3	3	Medium	1. Community plan / Local outcome improvement plan 2. Corporate Parenting Roles and Responsibilities 3. Clarity of Roles of IJB/Lead Officer/Chief Social Work Officer representation across IJB and Children's Partnership Forum 4. GIRFEC well embedded 5. Clarity of approval arrangements for plans for joint working 6. Children's Services Plan	Adequate	Mitigate	2	2	Medium	1. Develop robust arrangements for transitions 3. Council managed children's services - planning and delivery options to be agreed	Head of Children & Justice	Sep-17	✓
IJB005		Failure to effectively communicate key information to staff	Communication of key information and the role of the IJB to staff, who are still employed by their parent body/host agency, could lead to some confusion and misunderstandings. This could be caused by change of management / structural changes. Also, the IJB's vision needs to be clearly set out and referred to by managers / coordinators etc across the partnership so staff and stakeholders can relate to and identify their roles within this particularly at a locality level Staff could interpret that they are part of a new body, but in actual fact, their terms and conditions and roles remain fundamentally the same. Staff could be unclear on what the vision of the IJB is.	Communications	Val de Souza	4	4	Very High	1. Communication strategy in place 2. Key messages delivered in a consistent way 3. Heads of Service Integrated 4. Locality Seminars 5. Locality Leads & links 6. Senior Management Team established 6. Locality planning groups led by members of the IJB 7. Newsletter/Team briefings/Ongoing blog from Chief Officer	Adequate	Mitigate	3	2	Medium	1. Managers to implement and support the communication strategy in a consistent manner. 2. Implement new management structure 3. Implement milestones with appropriate linkage to OD and communications Strategy 4. Ensure communications Manager fully briefed on all key issues	Heads of Service SMT SMT/Locality Managers	Ongoing Ongoing	✓
IJB007		Reduction in Public Sector finances as a consequence of austerity measures	From an IJB perspective, there is no unique settlement from Central Government. The IJB is dependent on funding from both parties. This could be affected by the financial settlement for both parties being reduced in real terms; new Scottish Government policy commitments; and competing priorities, parties savings and efficiency targets. The parties existing efficiency arrangements could have an impact on the ability to deliver services, as one of the parties could reduce or withdraw services as they are deemed to be a lesser priority. The IJB could be unable to provide sufficient resources to community based services to achieve the national and local visions	Financial	Val de Souza	4	4	Very High	1. Partnership groups 2. Agreement of priorities and associated performance measurement against the 6 integration measures 3. Phases of transformational change programme 4. Service redesign and decision making 5. Parties existing budgetary management procedures 6. Parties existing efficiency regimes 7. Budget monitoring monthly 8. Joint financial procedures	Good	Mitigate	4	3	High	1. Medium - long term financial strategy	Finance Services Manager	Jan-16	✓
IJB009		Equal Pay	Staff within the constituent partners carrying out like / broadly similar work have different working practices, pay, terms and conditions of employment. This could lead to claims under Equal Pay Legislation.	Staffing	Val de Souza	4	4	Very High	1. Both NHSL and SLC have well established job families, pay scales and evaluation schemes. 2. Established trade union and employee relations 3. Conciliation and arbitration processes in place 4. Separate employers (IJB not employer)	Adequate	Mitigate	1	2	Low	1. Joint communication to reassure staff 2. Personnel in local authority and NHS to identify potential areas of challenge and develop business case to justify / amend the current position	HR/Personnel and Organisational Development Lead	Ongoing	✓

Risk ID	Review date	Key Risk	Risk Description	Classification	Lead Officer	Inherent Risk Score			Controls	Adequacy of controls	Risk Treatment	Residual Risk Score			Further Action Required	Responsible Person	Target Date	Updated
						Likelihood	Impact	Risk Level				Likelihood	Impact	Risk Level				
IJB010		Lack of common approach to staff engagement NHS/SLC	There are different approaches to staff engagement and employee relations in the NHS compared to SLC. The partnership may not comply with legislation that requires Scottish NHS employees to be dealt with in accordance with the principles of the Staff Governance Standard. Staff in the NHS may contest that they have not been dealt with in accordance with the staff governance standard, and raise a claim under the dispute / grievance policy.	Staffing	Val de Souza	4	4	Very High	1. Existing systems in place to look at employee engagement 2. Communication and Engagement Strategy 3. Locality Leadership Group Workshop	Adequate	Mitigate	2	1	Low	1. Agree rules of staff engagement for IJB 2. Strategic commissioning Plan	HR Leads	Ongoing	✓
IJB012		Lack of clarity around management roles and responsibilities/silo operational working	There is a lack of clarity around management roles and responsibilities as a result of integrated locality planning arrangements, unclear structural arrangements, lack of supporting policies and procedures, and poor communication arrangements. This can result in silo operational working impacting on staff morale, service delivery, duplication of limited resources, disputes between professional leads, elected members and senior managers, missed opportunity to deploy resources effectively.	Staffing	Val de Souza	4	4	Very High	1. Heads of Service Integrated meetings 2. Locality Seminars 3. locality Leads / Links 4. Locality Modelling Development	Adequate	Mitigate	3	3	Medium	1. Move to fully integrated management arrangements	Heads of Service	Ongoing	✓
IJB013		Potential restructures/ displaced employees	Changes in service delivery lead to a restructure which may impact on the employees of the constituent bodies in that the work that they undertake is no longer required. This would mean that in order to meet the requirements of service delivery under health and social care integration, structural / role changes could lead to posts being removed from the structure. This could result in the responsible employer having to find alternative employment for the affected employees or have the financial burden of making severance payments.	Staffing	Val de Souza	3	3	Medium	1. Joint organisational development 2. Redeployment sits with constituent organisation 3. Fit with finance risk re 'severance pay'	Adequate	Mitigate	3	1	Low	1. Develop workforce planning strategy and Organisation Development Plan commensurate with strategic commissioning plan	HR Leads	Ongoing	✓
IJB017		Lack of joint training approach	Some training programmes may benefit from a joined up approach, and economies of scale, however, operational managers leading on service delivery require to be informed, consulted and engaged in this work. This could result in efficiencies benefits, and the potential to improve workforce knowledge and skills base, however some programmes presently are prioritised because of service legislative and / or operational requirements, need to ensure abilities to influence prioritisation based on service need are maintained. This could result in better joint training opportunities.	Staffing	Val de Souza	4	3	High	1. Joint OD / training post. 2. Training / Leadership in place 3. Joint OD Strategy c/o joint Management Strategy 4. National training around integration	Adequate	Mitigate	2	1	Low	1. Identify and define joint training opportunities including extending and developing skills commensurate with risk IJB 013	HR Leads	Ongoing	✓
IJB019		A lack of shared understanding of service context and priorities	A lack of shared understanding of service context and priorities caused by a lack of development of locality planning / local management arrangements could lead to services delivered to the public across both organisations being affected in terms of quality.	Service Delivery	Val de Souza	3	4	High	1. Integration schemes agreed 2. JSC group in place with framework 3. Locality leads identified dates for initial LPG's and development sessions with stakeholders	Adequate	Mitigate	3	3	Medium	1. Locality Planning Groups to be established, with clear terms of reference 2. IJB member to chair Locality Planning Groups	Heads of Service & Locality Leads	April 2016 onwards	✓
IJB022		Ineffective Change Management	There is a lack of preparation and sufficient training requirements needed to inform and support managers who are identified to lead change, this is caused by the challenge of meeting timescales, or an unclear strategic vision. This could result in differing levels of knowledge, operational experience and interpretation and communication / methodologies used could dilute local delivery and engagement in respect of strategic aims and objectives.	Service Delivery	Val de Souza	4	4	Very High	1. Organisational Development programme developed 2. Strategic Development Board who oversees implementation 3. Five locality managers in organisational structure 4. Change management support in localities 5. Strategic commissioning plan in place 6. Communications Officer and strategy in place 7. Employee relations discussed at committee meetings etc.	Adequate	Mitigate	1	3	Low	1. further develop core leadership/management skills 2. identify skills gap 3. address culture differences 4. HR/transitional/change support for Managers	Organisational Development Lead	Ongoing	✓

Risk ID	Review date	Key Risk	Risk Description	Classification	Lead Officer	Inherent Risk Score			Controls	Adequacy of controls	Risk Treatment	Residual Risk Score			Further Action Required	Responsible Person	Target Date	Updated
						Likelihood	Impact	Risk Level				Likelihood	Impact	Risk Level				
IJB023		Lack of patient/service user health and social care records	Differing IT/data sharing and governance arrangements, lack of IT/data sharing strategies and expectations exist between agencies Using different IT systems has resulted in current challenges in sharing assessments due to IT requirements although discussions are ongoing in the partnership to resolve this. This could also lead to inconsistent data. This could lead to staff being unable to share assessment information electronically with the partner agency which could result in possible delays in decision making, as information is not readily to hand. Service failure could be attributed to the inability to share information. There is also the risk of duplication of effort, and patients/service users may be placed at risk.	Service Delivery	Val de Souza	5	4	Very High	1. LDSP in place and Community Core Sub Group in place. (Adult and Older People/Children and Family) 2. Information Sharing Protocol in place 3. Multi-agency c/o assessments with electronic sharing between wards OP Team/ A&E / Locality Social Work 4. Alerts for Child and Adult Protection 5. Electronic key information share in place (OOH, SAS) 6. Integration has been identified as an I.T priority within the Partnership 7. SWiS available in A&E Departments 8. IT Infrastructure Sub Group	Adequate	Mitigate	3	3	Medium	1. Access to View, assessments, support plans and reviews across Health and Social Care workforce	I.T Leads	Ongoing	✓
IJB024		IJB have limited influence on Acute Services planning and delivery (shifting the balance of care)	The ability of the IJB to influence and contribute to capacity planning and pathways of care within acute services settings, particularly in relation to care pathways across the Health and Social Care System. As outlined within the Scheme of Delegation; and the National Strategy, "A route map to a 20/20 vision for Health and Social Care" which specifically requires local partnerships to consider this within planning and delivery of services. This could result in the inability to shift the balance of care; the ineffective use of resources; potential duplication; and longer stays in hospital for patients/service users.	Service Delivery	Val de Souza	4	4	Very High	1. Healthcare strategy development and Joint Strategic Commissioning Plan developments will agree the approach to capacity planning in acute services. (for example bed modelling; infrastructure; and assets). 2. Tripartite meetings between both NHS and Local Authority Chief Executives and the Chief Officer. 3. Workforce development - ensuring that the right people are in the right places. 4. Regular liaison meetings between the Chief Officer and the Director of Acute Services 5. Director of Acute Services member of IJB and the Joint Strategic Commissioning Group 6. Strategic planning groups	Adequate	Mitigate	3	4	High	1. Review of meetings architecture (with a view to avoiding duplication of time/resources/decision making).	Chief Officer	Ongoing	✓
IJB025		Maintaining broad and representative service user/patient and carer engagement	The partnership fails to develop mechanisms and opportunities for service user/patient and carer engagement Due to the need to have meaningful engagement between the IJB and the Service Users; and to ensure that the strategic plan is person central. This could lead to the inability to influence models of care; and the ineffective use of limited resources.	Service Delivery	Val de Souza	2	4	Medium	1. Appreciative inquiry approach to develop and expand existing engagement forums. 2. The development of locality planning provides a real opportunity to enhance participation and engagement closer to service delivery. 3. Support planning and reviews. 4. Existing planning forums already have a foundation on which to build and enhance service user/patient and carer engagement. 5. Lead Officer identified 6. Co-produced assessments 7. Citizens Panel - engagement to obtain patients/service users views and opinions 8. Community capacity planning 9. Service user/patient/carers representation at various forums 10. VASLAN	Adequate	Mitigate	2	3	Medium	1. Move towards implementation of Asset Based Community Delivery (ABCD)	Chief Officer	Ongoing	✓
IJB026		Potential conflict between neighbouring IJBs in relation to hosted and area services	Failure to reach agreement that there is a consistent approach in place to services which operate on a Lanarkshire - wide basis. Due to the shift to locality models/planning; and localised budgets. This could lead to difficulties in delivering the Strategic Planning intentions for those IJBs involved. This may also have an adverse impact on service users.	Service Delivery	Val de Souza	3	4	High	1. There are current management arrangements already in place, which existed under Community Health Partnerships. These continue to operate presently. 2. Both North and South IJBs are working together to look at how hosted services should work in the context of Strategic Commissioning. 3. Performance reports continue to be presented in relation to each service on a quarterly basis 4. Financial and budgetary controls	Adequate	Accept	1	3	Low	1. Final agreement to be reached in respect of the 21 hosted services and signed up within the Strategic Commissioning Plans for North and South IJBs and the Healthcare Strategy for Lanarkshire 2. Principal of where hosted services can be devolved should be undertaken.	Chief Officer	Ongoing	✓

Risk ID	Review date	Key Risk	Risk Description	Classification	Lead Officer	Inherent Risk Score			Controls	Adequacy of controls	Risk Treatment	Residual Risk Score			Further Action Required	Responsible Person	Target Date	Updated
						Likelihood	Impact	Risk Level				Likelihood	Impact	Risk Level				
IJB028		Implementation of locality service models that support the delivery of the Strategic Commissioning Plan	Due to a lack of clear plans, or clear roles and responsibilities; the lack of understanding of demographics and geographical areas; and the focus on strategic level objectives, when developing locality service models; and during the move towards Asset Based Community Delivery (ABCD). This could affect empowerment and decision making; lead to demand outstripping capacity; and the potential failure to achieve the nine National Health and Wellbeing Outcomes.	Service Delivery	Val de Souza	4	4	Very High	<ol style="list-style-type: none"> 1. Agreed senior locality operational structure 2. Locality planning and core groups in place 3. Locality managers 4. Management/Leadership development 5. Communications strategy 6. Change management resources 7. Strategic needs assessment of each locality 8. Initial work completed for move towards ABCD 	Adequate	Mitigate	3	3	Medium	<ol style="list-style-type: none"> 1. Development of guidance arrangements 2. Devolve resources to localities 	Head of Health/Head of Social Care	Ongoing	✓
IJB029		Strategic intent for the development of localities aligned to needs assessment	Locality development is not fully exploited and aligned to demographics/population needs. This could be caused by significant service failure through adverse events/complaints/performance data. Which could lead to delays in shifting the balance of care, loss of delivery of a quality service, and adverse reputation.	Service Delivery	Val de Souza	3	3	Medium	<ol style="list-style-type: none"> 1. Strategic commissioning plan 2. Current structure and delivery of service is funded 3. Locality leadership and continuous development of the Senior Management Team 	Adequate	Mitigate	3	3	Medium	<ol style="list-style-type: none"> 1. Transformational change plan with financial plan 2. Communications strategy 3. Governance infrastructure 4. Directions for 2017/18, including aligning objectives from commissioning plan to locality 5. Locality development workshop: blue sky session 6. Options appraisal for locality modelling 		March 2017 August 2017	✓
IJB030		Informing and engaging on transformational change: locality modelling		Staffing	Val de Souza	3	3	Medium	<ol style="list-style-type: none"> 1. Strategic commissioning plan 2. Locality leadership informing and engaging for developing infrastructures 3. Organisation development plan 4. Staff engagement through the senior leadership and locality management groups directly linked to the 9 national outcomes. 	Adequate	Mitigate	2	2	Medium	<ol style="list-style-type: none"> 1. Locality development workshop: Blue sky session 2. Transformational change plan with communications strategy 		Mar-17	✓

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Integration Joint Board - Programme of Meetings 2018/2019
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Integration Joint Board (IJB) of the forward programme for future meetings of the IJB for the period 2018/2019.

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the future programme of meetings for the Integration Joint Board for the period 1 January 2018 to 31 December 2019, as detailed in the appendix to the report, be approved.

3. Background

3.1. At its inaugural meeting on 6 October 2015, the Integration Joint Board (IJB), as part of its governance arrangements, approved the Standing Orders to support the South Lanarkshire Integration Board.

3.2. The Standing Orders specify the term of office of the Chair and Depute Chair of the IJB and the current Chair and Depute Chair have been appointed for a period of 2 years, effective from 1 April 2017. Thereafter, responsibility for appointing the Chair and Depute Chair will alternate between the Council and NHS Lanarkshire Board and the appointments will be made for a period of 3 years, effective from 1 April 2019.

3.3. The IJB at its meeting on 16 February 2016 approved the schedule of meetings for the period 1 April 2016 to 31 December 2017.

4. Proposal

4.1. It is proposed that a forward programme of meetings for the IJB for the period 1 January 2018 to 31 December 2019, as detailed in the appendix to the report, be established.

4.2. The current Chair and Depute Chair of the IJB have been appointed for the period 1 April 2017 to 31 March 2019. Thereafter, the Chair will transfer to the Council for a period of 3 years, effective from 1 April 2019 to 31 March 2022.

5. Employee Implications

5.1. There are no employee implications arising directly from this report.

6. Financial Implications

6.1. There are no financial implications arising directly from this report.

7. Other Implications

7.1. There are no sustainability issues or risks identified in relation to the content of this report.

8. Equality Impact Assessment and Consultation Arrangements

8.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. There are no requirements to undertake any consultation in terms of the information contained within this report.

Val de Souza
Director, Health and Social Care

Date created: 17 August 2017

Previous References

- ◆ Integration Joint Board 16 February 2016 (Paragraph 7)

List of Background Papers

- ◆ Standing Orders for the Integration Joint Board

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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SOUTH LANARKSHIRE INTEGRATION JOINT BOARD

PROGRAMME OF MEETINGS

1 January 2018 to 31 December 2019

Board Meeting Dates

Meetings of the Integration Joint Board will be held at 2.00pm in the Council Offices, Almada Street, Hamilton on the following dates:-

Tuesday 13 February 2018
Tuesday 17 April 2018
Tuesday 26 June 2018
Tuesday 11 September 2018
Tuesday 4 December 2018
Tuesday 12 February 2019
*Tuesday 16 April 2019
Tuesday 25 June 2019
Tuesday 10 September 2019
Tuesday 3 December 2019

*Responsibility for appointing the Chair will transfer to South Lanarkshire Council and responsibility for appointing the Depute Chair will transfer to NHS Lanarkshire

NOTE:

In terms of the Standing Orders for the Integration Joint Board the appointment of the Chair and Depute Chair is as follows:-

1 April 2017 to 31 March 2019 – NHS Lanarkshire
1 April 2019 to 31 March 2022 – South Lanarkshire Council

Report

10

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Health and Social Care Standards 2017
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ advise the Integration Joint Board (IJB) of the introduction of the Health and Social Care Standards

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the content of the report is noted; and
- (2) that the next steps identified at section 5 below are taken forward.

3. Background

- 3.1. National Care Standards were developed in 2002 and have been important in ensuring that people who receive care and support get high quality services that they are entitled to. They have formed the backdrop to registration and inspection of a range of Care Services.
- 3.2. The Scottish Government issued a consultation on new National Health and Social Care Standards in October 2016. The purpose of these new standards is to set out what individuals can expect when they use Health and Social Care Services in Scotland. This includes a wide range of services from childminding, day care for children in early years, housing support and care at home for adults, to hospitals, clinics and care homes. South Lanarkshire Council was engaged in the consultation, and our response reported to Senior Management Team (SMT) and Corporate Management Team (CMT) earlier this year.
- 3.3. These new Health and Social Care Standards (HSCS) replace the previous National Care Standards published in 2002 under the Regulation of Care (Scotland) Act 2001. They do not replace previous standards and outcomes relating to healthcare produced under the National Health Services (Scotland) Act 1978.
- 3.4. Previous Care Standards mainly focused on technical requirements such as written policies and health and safety procedures. The move to develop HSCS takes account of the changing landscape of Health and Social Care and the need to reflect changes in policy and practice. Key changes are that people are living longer and supported and cared for in their own homes; the quality of care is as important as

other aspects of care such as safety; and the establishment of Health and Social Care Partnerships means that when people use Health or Care Services they should get the right care and support when they need it.

- 3.5. Social Work Services have a number of registered Care Services: Care Homes for Older People; Care Homes for Children and Young People; Support Services (Day Care) for Adults with Learning Disability/Physical Disability and Older People; Care at Home Services for Older/Adults/Child and Family and Fostering and Adoption Services. Housing and Technical Resources Services are: Housing Support (Sheltered Housing). Education Resources Services are: Nursery and Early Years Services.

4. Health and Social Care Standards

- 4.1. Following a public consultation in 2016, the HSCS have been published. Throughout the HSCS document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. There are five principles underpinning the standards linked to basic human rights:

- (1) Dignity and Respect (D&R);
- (2) Compassion (C);
- (3) Be Included (I);
- (4) Responsive Care and Support (RC&S); and
- (5) Wellbeing (W).

- 4.2. The standards are structured using the five headline outcomes outlined below. Each outcome sets out descriptive statements using the five principles at 4.1 above. The table below outlines a total number of 146, descriptive statements that the Standards are set against.

	Headline Outcome	Principles and descriptive statements					Total description statements
		D&R	C	I	R C&S	W	
1.	I experience high quality care and support that is right for me.	5	3	3	13	15	39
2.	I am fully involved in all decisions about my care and support.	7	1	8	4	7	27
3.	I am confident in the people who support and care for me.	5	5	3	6	6	25
4.	I am confident in the organisation providing my care and support.	2	2	6	12	5	27
5.	I experience a high quality environment if the organisation provides the premises.	4	3	8	1	12	28
	Total descriptive statements per principle	23	14	28	36	45	146

- 4.3. The standards also include a three page glossary of terms and are to be applied across Health and Social Care and should be relevant to services not currently inspected by the Care Inspectorate (CI) or Healthcare Improvement Scotland (HIS).
- 4.4. The Standards should be used to complement the relevant legislative requirements and best practice guidance that support Health and Care Services to ensure high quality care and continuous improvement.

- 4.5. From spring 2018, these Health and Care Standards will continue to provide a framework for registration and inspection of individually registered Care and Health Services and are also relevant to all Health and Care Services including those that are not inspected by the Care Inspectorate or Health Improvement Scotland. This is to encourage those services which are currently not registered to apply the Standards as a framework for high quality care.

5. Next Steps

- 5.1. With the published standards due to be implemented from spring 2018, an awareness raising/training plan will be developed for all staff within our registered services, and the wider assessment and care management staff. We plan to link with Learning and Development to devise a training programme and develop a core brief for all staff.
- 5.2. Care Inspectorate and Health Improvement Scotland inspection methodologies will require to be updated to align with the standards.
- 5.3. Social Work Resources is required to review our recording and reporting of inspection activity through the SWiSplus and Improve systems. Our systems currently record against the existing quality statements.
- 5.4. Develop a check list for registered services to map how they are currently performing against the HSCS.

6. Employee Implications

- 6.1. The employee implications regarding the content of this report will be in relation to all staff having a greater awareness of the HSCS.

7. Financial Implications

- 7.1. No additional funding has been identified to assist with transitions from National Care Standards 2002 to HSCS 2017.

8. Other Implications

- 8.1. There is a risk associated with the timing of the new standards, and the revised Care Inspectorate processes aligning.
- 8.2. There may be a minor concern in relation to sustainable development, as services which have performed to a good, very good, and excellent level having difficulty switching to the new regime and maintain their existing grades.
- 8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. There is no requirement to carry out an impact assessment in terms of the National Health and Care Standards as they replace and streamline 23 current sets of standards
- 9.2. There is no requirement for formal consultation, however as outlined at 5.1 above we plan to raise awareness to the standards through staff training and a core brief.

Val de Souza
Director, Health and Social Care

Date created: 8 August 2017

Previous References

- ◆ CMT 19 February 2017

List of Background Papers

Health and Social Care Standards



Health and Social
Care Standards 2017

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Bernie J Perrie, Planning and Performance Manager

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Report

12

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Draft IJB Annual Performance Report
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ present a copy of the IJB Annual Performance Report for approval

2. Recommendation(s)

2.1. The Integration Joint Board approves the following recommendation(s):-

- (1) that the Annual Performance Report be approved; and
- (2) the report is made available on the Health and Social Care website.

3. Background

- 3.1. Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that Annual Performance Reports (APRs) are prepared by an Integration Authority or Integration Joint Board (IJB) in a South Lanarkshire context. The 2014 Act obliges that the APR should cover the preceding year's activity and be published four months after the end of that reporting year.
- 3.2. The purpose of the APR is to ensure that performance is open and accountable, whilst at the same time providing an overall assessment of performance in relation to planning and carrying out integration functions. The final report should also be viewed in the context of being for the benefit of Partnerships and their communities, particularly in communicating how the Partnership is progressing with integration.
- 3.3. Whilst there is no formal requirement to submit the APR to the Scottish Government, the content and assessment of performance within the reports is expected to be used and acted upon locally. The reports should also be of interest to Health Boards and local authorities in monitoring the success of the integration arrangements they have put in place, as specified within their Integration Scheme.
- 3.4. To assist Health and Social Care Partnerships, the Scottish Government issued *Guidance for Health and Social Care Partnership Performance Reports* in March, 2016. Although it is at the discretion of local Partnerships to decide areas to include in their APR, this guidance provided a helpful framework and recommended the following areas for inclusion:

- ◆ a summary of progress against the nine National Health outcomes using as a minimum, the 23 core national performance indicators
- ◆ financial performance and best value
- ◆ reporting progress with localities
- ◆ Inspection of Services, summarising any activity undertaken by Healthcare Improvement Scotland, The Care Inspectorate, Audit Scotland, Accounts Commission and Scottish Housing Regulator in the year of review
- ◆ any plans to review or update the Strategic Commissioning Plan

4. **Context to South Lanarkshire Draft Report and Format**

4.1. Attached in Appendix 1, is a full copy of the draft APR for the South Lanarkshire Health and Social Care Partnership. From the draft, the APR for South Lanarkshire Health and Social Care Partnership covers each of the above areas and is structured as follows:

Section	Heading	Summary of Content
1.	Introduction and Overview	Provides the context within which this Annual Performance Report has been produced
2.	What we said we would do?	Summarises the Partnership's commitment to deliver against the nine National Health and Wellbeing Outcomes and 10 priorities of the Strategic Commissioning Plan
3.	How are we meeting the Outcomes and Priorities	Overviews the progress of the Partnership against what we said we would do
4.	Areas for improvement	Outlines examples identified by the Partnership where improvement activity is required
5.	How we are developing integration and infrastructure	This section gives an overview of the Partnership's commitment to develop the integration model and cites 10 important areas of activity which have progressed over the last year
6.	How external partners viewed the quality of what we do?	Gives information from external inspection activity
7.	How we have used the budget?	Describes the financial breakdown of the IJB budget and the areas of investment
8.	What are the risks we have to manage as a Partnership?	Provides an overview of how the Partnership has identified and assessed risks and the subsequent development of a strategy to mitigate against these
9.	Next Steps for 2017/2018 and beyond	Highlights the next steps for 2017/2018 with particular reference to the directions agreed in April 2017
10.	List of key contacts	Outlines the key individual working in the Health and Social Care Partnership

5. **Summary and Next Steps**

5.1. Overall, 2016/2017 has been the first year of operation for the Health and Social Care Partnership/Integration Joint Board. As can be viewed from the APR, there have been a lot of positive developments with regards to home care, community engagement, Telecare and Telehealth and locality development. Notwithstanding these, there are many challenges where the Partnership will be required to work with others to effect change, for example the increasing older age demographic and the

subsequent knock on demand this brings to community based and institutional services.

- 5.2. The Annual Performance Report, subject to further changes and updating, will be taken to the IJB on the 12 September for final approval. Following this, the report will then be made available on the Health and Social Care Partnership website.
- 5.3. Over and above this, further work requires to be undertaken to review the existing Strategic Commissioning Plan 2016/2019 with the emphasis being on streamlining and further prioritising commissioning intentions. In doing so, it is envisaged that the Partnership will be better placed to prioritise and assess the areas that are working well and those and areas where further improvement is still required.

6. Employee Implications

- 6.1. There are no employee implications associated with this report.

7. Financial Implications

- 7.1. There are no financial implications associated with this report.

8. Other Implications

- 8.1. There are no additional risks associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other implications at this stage.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. This report is an Annual Performance Report and relates to the Strategic Commissioning Plan 2016/2019, which was extensively consulted on.

Val de Souza
Director of Health and Social Care

31 July 2017

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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INSERT HSCP LOG HERE (AS PER STRATEGIC COMMISSIONING PLAN)

South Lanarkshire Integration Joint Board

Annual Performance Report

2016/17

INSERT PICTURES SIMILAR STYLE TO STRATEGIC COMMISSIONING PLAN

- 1 - Statutory and Core Work**
- 2 - Early Intervention**
- 3 - Carers Support**
- 4 - Models of Self Care**
- 5 - Seven Day Services**
- 6 - Intermediate Care**
- 7 - Suitable Housing**
- 8 - Single points of contact**
- 9 - Mental Health and Wellbeing**
- 10 - Enablers**

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- 6) How our external partners viewed the quality of what we do
- 7) How we have used the budget
- 8) What are the risks we have to manage as a Partnership
- 9) Next steps for 2017/18 and beyond
- 10) List of key contacts

FOREWARD

Welcome to the first Annual Performance Report for South Lanarkshire Health and Social Care Partnership, detailing performance for 2016/17.

Our vision is clear: “*Working together to improve health and wellbeing in the community – with the community.*”

We have worked extremely hard over the past year to realise that vision and tackle three broad, emerging priorities. These include managing demand and ensuring the resources we have are used effectively and efficiently; working together, consolidating and building on our shared strengths and, thirdly, developing our localities, our people and connecting with our communities.

Some of our key achievements, to name but a few, include:

- Bringing our four Locality Integrated Health and Social Care Managers into post. There are now weekly core group meetings and quarterly locality planning meetings, with a range of partners around the table, to drive forward respective operational and strategic priorities in each locality.
- Leadership and collaboration also continues to move in the right direction. This applies to our third sector and independent sector partners in particular. Our partners are leading the Integrated Care Funding investment to grow capacity, for example.
- The roll-out of mobile phone applications for frontline staff in homecare which has greatly assisted in modernising how the service operates, particularly through improved co-ordination, workload management and direct information for frontline staff.
- We’ve developed *Equally Well*, an early intervention and prevention programme which focuses on reducing inequalities in health.
- There’s been ongoing development of Discharge Hubs which currently operate within the Hairmyres and Wishaw District General acute sites.

The priorities for 2017/18 are also set out in the report and we will continue to work hard to deliver health and social care services which are focused on the needs of the people who use them.

A key focus for the Partnership going forward will be further development of our Building and Celebrating Communities (BCC) programme. As well as making sure people are independent where possible, BCC encapsulates our overall vision by concentrating on what exists within our communities and working alongside those communities to identify what they can do to grow, thrive – and improve the lives of people in South Lanarkshire.

Finally, we’d like to thank everyone who’s contributed and participated in the attainment of these achievements to date. We look forward to working in close partnership with you as we shape health and social care for the future.

Val de Souza
May 2017

Philip Campbell

1.0 Introduction and Overview

In September, 2015, South Lanarkshire's Integration Joint Board (IJB) became a formal entity of the public sector, following approval of the South Lanarkshire Integration Scheme. Following this, and on approval of the South Lanarkshire Strategic Commissioning Plan (SCP) 2016-19, integration arrangements became fully operational on 1 April, 2016.

This confirmed the vision for the South Lanarkshire Health and Social Care Partnership (SLHSCP) *working together to improve health and wellbeing in the community – **with** the community*

This report represents the first Annual Performance Report (APR) of the Health and Social Care Partnership and is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014.

The APR seeks to provide an overview of performance in relation to the integration functions outlined in the South Lanarkshire Integration Scheme and Strategic Commissioning Plan 2016-19.

As such, the APR will provide an overview of progress against the following:

2.0 What we said we would do

The SCP outlines the strategic direction of the Health and Social Care Partnership (HSCP) over the period 2016-19 and was a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014.

A central ambition of the SCP is to demonstrate how the SLHSCP would deliver against the 9 National Health and Wellbeing Outcomes which were enshrined in the Public Bodies Act. More importantly, the 9 outcomes were developed as a result of extensive public consultation by the Scottish Government and therefore convey a key message with regards to the wishes and aspirations of the population in a health and social care context. Therefore, this Annual report will provide information regarding how we are progressing against each of the 9 outcomes detailed below:

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 reasonable 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 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.

In addition to the 9 outcomes, the HSCP undertook extensive participation and engagement activity as part of developing the South Lanarkshire SCP. From this, the public told us that there were 10 priorities which were important to them in developing integrated health and social care services as detailed below:

- Statutory and Core Work
- Early intervention, prevention and health improvement
- Carers support
- Models of self-care and self-management including telehealth and telecare
- Seven day services
- Intermediate care to reduce reliance on hospital and residential care
- Suitable and sustainable housing
- Single points of contact
- Mental health and wellbeing
- Enablers to support better integrated working

Taken together, the 9 outcomes and 10 priorities form the commitment that the SLHSCP gave to progressing the integration of health and social care services. The next section gives an overview of our progress in meeting these commitments.

3.0 How we are meeting the Outcomes and Priorities?

This section picks out some of the highlights of the Partnership over the last year and comprises of three sources of information as follows:

- Survey based data from what people have told us
- Key performance indicators
- Inputs and service developments that are progressing or working well

Feedback from survey based data

From the Health and Social Care Experience survey, South Lanarkshire residents provided us with the following feedback:

- ❖ 94% of adults able to look after their health very well or quite well
- ❖ 80% of adults supported at home who agreed that they are supported to live as independently as possible
- ❖ 74% of adults supported at home who agreed that they had a say in how their help, care or support was provided
- ❖ 74% of adults supported at home who agreed that their health and social care services seemed to be well coordinated

- ❖ 77% of adults receiving any care or support who rated it as excellent or good
- ❖ 86% of people with positive experience of the care provided by their GP practice
- ❖ 81% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
- ❖ 81% of adults supported at home who agreed they felt safe
- ❖ 62% of adults with intensive care needs received care at home

Key Performance Indicators

- ❖ Premature mortality rates per 100,000 persons was 438 which is below the national average of 441
- ❖ Emergency admission rates (per 100,000) continue to rise and are currently 13,734. This is higher than the national average of 12,037 and is an area where the Partnership is working with acute colleagues to put in place strategies to reduce the number of admissions, for example reablement, admission avoidance and intermediate care
- ❖ Emergency bed day rate (per 100,000 population) was 119,597, which is below the national average of 119,649
- ❖ Readmission to hospital within 28 days (per 1,000 population) was 94, which remains slightly below the national average of 95
- ❖ 87% of people spent a proportion of the last 6 months of life in a hospital or community setting has improved for the Partnership when compared with performance of 84% in 2013/14. It also bring the Partnership more into line with the Scottish average of 88%
- ❖ Falls rate per 1,000 population aged 65+ was 22, which is broadly comparable with the national average of 21.
- ❖ 22% of health and care resource spent of hospital stays where the patient was admitted in an emergency. This is broadly comparable with the Scottish average of 23% and also highlights a shift in the balance of care with previous reported figures in 2013/14 of 26%

Inputs and Service Development Areas that Progressing or Working Well

This section considers a number of the commissioning intentions from the SCP which have progressed well over the last year and how they are impacting on the 9 Health and Wellbeing Outcomes and 10 priorities

Theme	National Outcome	Measure	Progress
Statutory/core work	2	Ensure an efficient transition for delegated housing functions so that existing adaptations services and care of gardens continue to operate to meet assessed needs	1,705 housing adaptations were managed and provided for through the Scheme of Assistance during 2016/17, with 99% of all approved medical applications for adaptations completed within the year. A care of gardens service continues to be provided, supporting 3,169 households as at April 2017.
	8	Develop an Improvement Plan arising from multi-agency inspection of Adult Services	An improvement plan has been finalised and signed off by the Care Inspectorate and the Partnership. The plan has been designed around the 9 improvement themes and assigns timescales and leads to each action.

Theme	National Outcome	Measure	Progress
			The multi-agency inspection task group has now been reconvened to lead the implementation of the improvement plan.
Early intervention, prevention and health improvement Early intervention, prevention and health improvement	1	Pilot primary care physical activity prescription intervention	Rutherglen and Hamilton localities now have the Physical Activity Prescription (PAP) in place and dates are scheduled for the roll out into Clydesdale and East Kilbride. The rate of referral from GPs using PAP is higher than anticipated and we are currently examining the data to inform approaches to supporting patients referred through this route.
		Grow capacity in the Third Sector to ensure that people are supported to achieve the 9 national outcomes of health and social care integration	VASLan has established locality third sector forums aligned to the Health and Social Care Partnership localities and has ensured representation from the third sector at each of the locality planning groups. Data with respect to each locality has been made available to third sector forums via VASLan. A full report on the utilisation and outcomes from the integrated care fund third sector funding will be brought forward to a future strategic commissioning group.
	2	Support people to maximise their independence through the delivery of a reablement approach across all localities	Rutherglen and Hamilton localities now have the Physical Activity Prescription (PAP) in place and dates are scheduled for the roll out into Clydesdale and East Kilbride. The rate of referral from GPs using PAP is higher than anticipated and we are currently examining the data to inform approaches to supporting patients referred through this route.
	5	Deliver a programme of activity to mitigate the negative health consequences of financial insecurity due to poverty and welfare reform	Health and Welfare Advice Hubs deliver targeted advice and representation for isolated people with mental ill-health and long term conditions in NHS Health Centres in 6 deprived areas covering Hamilton, Blantyre, Larkhall, Rutherglen, Carluke and Douglas. During Q3 of 2016/17, the service received 135 new referrals and was actively working with 286 clients on 1401 issues (new and existing). GPs provide more than 85% of referrals. The number of issues per person using the service is high. The average time working with an individual is six months with many ongoing for more than a year. During 2016-17, support has been provided to 53 people within the five Hub areas to apply for or challenge benefits with a total gain of £689,292. For every £1 of funding provided via the Integrated Care Fund, £9 has been gained for local people and the local economy.

Theme	National Outcome	Measure	Progress
			<p>The Big Lottery funded Lanarkshire Domestic Abuse Response provides advocacy support through health and housing and welfare advice from Hamilton CAB to survivors of domestic abuse. During Q3 of 2016/17 demand continues to be high with Hamilton CAB receiving 779 enquiries from women experiencing domestic abuse in south Lanarkshire. In Q1-3, 34 women were awarded financial gains accumulating to £95.5k. Benefit, debt and housing advice were the three most prevalent issues, consecutively.</p> <p>The Advice in Mind Project focuses on the delivery of a holistic support service to people affected by and at risk of mental health conditions in the Lanarkshire area. The service offers early intervention for people with mental health conditions, so that solutions for their issues can be found and crises could be averted. The project receives referrals from NHS professionals, CABx and other organisations as well as self-referrals from clients. The project provides information, advice, advocacy, representation, referral services and facilitation on claiming appropriate welfare benefits, money management, financial planning and debt prevention. Peer Support Workers offer practical assistance during the medical assessments, housing meetings and case conferences, which is invaluable for this client group. From 1 May 2016 until 27 March 2017, AIM Project supported 1157 clients North and South Lanarkshire with 2419 enquiries and 8912 issues. The cases were complex, time consuming and multifaceted and each client presented on average 8 issues. Client income was increased by £1,587,702.88.</p>
Carers support	6	We will aim to deliver respite to existing levels in supporting carers with their caring role	When undertaking our co-produced assessment, the carers contribution to support arrangements and their ability to continue caring is taken into consideration. Their access to respite is part of this assessment. We also direct carers to a range of short breaks and respite (Respite) opportunities developed by our third sector partners.
		Fully develop and roll-out an outcomes support planning approach that delivers	Social Work Resources continue to develop outcome support planning for carers. We will further develop joint work with

Theme	National Outcome	Measure	Progress
		personalised services to support carers in their caring roll	Lanarkshire Carers Centres who are trialling their own carer support plans.
Model of self care and self management	2	Utilise telehealth and telecare to enable more people to self-manage their health and wellbeing	The number of active GP practices in South Lanarkshire currently using Florence texting is 17, plus training scheduled for 2 in May 17. All 8 SLC care homes and 1 independent care home in East Kilbride will have Video Conferencing installed and active by May 2017. Links with Care home liaison established, progress underway to link with a number of health services and Leisure & Culture activities
		Continue delivery of the Care Home teleconferencing project	A project plan has been developed to test, install and implement the use of Video Conferencing within 4 local authority care homes. This will allow case conferencing between care home staff and other staff working in health and social care, thus increasing potential for more efficient and effective working.
Seven Day Services	3	Working collaboratively with partners to reduce distress and A & E attendances for people in distress	North & South Lanarkshire Health & Social Care Partnerships were awarded 'host status' to oversee the national co-ordination for the National Distress Brief Intervention (DBI) Programme on behalf of the Scottish Government, which aims to provide a consistent, collaborative and compassionate response to people in distress in Scotland. In addition, North & South Lanarkshire will be one of four sites across Scotland to test DBI, working closely with A&E, primary care, the Scottish Ambulance Service and Police Scotland to deliver a Level 1 compassionate response to people in distress and increasing the capacity of the third sector to deliver a Level 2 response within 24hrs of the referral through to 14 days. The programme is in the planning phase in preparation for incremental implementation beginning June 2017.
Intermediate Care and Reducing reliance on hospital and residential care	2	We will aim to deliver care at home services to existing levels	The Home Care service has been maintained to existing levels by the Partnership. In any given week, there are 36,000 mainstream (excluding specialist provision) home care hours being delivered in South Lanarkshire through a mix of council and external provision.
	9	Build on the current successful services by developing and commissioning flexible	The Partnership has an agreed Strategic Commissioning Plan in place 2016-19. In addition to the 80 commissioning intentions within this plan, a further 6

Theme	National Outcome	Measure	Progress
		models of intermediate care across all partners	directions have been agreed for 2017/18. From an intermediate care perspective, the Partnership is pursuing a number of specific intentions, including reablement, rehabilitation, hospital at home, step up day care, step down intermediate beds and Integrated Community Support Teams.
Suitable and Sustainable Housing	7	Housing, health and social care partners to undertake a joint assessment of the particular health needs of people that experience, or are at risk of homelessness, to develop shared understanding and planning for appropriate joint responses and services to alleviate and prevent homelessness and tackle the identified health issues	The health and homelessness needs assessment was undertaken in 2016/17, based on local data and Lanarkshire wide analysis. Housing, Health and Social Care Partners aim to submit a full report and action plan to the Integration Joint Board, to progress in 2017/18 and beyond.
	4	Further develop joint working via the Discharge Hub to ensure timely home returns for people ready to leave hospital	A key planned activity in 2016/17 was developing the multi-agency hub at Hairmyres hospital, to facilitate joint working between health, care and housing services to plan. This work included enhancing early-warning housing alert protocols for hospital admissions across all tenures, to improve planning for discharge and reduce delays. Core housing questions were devised and included in hospital admission/discharge forms to enable this process. The partnership aims to build on these improvements and look to further develop the approach, in particular through working with the Integrated Community Support Teams.
Single points of contact	8	Utilise existing capital assets to co-locate staff within multi-disciplinary teams	The locality planning model is currently being implemented for the Partnership following approval by the IJB in December 2016. Work is now underway to identify locality specific accommodation for each of the four locality management teams, in order that they are located on a single site.
	4	Implement a fully integrated model for substance misuse service based on single service management and delivery	The Integrated Joint Board (IJB) in December 2016 agreed to progress an Integrated Substance Misuse Manager's post as part of the HSCP. This was endorsed at the South Lanarkshire Executive Committee in March 2017.

Mental health and well being	2	Develop a population mental health improvement action plan for South Lanarkshire	South Lanarkshire Population Mental Health Improvement Plan has been delayed awaiting publication of the Scottish Government's Mental Health Strategy which was recently published on 30th March 2017. Implementation of Towards a Mentally Flourishing Lanarkshire continues to consolidate the prevention and early intervention programmes which have seen a reduction in suicide of 20% since 2002 (ISD), improved self reported mental health (ISD) increased access to and use of early intervention programmes, utilising collective assets, for collective impact. Building on progress to date, which was recognised in 2016 by the Faculty of Public Health, a new South Lanarkshire Population Mental Health Improvement Action Plan will be produced, supported by a newly formed South Lanarkshire Mental Health Improvement Planning Group, mobilising the significant opportunities which integration brings.
	9	Invest additional funding for early intervention and prevention, across life span	We continue to secure funding for a range of organisations that support the self-care and health improvement agenda. Work is also continuing on a prioritisation model supported by colleagues from the National Health Economics Network and the Department of Public Health. This should hopefully inform commissioning decisions that will shift the balance of the spend to earlier intervention.
Enablers to support better integrated working	9	Implement Organisational Development Plan to create leadership capacity across the Partnership	The Organisational Development Plan for the Partnership has focused on supporting a number of key areas in 2016/17 as follows: 1) Leadership development 2) Locality development 3) Appreciate Inquiry to support formation of Health and Social Care Forum 4) Development for IJB members
	9	Implement governance and management structures to support the delivery of better integrated services	A number of key areas of work are being progressed in relation to building capacity within communities, this includes: 1) Locality headquarters for management teams 2) The use of facilities such as High Patrick Street to co-locate resources 3) Co-location of Health and Social Care Senior Management Team within Almada Street, Council Headquarters 4) The Hospital HUB models based within Wishaw and Hairmyres District General Hospitals

			Further options are being scoped out in areas such as the use of Community Hospital assets and how Out of Hours and Reception services could be further integrated.
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4.0 Areas for Improvement

In conjunction with the above, the Partnership has indentified that there are also a number of areas where improvement activity requires to be taken forward in the next year. Examples of areas which have been identified are:

Carers Support – we know from survey based information that 42% of carers feel supported to continue in their caring role. Although this is above the national average of 41%, carers and their input are critical to the overall vision of supporting people to remain at home. As a result of this, the Partnership has given a commitment to review existing commissioning intentions for carers as well as fully implement the requirements of the Carers Act, 2016.

Hospital based activity – The number of days people spend in hospital when they are ready to be discharged (per 1,000) population was 1,341. This level of performance is better than the previous year of 1,416 but remains below the Scottish average of 842. The Partnership recognises that this is an area of high demand and is intrinsically linked with a rising number of emergency admissions. A significant number of developments are being progressed with regards to intermediate care, reablement, Hospital at Home and rehabilitation.

5.0 How we are developing integration and infrastructure

As a Partnership we understand the need to continuously develop and improve what we do. Part of this involves delivering our intentions in smarter and more efficient ways. The further integration of services gives us a real opportunity to realise this ambition, and in doing so improve the way in which we communicate and articulate our vision.

This section updates on 10 examples of initiatives that we are pursuing to support this aspiration.

Locality Development

The Public Bodies (Joint Working) (Scotland) Act 2014 requires HSCP’s to have a minimum of two localities and emphasises the importance of locality planning and how this shapes and drives a strategic commissioning approach.

By way of context, South Lanarkshire is home to just over 311,000 people and is one of the largest and most diverse areas of Scotland. The HSCP covers a geographical area of 180,000 square kilometres and contains both urban and more rural communities stretching from a few miles from the city centre of Glasgow to close to the Scottish Border. The four main Localities of South Lanarkshire are Clydesdale, East Kilbride, Hamilton and Rutherglen which are made up of a range of towns and smaller rural villages. The split of population across the four localities is set out below:

Locality	Population
Hamilton (incorporating Hamilton, Blantyre, Bothwell , Uddingston, Stonehouse and Larkhall)	107,673
East Kilbride (includes East Kilbride and Strathaven)	87,322
Clydesdale	61,268
Rutherglen/Cambuslang	59,967
Total	316,230

During 2016/17 we undertook a Strategic Needs Assessment for each of our localities and the different areas within them. We then prepared a locality profile for each of these areas, which gave an in-depth picture of activity, demand and resources. These profiles will help the localities to deliver the commissioning intentions as set out in the SCP for the South Lanarkshire HSCP and inform the development of new and more creative ways of working with people in their local communities to help deliver the best possible outcomes for everyone living in South Lanarkshire.

Copies of the locality profiles have been distributed to all four localities and are now available online.

In addition to the above, we are now implementing the Locality Management Structures which were agreed at the IJB in December, 2016. A Locality Health and Social Care Manager has now been appointed to each of the four localities and this has helped to strengthen leadership arrangements between the centre and localities.

In conjunction with management arrangements, all localities now have a fully functioning Locality Planning Group, which meets quarterly as a minimum. Underpinning this, all localities have Core Management Group meetings, which comprise of the key local operational managers and this is led by the Locality Health and Social Care Manager.

In continuing to provide impetus and direction with localities, a full programme of organisational development is being led by the Heads of Health and Social Care and this will be supported by dedicated change management support for each locality.

The timing of this is very important in the context of the wider work being undertaken by the Community Planning Partnership (CPP) and the subsequent development of Local Outcome Improvement Plans and Neighbourhood Plans. In particular, the Neighbourhood Plans will require both the Rutherglen/Cambuslang and Hamilton localities to be central players as the 9 Neighbourhood Planning areas identified by the CPP sit within both of these localities.

Building and Celebrating Communities (BCC)

From a health and wellbeing perspective, the HSCP recognises the importance of working with communities to gain a better understanding of the issues which are important to them. In view of this, the IJB approved the development of an approach which focuses working directly with communities to facilitate how improvements and changes can be taken forward.

CASE STUDY

Rikki Duncan, who participated at the Lanark BCC event, set out with a vision of starting a walking football fixture in Biggar. Just a few weeks later Rikki achieved his dream, with some 20 young and old people now meeting for the weekly game. "The world's full of strangers until you shake their hand," said Rikki, who will run the team independently. "I know from experience how football, and any other team sport, can be a great leveller, a great way of bringing folk together. It's about companionship and giving people a common purpose."

INSERT PICTURE NAMED "RIKKI"

In developing this, the HSCP researched models being deployed across Scotland and wider to tackle what is a very similar issue in terms of the impact of inequalities. From this, it is clear that such models fall into two categories as follows:

- The traditional path whereby the focus is on identifying a community's needs, deficiencies and problems. This need then drives how problems are subsequently addressed and tackled through deficiency orientated programmes
- The alternative pathway to this is to start with a clear commitment to discovering a community's capacities, assets and capabilities of the lower income people in neighbourhoods and communities. This model purports the notion that in order to develop a community, it must start from within, rather than wait for help to arrive from the outside

The table below summarises the difference between an assets based model and the more traditional deficit model:

Deficit Approach	Assets Based Approach
Deficiencies and needs in community	Assets and resources in community
Focuses on and responds to problems	Identifies opportunities and strengths
Focuses on services to be provided	Invests in people as active participants
Sees people as clients and consumers of services	Sees people as participants and co-producers with something to contribute
Treats people as passive and 'done-to'	Helps people take control of their lives
Implements programmes as the answer	People and communities are the answer
Keeps power in traditional hands	Gives power and control to communities and individuals

In the early part of 2017/18, the HSCP intends to facilitate a number of events across the Partnership and within the four localities which will directly engage communities and key stakeholders in developing the approach from the outset. Much of this work should augment some of the very good examples which already exist and in many ways, seek to strengthen and push forward this approach.

Primary Care Transformation

Primary Care Transformation and indeed Primary Care sustainability remains one of the most significant challenges for the Partnership. Primary Care remains a hosted service, in that the South

Lanarkshire HSCP leads this on behalf of both North and South Health and Social Care Partnership i.e. Lanarkshire-wide.

In addition to local investment, national investment through the Primary Care Transformation Fund has also been secured to support this programme of work. In recognition of the size and scale of this work, 9 workstreams have been developed as follows:

- General Practice & Community Redesign
- Urgent Care 24/7
- House of Care
- Leadership Programme
- Recruitment & Retention
- Digital Programme
- Pharmacy Independent Prescribers
- Mental Health
- NHS24 Virtual

INSERT PICTURE "3560" HERE

The Primary Care and Mental Health Transformation Programme incorporates a multi-disciplinary team approach with a range of healthcare professionals, such as Advanced Nurse Practitioners, working together to deliver GP and primary care services in the community.

Some of the highlights achieved from this work to date include:

- Pharmacists working in GP Practices
- Advanced Nurse Practitioners (ANPs) in training working as part of the General Practice Multi-Disciplinary Teams (MDTs)
- ANPs working with GP Practices to support people in care homes.
- ANPs working with GP Practices to support people in a community hospital and rural community
- Mental Health Nurses working in the out of hours centre to support GPs to manage people with mental health needs
- Paediatric nurses working in the out of hours centre to support GPs to manage children and avoid need to transfer to hospital

- Advanced Practice Physiotherapists working in GP Practices as first responders as an alternative to GPs
- OTs working in a GP Practice to support the MDT approach to meet people's needs
- Using digital services such as electronic notice boards, self-check in kiosks, vision anywhere and surgery pods within Practices to support better working
- Training staff in the House of Care approach
- Corporate approach to support GP Practices to recruit to vacancies and supporting GP Practices in crisis using improvement methodology to redesign
- Mental Health Link Workers in GP Practices
- Post Diagnostic Support Mental Health Web Resource
- Training for Community Pharmacy staff as mental health champions
- Mental Health Liaison Nurse Service for GP Practices

Care at Home

Care at Home is a key part of the Partnership's strategy in supporting what the preferences of the majority of people who use services, that is, to remain at home as a place to live. However, it also recognised that demand for care at home services is likely to increase over the next 10 years and beyond and therefore it is critical to maximise our current and future resources in realising the outcomes and choices of the people we provide services to.

With this in mind, a significant amount of development in service modernisation and improvement is being taken forward for care at home services. Some of highlights which the Partnership has either implemented or continues to take forward include:

- More efficient way of working for home carers through the introduction of tablets to promote mobile working and a move away from paper based daily schedules of care
- Better alignment of the workforce to specific geographical patches to reduce travel time between visits and thus allowing for better cross cover of work within the team
- The introduction of a new contract with external partners. This has widened the choice of partners who can now be called upon to provide home care services with a view to making availability of care easier

Case study

- A specially-designed smartphone app has become a vital tool of the trade for South Lanarkshire Health and Social Care Partnership's Home Care Service
- The rollout of the app represents a significant progress in terms of how home care is managed and coordinated
- Daily schedules were traditionally drawn up and distributed to some 1000 home care staff in paper format
- The smartphone app now sets out personalised schedules at our workers' fingertips and they can be updated instantly and as required.
- The apps use the latest encryption technology to guarantee security
- Overall, the development translates to better care for people in South Lanarkshire receiving the service

INSERT PICTURE OF "HOMECARE APP2"

Kelly Cunningham, a home carer, says the app has been hugely helpful in her day-to-day work.

Kelly said: "We may be meeting a service user for the first time but that person won't find themselves repeating their story or background "The most up-to-date information is at our fingertips. We are using technology but it helps us to continue to ensure our approach is very person centred."

Care Facilities and Community HUB Model

In recognition of the need to further integrate service delivery, a programme of work began in 2016/17 with regards to the future model of care for residential and day care services. Although two separate work programme have been developed for each area, it is recognised that there are co-dependencies across both.

This work has specifically involved undertaking some analysis of the physical assets within residential and day care services, looking at the current model of delivery and the potential options for the future. Both pieces of work provide an excellent opportunity to look at different delivery models, given that there is a capital allocation attached to the residential element in particular.

The Partnership is also exploring (in addition to the above), a specific commissioned specialist build for people with complex care needs, particularly with regards to learning disability. This work is at design phase and should allow the Partnership to provide services locally as opposed to out of area provision.

Telehealth/Telecare

Promoting self-care and self-management was an area which generated significant discussion as part of developing and consulting on the 2016-19 Strategic Commissioning Plan. This particular focus was timely, given that since 2015, both North and South Lanarkshire HSCP have participated in 4 of the Scottish Government's Technology Enabled Care (TEC) Programme Workstreams as follows:

- Home and mobile health monitoring
- Video conferencing
- Web based platforms
- Assistive technology

A number of important developments have been made in promoting the use of technology enabled care within the South Lanarkshire HSCP against each of the above workstreams. For example:

- The use of the simple text messaging system (Florence) whereby patients/carers use their own mobile phones to communicate results from monitoring equipment such as blood pressure monitors to clinical staff, thus reducing the requirement to attend appointments. The Florence system is being used in a number of areas including respiratory, cardiology, diabetes, mental health, Hospital at Home and smoking cessation
- Video conferencing facilities have been successfully installed in the 8 South Lanarkshire residential care homes to allow better communication between the care home and teams who support service users in the care homes, for example pharmacy staff and care home liaison teams. South Lanarkshire Leisure is also keen to utilise the opportunity to promote activity classes for residents as part of staying active and healthy. The Video Conferencing technology will support leisure staff linking into multiple residential care homes
- Other developments being considered to maximise opportunities in this area include extending the use of virtual consultations, supporting the GP Digital Bid as part of Primary Care Transformation, and continually working to promote the benefits of the TEC programme, including support for cultural changes in practice

Telehealth brought to life

The Florence Simple Telehealth text messaging system, or 'Flo' for short, was named after Florence Nightingale, the founder of modern nursing, for its human touch. A short internet animation has recently brought Flo – and how it works – into sharp focus via Fraser's story, who's living with high blood pressure. Traditionally, that means he would have had to make regular trips to his GP to have his blood pressure monitored. Now he can text his readings from home ensuring his safety and reducing the need to attend the Doctor's surgery for routine checks. You can watch the film here: <https://vimeo.com/198187123>

INSERT PICTURE CALLED "FRASER" HERE

Self-directed Support

The SDS Implementation Board continues to work to a deadline date of 2020 for full implementation of the requirement of the Social Care (Self-directed Support) (Scotland) Act 2014. Significant progress has been made since the implementation of the Act in April 2014 with the revised co-produced assessment fully embedded in Social Work practice.

The current focus of activity is the final adjustments to the Outcomes Support Plan / Child's Plan and to reflect the impending changes to support carers and young carers as a consequence of the 2016 Carers Act.

Colleagues across health and social care are working together to consider how SDS may be deployed in the context of health services.

Risk, Chronologies and Protection Planning

Arising from inspection feedback and work being led through the Support, Care and Clinical Governance Group, an approach to develop and share chronologies electronically across the HSCP has been agreed. This will utilise the eCare platform technology already in place and led through the Lanarkshire Data Sharing Partnership Board (LDSP).

Alongside this, work is being undertaken to strengthen existing approaches to risk assessment and risk management and in turn augment the HSCP approach to protection planning.

Delayed Discharges

Delayed Discharges remains a priority area of activity for the HSCP and continues to have a national focus in light of the Health and Social Care Delivery Plan 2016, which focuses on 6 big areas as follows:

- Accident and Emergency performance
- Unplanned admissions
- Occupied bed days and unscheduled care
- Delayed discharges
- End of life care
- The balance of spend across health and social care

It is important that delayed discharges are seen in the wider context of the above, as many factors influence why a person becomes a delay in hospital. Therefore, as a HSCP, the Director of Health and Social Care has led a programme of improvement activity to reduce bed days attached to the above 6 areas of activity and this has resulted in agreement being reached to look at improvement activity in relation to a number of primary and secondary drivers as follows:

Primary Drivers	Secondary Drivers
Community Based Services	<ul style="list-style-type: none"> • Locality based integrated services • Intermediate care / Step Up / Step Down
Redirection / Admission from A&E	<ul style="list-style-type: none"> • A&E turnaround • Acute assessment • Clinical decision making (ward based) • Discharge HUBs
End of life	<ul style="list-style-type: none"> • Palliative care
Infrastructure	<ul style="list-style-type: none"> • Data and measurement • Leadership • Joint Strategic Commissioning

Communications

The importance of communicating and engaging with staff, stakeholders and communities has been recognised as a key priority and some of this had already been alluded to as part of the Building and Celebrating Communities Programme. Notwithstanding this, communication across all of the HSCP and beyond is important from a number of perspectives, in that the content, timing and frequency and response require to be fit for purpose.

As a result, the HSCP continues to invest in this area, with a number of important pieces of work either being consolidated or introduced in 2016/17 as follows:

- Commitment to develop a Communications Strategy for approval by the IJB which clearly articulates the approach and contribution that good communications will make to the achievement of the 9 National Health and Wellbeing Outcomes. This is scheduled to go IJB for sign off in June, 2017
- A regular communications blog by the Director of Health and Social Care has been established and is working well
- Drop in sessions by the Director of Health and Social Care to meet staff in localities and also engage with service providers and partners
- The extended use of electronic means of communications and the development of a Health and Social Care website for the Partnership

6.0 How our external partners viewed the quality of what we do

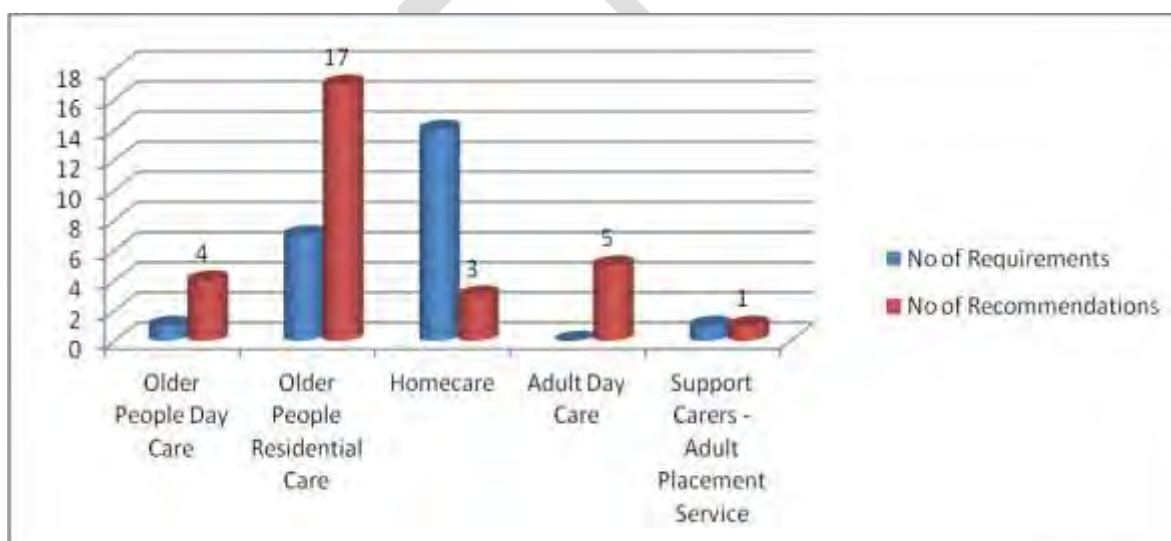
In delivering health and social care services, it is important that we work with and listen to the feedback of external agencies. One of our key partners in providing this feedback is the Care Inspectorate.

The Care Inspectorate regulates the performance, inspection, and public reporting of the Care Services registered with them. The HSCP has strategic oversight of these services, with operational management responsibility remaining with the Parties (Council and NHS Board). Over the last year (2016/17) there have been a number of inspections carried out by the Care Inspectorate, from the 34 registered services for adult and older people social care, there were 24 inspections carried out as outlined in the chart below:

Re graphs – Please format/stylise as appropriate



Alongside the graded inspection, the Care Inspectorate may identify areas that require improvement, and areas that they would suggest improvement could be focussed. The following table outlines the number of requirements and recommendations for specific service areas in 2016-17.



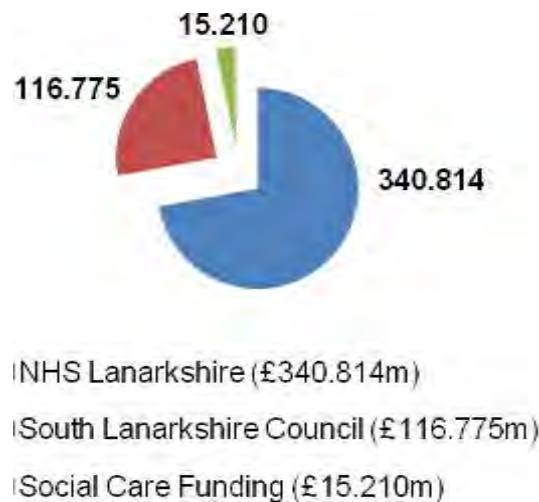
Improvement plans are developed and agreed with the Care Inspectorate to ensure that any requirements and recommendations are being met and within timescale.

7.0 How we have used the Budget

The IJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a balanced budget. National Outcome 9 relates to 'Resources being used effectively and efficiently in the provision of health and social care services'. This section of the performance report includes an

overview of the total amount of money spent in 2016/2017 analysed by the health and social care services to which the money was allocated.

The resources available to the IJB for the purposes of delivering the Strategic Plan are comprised of the financial contributions from South Lanarkshire Council (SLC) and NHS Lanarkshire (NHSL). A total of £472.799 million was available during the financial year 2016/2017 to take forward the commissioning intentions of the South Lanarkshire Health and Social Care Partnership which are set out in the Strategic Commissioning Plan. The funding contributions were as follows:



Over recent financial years, a range of financial pressures on health and social care services have had to be addressed within reduced levels of public sector funding. These pressures include:

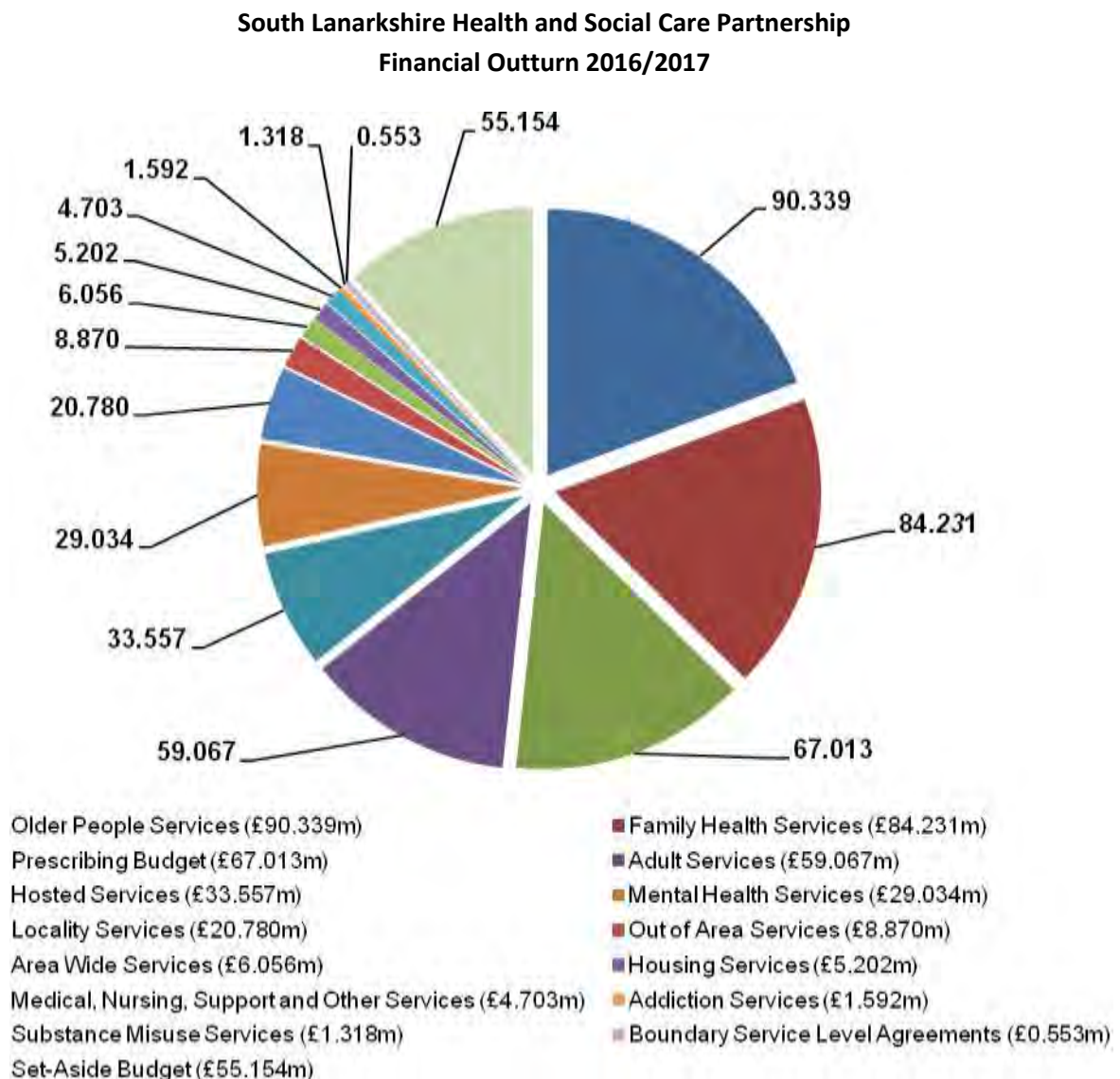
- an ageing population;
- an increase in the number of people who have more than one long-term condition;
- an increase in the number of people with complex needs;
- an increase in the number of people with dementia;
- increasing costs of medication;
- the increase in the minimum wage and the move to the Scottish Living Wage;
- an increase in national insurance contributions for employers; and
- an increase in superannuation costs and the effects of people automatically paying into a pension arrangement.

In order to facilitate transformational change, additional funding has been provided by the Scottish Government to support integration and reduce delayed discharges. In 2016/2017, the Scottish Government directed £250m from the national Health budget to Integration Authorities for Social Care. The South Lanarkshire IJB's share of this funding was £15.210m. £7.605m was allocated to a range of local authority health and social care service costs including the payment of the living wage for all social care workers. The balance of the funding was directed to support growth in social care spend including services for the elderly and young people with specialist needs, self-directed support and partnership priorities. The South Lanarkshire partnership also implemented the new charging thresholds for all non-residential services to address poverty.

Included within the funding available is a "set aside budget" totalling £55.154 million. This is a notional allocation in respect of "those functions delegated by the health board which are carried

out in a hospital within the health board area and provided for two or more local authority areas”. The IJB is responsible for the strategic planning of these services but not their operational delivery.

The financial outturn for 2016/2017 is outlined in the diagram below.



There is a requirement to shift services traditionally provided in a hospital setting to the community. The main objective of this shift is to reduce the number of beds in hospital and, bed days, plus the outpatient activity, in addition to moving the balance of care into the community. During the first year of the IJB, service redesign options are being considered and are currently being scoped in terms of demand, capacity, skill mix, clinical governance and financial impact.

8.0 What are the risks we have to manage as a Partnership?

Given that the IJB is an entity/ public body similar to that of Councils and NHS Boards, it requires to be aware of the risks that may affect its ability to operate effectively. In view of this, a Risk Register has been prepared to allow the IJB to function and take decisions, whilst at the same time being

aware of the potential risks and mitigation that requires to be put in place to reduce any identified risks.

When compiling the risk register it was reviewed against the existing risk registers for South Lanarkshire Council Social Work Resources and NHS Lanarkshire. This provided assurance that the three registers had a consistency of approach. The Risk Register is monitored on an ongoing basis to allow new risks to be added and for the control measures and scores of the existing risks to be reviewed in light of new information.

The table below shows the IJB risk profile, for 17 risks identified. The profile sets out the likelihood and impact of each risk, giving an overall assessed level of residual risk:

			Impact				
			Low	Minor	Moderate	Major	Extreme
Score			1	2	3	4	5
Likelihood	Almost Certain	5					
	Likely	4			1		
	Possible	3	1	1	5	1	
	Unlikely	2	2	2	1		
	Rare	1		1	2		

Partnership Risk Exposure

Residual risk score	Number of risks	Percentage of risks
High (7, 8 or 9)	2	12%
Medium (4, 5, or 6)	9	53%
Low (1, 2, or 3)	6	35%
Total	17	100%

Of the 17 risks identified, there are two which (after mitigation) remain as high risks for the Health and Social Care Partnership. These two risks relate to:

- Reductions in public sector finance as a consequence of economic austerity
- The ability to shift the balance of care from residential and acute settings to community based alternatives

The Health and Social Care Management Team oversee the actions detailed within the risk register and ensure that these actions are progressed. When reviewing the register consideration is given to the partner organisation's risks and where a number of operational risks impact across multiple service areas or because of interdependencies, require more strategic leadership, then escalation to strategic risk status goes to the IJB for approval.

9.0 Next Steps for 2017/18 and Beyond

This annual report highlights that the Partnership has made significant progress in the last year, particularly with regards to the infrastructure to support better integrated health and social care services for the people of South Lanarkshire.

Notwithstanding this, it is recognised that this is a large and complex agenda, with a lot of competing demands and priorities. In view of this, the IJB, at its meeting of 28th March, 2017, agreed (in addition to the Strategic Commissioning Intentions outlined in the Strategic Commissioning Plan), six further Directions issued by the IJB to the Parties NHS Lanarkshire and South Lanarkshire Council). The Directions detailed below, will form part of the key priorities for 2017/18:

- Directs that South Lanarkshire Council will deliver home care services in terms of the new contractual framework agreement; that mobile working and efficiencies in scheduling will be introduced
- Directs both South Lanarkshire Council and NHS Lanarkshire to complete a feasibility study which review care pathways and maximises use of existing community based resources – including all beds, regardless of setting
- Directs both South Lanarkshire Council and NHS Lanarkshire to implement an integrated locality planning and management model for the Partnership which has broad consistency across each of the four localities
- Directs NHS Lanarkshire Acute Services to work jointly with the Health and Social Care Partnership to develop proposals which more effectively supports a reduced number of A&E attendances, associated admissions and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting
- Directs NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address existing challenges, for example General Practitioner capacity
- Directs NHS Lanarkshire and South Lanarkshire Council to participate in the development of the Local Outcome Improvement Plans (LOIPS) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building

From a performance reporting perspective, cognisance has also been taken with regards to feedback from the IJB and wider stakeholders in terms of simplifying the process of reporting. In light of this, a number of actions will be taken forward to assist in meeting this request as follows:

- The current Strategic Commissioning Plan 2016-19 and associated PRF will be reviewed and updated. This work will be led by the Strategic Commissioning Group and progress will be reported back to the Audit and Performance Sub Committee and IJB
- Looking at other methods of reporting progress have been explored by the Partnership, not least the work that has been done by a specialist evaluation team led by Dr Helen Alexander,

which utilises contribution analysis. A report titled *Contribution to Achieving the National Health and Wellbeing Outcomes 1st Contribution Story* has been prepared outlining the impact that initiatives funded through the Integrated Care and associated funds have made across both North and South Health and Social Care Partnerships. Methodologies of this nature will also be considered as part of future performance reporting

- A review of IJB membership will be undertaken as part of developing and maturing the role of the IJB as a strategic commissioner and decision – making forum. Organisational development support will also be provided for IJB members to support them in carrying out their role within health and social care integration

10.0 List of Key Contacts

Noted below are key individuals working within the Health and Social Care Partnership:

Val de Souza, Director of Health and Social Care
Craig Cunningham, Head of Commissioning and Performance
Brenda Hutchinson, Head of Health and Social Care (Hamilton & Clydesdale)
Marianne Hayward, Head of Health and Social Care (Rutherglen/Cambuslang & East Kilbride)
Chris Mackintosh, Medical Director
Liam Purdie, Chief Social Work Officer/Head of Children and Justice
Marie Moy, Chief Financial Officer
Marilyn Aitken, Health and Social Care Locality Manager (Clydesdale)
Deborah Mackle, Health and Social Care Locality Manager (Hamilton)
Nadia Ait-Hocine, Health and Social Care Locality Manager East Kilbride)
Tom Bryce, Health and Social Care Locality Manager (Rutherglen/Cambuslang)
Martin Kane, Health and Social Care Programme Manager
Yvonne Cannon, Health and Social Care Organisational Development Manager
Janiece Mortimer, Health and Social Care Planning & Development Officer
Margaret Moncrieff, South Lanarkshire Health and Social Care Forum
Gordon Bennie, Chief Executive, Voluntary Action South Lanarkshire (Third sector)
Rhonda Ormshaw, Commercial Providers of Social Care
Bill Addis/Barbara McAulay, Chairperson, South Lanarkshire Carers Network

To request further information or discuss content please contact:

Euan Duguid, Health and Social Care Communications Officer
Euan.Duguid@lanarkshire.scot.nhs.uk

Report

13

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Regional Delivery Planning Arrangements
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Integration Joint Board (IJB) on new requirements for the West of Scotland to produce a Regional Delivery Plan

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the requirement for the South Lanarkshire IJB to work collaboratively in the development of the West of Scotland Regional Delivery Plan be noted.

3. Background

3.1. In December 2016, the Health and Social Care Delivery Plan (HSCDP) was published setting out a programme to further enhance Health and Social Care Services. The Delivery Plan supports the aspiration that people are supported to live longer, healthier lives at home or in a homely setting. In achieving this, the Delivery Plan re-inforces the principles of a Health and Social Care system which is integrated, maximises the use of day case treatment, focuses on quality and safety, is person centred and focuses on getting people back to their home and community as soon as appropriate.

3.2. To this end, three broad aims were cited within the Delivery Plan with associated actions to underpin the principles cited in 3.1. These were:

- ◆ better care
- ◆ better health
- ◆ better value

3.3. As part of achieving these aims, many of the keys within the Delivery Plan have now moved to an implementation phase. One such action is in relation to NHS Board Reform, particularly with regards to national NHS Boards and the contribution of existing territorial NHS Boards to regional planning and population based approaches to planning and service delivery.

3.4. This short paper is intended at this stage, to give the IJB early information with regards to its role in shaping future regional planning arrangements.

4. National Proposal for NHS Boards and Regional Planning

- 4.1. In all, five NHS Chief Executives have been appointed to lead aspects of work related to national and regional planning. Three of the five Chief Executives will focus solely on the three regions with the remaining two focusing on the national planning of services.
- 4.2. At a regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed across three large geographical regions of North, East and West.
- 4.3. From a leadership perspective, the three Regional Planning areas will be led by the following NHS Chief Executives:
- ◆ West – John Burns (also Chief Executive of Ayrshire and Arran NHS Board)
 - ◆ East – Tim Davison (also Chief Executive of Lothian NHS Board)
 - ◆ North – Malcolm Wright (also Chief Executive of Grampian NHS Board)
- 4.4. The South Lanarkshire IJB will sit within the West region, which will comprise of five NHS Boards, 16 local authorities and 15 Health and Social Care Partnerships, with a population of 2.7million. This will also include the Golden Jubilee Foundation as part of these arrangements. For information, the West Regional Planning Group comprises of:

Local Authority	HSCP	NHS Boards
Stirling	Stirling and Clackmannanshire	Lanarkshire
Falkirk	Falkirk	Glasgow
Clackmannanshire	North Lanarkshire	Forth Valley
North Lanarkshire	South Lanarkshire	Dumfries and Galloway
South Lanarkshire	Glasgow City	Ayrshire and Arran
Glasgow City	East Renfrewshire	
East Renfrewshire	Renfrewshire	
Renfrewshire	West Dunbartonshire	
West Dunbartonshire	East Dunbartonshire	
East Dunbartonshire	Inverclyde	
Inverclyde	North Ayrshire	
North Ayrshire	East Ayrshire	
East Ayrshire	South Ayrshire	
South Ayrshire	Dumfries and Galloway	
Dumfries and Galloway	Argyll and Bute	
Argyll and Bute		

- 4.5. One of the key aspects of the Regional Delivery Plan will be the local planning dimension, particularly within the geographical areas covered by IJBs.
- 4.6. The attached information in Appendix 1 details further background information with regards to this.

5. Next Steps

- 5.1. From a South Lanarkshire IJB perspective, the Chief Officer/Director of Health and Social Care or one of the Senior Management Team will be the link into the West Regional Board and accordingly further updates will be brought to the IJB for consideration and where appropriate direction.
- 5.2. A meeting with Chief Officers from the West region took place on the 24 July to begin the process of scoping out the regional strategic direction. In all 14 potential workstreams are being considered to underpin the development of the strategic direction including; population health; better health and prevention; primary and community health; unscheduled care; planned care and cancer services; rehabilitation; neonatal, maternity and children; mental health; diagnostics; eHealth; estates and facilities; workforce; finance and communications and public engagement.

6. Employee Implications

- 6.1. There are no employee implications associated with this report.

7. Financial Implications

- 7.1. There are no financial implications associated with this report.

8. Other Implications

- 8.1. There are no additional risks associated with this report.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other implications at this stage.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. At this stage, no consultation has been undertaken, given that Regional Plans have not yet been developed.

Val de Souza
Director, Health and Social Care

Date created: 18 August 2017

Previous References

- ◆ none

List of Background Paper

- ◆ Appendix 1

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Martin Kane, Planning Manager, Health and Social Care

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Email: martin.kane@southlanarkshire.gcsx.gov.uk

**Paper for Health Boards and Integrated Joint Boards –
West of Scotland Planning and Delivering Care and Treatment
Across the West of Scotland**

Purpose

This paper sets out the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018 and seek the support of Health Boards and Integrated Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.

Background

The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- ◆ better care
- ◆ better health
- ◆ better value

The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focussed. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of Health and Social Care for each of the three regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by five NHS Boards, 16 local authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

To take forward the national and regional approach, five Chief Executives have been appointed to the role of National or Regional Implementation leads.

Developing a Regional Plan

To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and locality planning within Integrated Joint Boards (IJB) to ensure we plan effectively for the wider population. It is recognised and understood that the existing Boards retain their governance responsibilities, however, to achieve this ambition:

- ◆ it is essential that Health Boards and IJBs across the West of Scotland support a collaborative approach
- ◆ we need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
- ◆ there needs to be transparency in our discussions
- ◆ we need to accept a collective accountability for the wider population, evidenced through our decisions and actions

In taking forward this work, it is important that we are guided by some key principles, namely:

- ◆ maximising health gain
- ◆ anticipation and prevention
- ◆ reducing inequality
- ◆ quality, evidence and outcome
- ◆ sustainability

This is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.

Report

14

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	GP Contract Changes 2018
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ inform the South Lanarkshire Integration Joint Board of the current position and challenges regarding General Medical Service (GMS) Contract

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the implications of the new GP contract, scheduled to be implemented in April 2018, be noted.

3. Background

- 3.1. GPs are independent practitioners contracted with NHS to provide services. The duties, responsibilities and scope of that contractual relationship are defined within a written contract.
- 3.2. There are continuous changes to that contract responding to changing circumstances and priorities and these occur on an annual basis. However, from time to time there is a major change in the GMS contract which responds to major changes within the entire system. The last major change was 2004.
- 3.3. We are now at that point again and a new contract has been expected for some time. It has been difficult to produce the contract, with the initial aspiration being a 2017 contract now being pushed back to 2018.
- 3.4. We now expect a contract to be published in autumn 2017 leading to an engagement and vote by GPs at the end of 2017 with implementation starting from April 2018.
- 3.5. The new contract will require to take significant steps to address the challenges of GMS sustainability over the next 1-3 years and primary care transformation between now and 2025.
- 3.6. The GP Contract is with the Health Board.

4. Expected content of contract.

- 4.1. Up to this point, the details of the contract content are confidential, but the key areas will include:
- ◆ role and function of GP
 - ◆ development of a multidisciplinary team and the GP relationship with that team
 - ◆ management of premises and associated issues
 - ◆ integration and how that affects a GP practice
- 4.2. Role and function of a GP practice. This will be described under three main headings:
- ◆ Management of Undifferentiated Illness
 - ◆ Management of Complex Care
 - ◆ Leadership
- 4.3. Multidisciplinary team
- ◆ it is now widely accepted that the attributes brought to clinical care by the range of professions and clinicians should be linked in an organised manner to facilitate care by the right person, right place, right time, first time. The contract will need to develop a model which allows that to happen
 - ◆ the question relates to who is the employer (GP or Health Board), who is on the team and how is it organised?
 - ◆ current work via transformation and sustainability workstreams informs these decisions
- 4.4. Premises. The contractual and organisational aspects of buying, owning or renting, whether from NHS or private landlords, are complex. Whilst the arrangements served well in their time, significant change is required. Existing arrangements are a barrier to many newly qualified GPs entering the profession.
- ◆ A national group has looked at the issues and presented recommendations to the Scottish Government, but it has not yet been published. That will inform any options for changes to premises for GPs
 - this issue is commercially sensitive in some instances
 - it may produce additional obligations for NHS Boards
- 4.5. There will be specific issues, such as transfer of vaccination and immunisations away from general practices.

5. Implementation arrangements

- 5.1. When there have been previous major contractual changes there have been significant workloads generated to ensure that new contracts are signed and new processes put in place.
- 5.2. On this occasion, a phased implementation has been hinted at allowing implementation over a longer timeframe.
- 5.3. A major part of that work will fall to the primary care office and the medical management team.

6. Employee Implications

- 6.1. Whilst GPs are not employees, there will be a significant impact on them.
- 6.2. It is likely that the management arm will be under significant pressure.
- 6.3. Many other clinician groups will be affected by this.

7. Financial Implications

- 7.1. In our experience, new contractual arrangements for GPs are accompanied by financial changes organised to accommodate all of Scotland. Some of these will be beneficial and some a risk within a Lanarkshire context.

8. Other Implications

- 8.1. The actual size of any risk to the organisation will not be known for some time.
- 8.2. There are no sustainable development issues associated with this report.
- 8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.
- 9.2. There was also no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 03 August 2017

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

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Report

15

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Health and Social Care Partnership Input to Primary Care Transformation
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ inform the South Lanarkshire Integration Joint Board (IJB) of a report to the national Chief Officers Group relating to Primary Care Transformation

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the Board supports the integrated response to deliver better care for our citizens and communities
- (2) that the Board note the connections with the new GP contract, GMS sustainability and transformation

3. Background

- 3.1. The overall strategy to deliver a comprehensive community based health service is dependent upon a functional primary care and general practice specifically. South Lanarkshire Health and Social Care Partnership (HSCP) strategically aims to deliver on the nine national outcomes. One of the key building blocks in delivering leadership and development within the health service component of the HSCP is general medical practice through individual practices in localities and the commissioning arrangements for these. Previous papers have described the challenges of sustainability and transformation as well as the new contractual changes expected in general practice.
- 3.2. The range of potential solutions and opportunities to sustainability and transformation are often within the remit of HSCPs.
- 3.3. Most of these issues relating to transformation and sustainability and potential developments are already well known, and we have brought them together in one paper outlining the HSCP role. This is unusual for them to be brought together in one place and reflected through the lens of HSCPs. It does not reflect all that can be done, but the issues most amenable to HSCP input.
- 3.4. There has been consultation on the content of this paper via email and direct discussion. The data within it is derived from a number of sources and further information and detail on this is provided in Appendix 1.

- 3.5 In particular it is important to note that each specified quantum of change will overlap with others. One cannot simply add the various percentage shifts together to get the total shift available. Given that there is a workforce issue in many job families, the actual deployment of all the elements of work will be driven at least partly by workforce availability and some described shifts may not be deliverable for several years.
- 3.6 Looking at it from the point of view of the GP, it is likely that there will be between 20% and 30% less GPs over the next 5-10 years. It is also possible that between 20% and 50% of work currently completed by GPs can be managed by others.
- 3.7 Finally, some of the work which will be completed by the described additional practitioners will be additional work as the specialised teams bring additional opportunities to improve the work and extend it as well as replacing existing work.

4. Summary of inputs available to transformation and sustainability

- 4.1. If all the potential inputs to GMS as described in the paper could be delivered, we would have a transformed and sustainable GP service as part of a radically different health and social care partnership.
- 4.2. Nothing stands still and resistance to too many of the proposed changes will occur.
- 4.3. Many of the opportunities can be at least supported by HSCPs and many will be commissioned by the HSCP. Some are simply changes of emphasis and behaviours within existing resource.

5. Employee Implications

- 5.1. Whilst GPs are not employees, there will be a significant impact on them.
- 5.2. It is likely that there will be significant expansion across a number of employee groups. The relationship between GPs and these new staff will probably be described within the new contractual arrangements.
- 5.3. Many other clinician groups will be affected by this. A key expansion area is the joint work with social work third sector and other local authority groups.

6. Financial Implications

- 6.1. The financial implications of pursuing these opportunities are as yet unknown. The risk of not pursuing these opportunities is massive.

7. Other Implications

- 7.1. The risks with regards to this are referred to above, in that there will be fewer GPs and therefore, alternative models will require to be developed to mitigate these risks
- 7.2. Sustainability issues are as outlined above, in that the current model of delivery will not be sustainable, given that potential reductions in overall GP numbers as outlined in 3.6 above
- 7.3. There are no other issues associated with this report.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. This report does not introduce a new policy, function or strategy, or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

8.2. There is no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 25 August 2017

Previous References

- ◆ Integration Joint Board Paper June, 2017

List of Background Papers

- ◆ HSCP input to transformation paper, first section.
- ◆ The large data file has not been circulated but can have specific sections shared as required

Contact for Further Information

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Appendix 1

The question

The joint SG and BMA letter 3 May 2017 includes the following information.

“We are also working with Health and Social Care partnerships (HSCPs) and Health Boards to see which services currently provided by GPs would be better transferred to the wider healthcare system. This work is underway and we are considering carefully the balance in the new contract between GPs fulfilling a critical role and as providers of services.

We have established an advisory group with representation from Chief Officers of Health and Social Care Partnerships to provide advice and recommendations to the Scottish Government and SGPC on how best to deliver services within Primary Care. “

This current document is to support the Chief Officers of HSCPs to provide recommendations to Scottish Government and SGPC. Importantly, it is in relation to HSCPs and their input rather than a comprehensive set of actions. The questions are these...

Within a HSCP context, to influence GP contract, primary care and community care.

- What work could others do, to shift from GPs?
- Who would do this work?
- What quantum could move safely?
- How quickly could it shift

I have included only the table of works and the appendix with extensive greater detail is available to those who require it.

Table of works

The following table gives the key areas, and references the remainder of the document. The information is taken from the transformation program and the GP sustainability workplan for Lanarkshire. You will note that if all areas are fully enacted, over 70% of GP work can be changed. However, there is overlap, but it does give confidence that a sufficient proportion of work can be shifted to allow delivery of a broader service.

1) Item Nos	2) What	3) Who	4) Quantum of GP work	5) Early implementation
6) 1, 2, 3, 4	7) Urgent care (in hours)	8) ANPs,	9) Approx 30% of GP work in practice and more of the work associated with Community Hospitals and Care Homes	10) By skilling existing practice nurses and increasing training program and increasing training opportunities to ANP level. 11) HSCPs can support.
12) 5	13) Pharmacist care	14) Clinical pharmacists of various skill levels	15) Approx 20% of GP work in practice could be managed	16) More rapid expansion of pharmacy than in policy documents is possible. This includes advanced pharmacists as well as pharmacy technicians. 17) HSCPs can take bold steps to accelerate recruitment in front of national funding. It may be self-financing by reducing waste.
18) 6	19) Musculoskeletal problems	20) Advanced physiotherapists	21) Some estimates 30%, but locally we estimate less, perhaps 15%.	23) For greatest impact, specialist physio skills needed and the clinical

			22) Impact on MSK physiotherapy waiting lists overall remains to be understood.	cohort needs to expand. Many physios have most of the skills already. HSCPs can support.
24) 7, 8, 9	25) Mild to moderate MH problems and stress /distress.	26) OT, community pharmacists, signposting services, self management offerings.	27) Approx 30% of GP work is mental health related, so a reduction of 15% total work is not unrealistic. Implementation depends on the systems in place	28) Local services can do this with a project managed approach. Implementation from now on. 29) HSCPs ideally placed to accelerate and integrate.
30) 8,9,12,15, 16, 17, 18, 21	31) Long term care (in hours)	32) ANP, practice nurses, pharmacists, IT, self-help, education, 3 rd sector	33) Much of the most difficult work for GPs is in this area, and increasing. Effectively we want to provide more time for patients with multiple problems to be looked after by GPs supported by multi professional team.	34) Early input for other areas will support this area, which should make entire NHS function to better effect. However, this will be 2-5 years in achieving fruition.
35) 20	36) Treatment room, phlebotomy services. Integrated with hospital sector and IT solutions.	37) Varied care team. This will reduce the work going through practices and increase the efficiency within hospital based	38) Unknown quantum of work. Very variable across NHSL and Scotland	39) Early solutions to the communications and labs issues coupled with satisfactory capacity is in everyone's interest. 40) HSCPs can influence early on.

		services.		
41)	42) This links with developing the “third space”. This is that quantum of work which does not need to be done in hospital (1 st space) but should not be done in practice (2 nd space)	43) Extension and development of Intermediate care teams, specialised care teams, H@H etc	44) Unknown quantum of work. Very variable across NHSL and Scotland. Might be about 10% of practice work, but potentially transformational to our citizens. 45) Long slow process but worth doing well	46) HSCPs can be a driving force. In NHSL some of this is referred to as the 5% work
47) 22	48) Immunisations and vaccinations	49) Nursing teams	50) Perhaps most importantly, the flu vaccination season is when practices are becoming busier for the winter months and over some weeks it represents a high proportion of nurse time.	51) This cannot be accelerated.
52)	53) Making best use of existing skills and opportunities	54) Communications teams, IT, 3 rd Sector, NHS Inform, community pharmacies	55) There are several under used resources which may be influenced by a communications strategy to encourage self help and reduce dependency on	57) Communications strategy at local level can start now, and regional approaches may help. There is little point in waiting for a national strategy to rely on as a single strategy.

			<p>56) interventions by professionals in general and GP practices in specific. Unknown quantum of work.</p>	<p>HSCPs can influence.</p>
<p>58) 8, 15, 16</p>	<p>59) Making best use of connections made available from integration</p>	<p>60) Link Social workers, mental health services and leisure centres etc as resource. Sharing records and assessments</p>	<p>61) Unknown quantum of work. BUT health is more than absence of illness so joined up opportunities important. The roles in Health and social care are complimentary and can deliver more and depend on GPs less. Included in this is the promotion of agile working.</p>	<p>62) HSCPs can facilitate this. Social work direct links to practices may be largest gain.</p>
<p>63)</p>	<p>64) Moving to a single point of access for as many potential needs as possible</p>	<p>65)</p>	<p>66) GPs and others spend time trying to get to the right access points. It can be streamlined. Would reduce the work which adds nothing to the patient journey but requires clinician effort. Included in this is the promotion of agile working.</p>	<p>67) HSCPs can facilitate this.</p>

Report

16

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Palliative Care Services in South Lanarkshire
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the review of NHS Lanarkshire's Palliative Care Strategy
- ◆ outline future proposals for the model of palliative care in South Lanarkshire

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the proposed model of care be noted; and
- (2) that the outline of future proposals for the model of palliative care in South Lanarkshire be submitted to a future meeting of the IJB.

3. Background

3.1. NHS Lanarkshire held a series of consultation events, with wide stakeholder involvement in the preparation of a Palliative Care Strategy throughout 2012. The 2013 'Strategy was subsequently reviewed as part of the implementation of Achieving Excellence in 2015. This reflects the wider national strategic context of managing more people at home or in homely settings as locally as possible.

3.2. The 2013 Palliative Care Strategy also reflects the desire of the vast majority of patients to receive support in a community setting with comprehensive and integrated clinical and care support. Accordingly, a range of actions were taken which sought to ensure, as far as possible, integrated care was available to support patients in their own homes. This has included:

- ◆ 24/7 community nursing/Integrated Community Support Team care
- ◆ 'Just in Case' medication boxes available in all care settings
- ◆ seven day Macmillan Service for continuity of care, availability of specialist nursing advice, and to avoid weekend hospital admissions
- ◆ 'end of life care' documentation to ensure compliance with national guidelines
- ◆ extended palliative care services from hospices to local communities
- ◆ increased hospital specialist nursing to ensure 52 week cover
- ◆ creation of bereavement team to uplift profiling beds timeously after death
- ◆ roll out a structured conversation (addressing the Great Taboo) to help people be more confident talking about death, dying and bereavement

- 3.3. The 2013 Palliative Care Strategy has considerable resonance with the national Strategic Framework for Action on Palliative and End of Life Care in seeking to ensure a consistent Lanarkshire wide clinical and care model to meet the palliative care needs of all patients.
- 3.4. A small element of the strategy also related to the optimum number of hospice beds to meet the needs of the Lanarkshire population going forward. This was reviewed by a Short-life Working Group, convened in January 2017, and independently led by Professor Rosslyn Crockett, MBE, formerly Director of Nursing in NHS Greater Glasgow and Clyde.
- 3.5. Previously, Scottish Government and NHS Lanarkshire agreed to the establishment and building of Kilbryde Hospice on the grounds of Hairmyres Hospital. Given this new facility is now available, a range of options were considered to assess how best to allocate 30 – 36 hospice beds – which would be in keeping with the recommendations of the strategy and evidence regarding numbers of beds for the size of the population.
- 3.6. There are currently 43 hospice beds commissioned for the residents living within the NHS Lanarkshire boundary – in St Andrews Hospice in Airdrie (30), Greater Glasgow and Clyde (circa 7) and in Strathcarron Hospital in NHS Forth Valley (6). There are no beds currently provided from Kilbryde Hospice.
- 3.7. Arrangements were made to meet with the representatives of the respective hospices/Health Board on Monday 4 September 2017 such that they could be advised on the undernoted:
 - ◆ note the end of the review and next steps
 - ◆ note the conversation with the Scottish Health Council
 - ◆ outline the context and purpose of the review option appraisal
 - ◆ outline the considerations and recommendations of the option appraisal
 - ◆ ask that they consider and come back with comments / suggestions within seven days
 - ◆ arrange further meetings with each to take account of comments/suggestions
- 3.8. Whilst the Palliative Care Services are being hosted in South Lanarkshire, the Short-life Working Group meetings were attended by representatives of North and South as well as key clinical staff.

4. Reporting Arrangements

- 4.1. Progress on the development of the preferred clinical and care pathway – with associated access to hospice beds, will be reported back to the IJBs in North and South Lanarkshire.

5. Employee Implications

- 5.1. There are no employee implications for South Lanarkshire Health and Social Care Partnership.

6. Financial Implications

- 6.1. Whilst there will require to be some re-distribution of existing costs, there is no expectation of any financial savings as a result of this process.

7. Other Implications

- 7.1. There will require to be the appropriate public communication to advice of new service provision in the area.

7.2. There are no sustainable development issues associated with this report.

7.3. There are no other implications at this stage.

8. Equality Impact Assessment and Consultation Arrangements

8.1. EIA was undertaken as part of the NHS Lanarkshire Healthcare Strategy, 'Achieving Excellence'.

8.2. Some further consultation maybe required, in line with Scottish Health Council advice.

Val de Souza
Director, Health and Social Care

Date created: 04 September 2017

Previous References

◆ none

List of Background Papers

◆ none

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Report

17

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Update on Local Outcome Improvement Plan (LOIP) and Locality/Neighbourhood Planning
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ update the Integration Joint Board (IJB) on the work being undertaken to develop the Local Outcome Improvement Plan and Locality/Neighbourhood Planning

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the content of the report be noted.

3. Background

- 3.1. Through the 2015 Community Empowerment Act, the Scottish Parliament gave a statutory purpose for the first time to community planning – to focus on improving outcomes and tackling inequalities in outcomes – including in those communities (covering areas and/or groups of individuals) experiencing the poorest outcomes. It also introduced the requirement for Community Planning Partnerships (CPPs) to develop a Local Outcome Improvement Plan (LOIP) and any appropriate Locality Plans by 1 October 2017.
- 3.2. At its meeting of 14 June 2017, the Community Planning Partnership Board agreed to the LOIP becoming the new Community Plan for South Lanarkshire and to replace the Single Outcome Agreement, for Locality Planning to be rebranded Neighbourhood Planning, and for work to begin the process of establishing Neighbourhood Plans, based around areas within nine Council wards, identified using an analysis of 35 indicators of deprivation and inequalities across seven domains.
- 3.3. In conjunction with the above and as part of setting its directions for 2017/2018, the IJB recognised the importance of the LOIP. Consequently, at its March meeting, the IJB issued six new directions. One of these directions related specifically to participation in the development of the Local Outcome Improvement Plans (LOIPs) with a particular focus on early years, tackling social isolation, health inequalities, early intervention/prevention and community capacity building.

- 3.4. This paper gives an update on the status of the LOIP and the Locality/Neighbourhood Planning agenda which the Community Planning Partnership has been leading and coordinating. Additionally, it also updates on some of the work which the Health and Social Care Partnership is progressing to complement the development of Neighbourhood planning.

4. Progress to Date

- 4.1. On 14 July 2017, the draft final Local Outcome Improvement Plan (LOIP) - and the draft for Strategic Board supporting plans - were circulated for consideration by the partners represented on the Board. At the same time, these documents were similarly circulated for consideration by the other statutory bodies subject to community planning duties - Historic Environment Scotland, South Lanarkshire College and New Lanarkshire College, the Scottish Environmental Protection Agency, Scottish Natural Heritage, the Scottish Sports Council, Skills Development Scotland, and VisitScotland. In addition, copies were forwarded to the University of the West of Scotland and the Federation of Small Businesses.
- 4.2. A public online consultation exercise also began at this time and by 24 July 2017 it had received 642 responses. This is believed to be one of the highest numbers of responses received and is over twice that for similar consultations, for example, the recent consultation on the Council Plan.
- 4.3. A new page went live on the Community Planning Partnership website related to the LOIP and Neighbourhood Planning, giving access to the relevant papers and to area profiling tools, profiles of the situation in each ward for the most deprived communities in them, as well as short Neighbourhoods in Miniature DVDs providing the information in a more user friendly way. The new pages can be accessed using the following link
http://www.southlanarkshire.gov.uk/cp/info/26/loip_and_neighbourhood_plans
- 4.4. Work is now underway to develop a comprehensive consultation exercise in the areas identified for Neighbourhood Planning activity, to take place involving a range of mechanisms – including through existing local structures and events and face to face interviews. It is proposed that these will focus on seeking views on what local residents' and businesses' visions for their area are over the next 10 years, what its strengths and weaknesses are, and the role they are willing to play in developing the future of their area. As this process develops, the consultation and engagement exercise will begin to focus on what needs to change to improve the outcomes in the area and the best routes to achieving the required change.
- 4.5. Consideration is being given to an online 'community conversation' based on the questions related to aspirations for areas and the challenges they face, using postcodes to identify which communities and wards the respondents live in.
- 4.6. As part of this deeper consultation with communities, a list of postcodes in the identified Neighbourhood Planning areas has been compiled and the Council intends to use this to target its own employees – on the basis of where they live and where they work – to add to the Partnership's knowledge of local opinion and to widen the potential engagement and empowerment of those living and also those working in the area, and considers that the other partners should adopt a similar approach in respect of their staff.
- 4.7. The Scottish Government's guidance sets out a requirement for statutory community planning partners to:-

- a) collaboratively align their community participation activity and pool community engagement expertise and resources so reducing engagement fatigue amongst communities and also provide a more efficient use of community as well as public partner resource
- b) contribute such funds, staff and other resources as the CPP considers appropriate to secure participation of community bodies in community planning

4.8. As part of the work to support the Neighbourhood Planning process it is proposed that appropriate officials from the Partnership come together to consider the evidence at hand on inequalities and to seek to determine what is driving them and the range of possible responses by services.

4.9. It is believed that this will put the Partnership in a better position to engage with local communities on determining what service changes could best achieve the improvement being sought and the role they can play in achieving this improvement.

5. Other Related Developments

5.1. There are a number of related developments which are also running in tandem which support the development of the LOIPs. In summary, the main areas include:

- ◆ a bid being made to the Scottish Government's Community Choices Fund to carry out participatory budgeting activity. This bid is being led by South Lanarkshire Council and NHS Lanarkshire and if successful, will support activity aligned to the LOIPs
- ◆ the Scottish Government's consultation of socio-economic duties for public authorities and its potential impact is being considered. The expectations being that public authorities will focus on communities within particular areas of disadvantage and also disadvantaged communities of interest, for example, young people leaving care, people affected by disability and people from minority ethnic backgrounds. Much of this focus will resonate with Neighbourhood planning, but critically should not be seen in isolation from other duties already in place, for example, the Equality Act 2010, Children and Young People Act, 2014 and Community Empowerment Act, 2015.

5.2. As with any new policy or strategy, the impact on the wider environment requires to be considered. A Strategic Environmental Assessment (SEA) is a systematic decision support process, aiming to ensure that environmental and possibly other sustainability aspects are considered effectively in policy, plan and programme making. To date, letters have been received from the three Strategic Environmental Assessment statutory consultation bodies – the Scottish Environmental Protection Agency, Scottish Natural Heritage, and Historic Environment Scotland – indicating that they have considered the scoping report produced on the LOIP and that they are satisfied that it conforms to the guidance and that there is no need to go to a full assessment. As the Neighbourhood Plans develop, it is likely that they will require to be looked at to determine whether there is a requirement for SEA consideration.

5.3. The Scottish Government has passed on to all Community Planning Partnerships an offer by the Scottish Community Development Centre (SCDC) - recognised by the Scottish Government as the national lead body for community development - to provide a tailored learning opportunity to six Community Planning Partnerships to take part in its 2017/2018 Supporting Communities programme. This is aimed at strengthening community planning through strengthening community involvement with a likely focus on themes of Community engagement, Community-led action research, Community-led action planning and Co-production. The intention is that as the programme progresses, opportunities will be identified which will allow participants to put their learning into practice. Participants will also have the

opportunity to review and reflect on their learning with others involved in the process through national co-inquiry sessions. Support will be delivered between September 2017 and March 2018 with national learning/co-inquiry events to be held in September 2017 and March 2018.

- 5.4. It is considered that currently the Partnership has significant strengths in its research and understanding of issues capabilities but that it would benefit from a refresh of its approach to community engagement and in particular its ability to meet the expectations contained within the Community Empowerment Act in respect of the role communities can and should play in tackling local outcome inequalities and being empowered to take responsibility for achieving change. It is therefore proposed that the Partnership submit a bid to take part in the programme.
- 5.5. Given the new statutory duty and obligations now placed on community planning partners and the Partnership – and the desire to increase community engagement and empowerment through community planning – it is perhaps appropriate for the Board to consider whether the papers it receives should be made publicly available. A number of other CPPs already take such action. If the Board decides to make papers publicly available it may wish to consider adopting the exemption from publication criteria under the Local Government (Scotland) Act 1973 and relevant Freedom of Information criteria.

6. Next Steps for the IJB and Health and Social Care Partnership (HSCP)

- 6.1. The HSCP and IJB is represented at the CPP Partnership Board through the Chief Officer/Director, Health and Social Care. Health and Care is one of the five strategic Partnership themes identified within the LOIP. Consequently, the HSCP will play a lead role in implementing a number of key actions aimed at supporting the overall aspiration of the LOIP to tackle deprivation, poverty and inequality.
- 6.2. Moreover, from a Neighbourhood Planning perspective, the HSCP has a critical role in shaping plans based around the nine wards. As can be seen from the table below, the nine wards sit within two of the four localities for the HSCP:

Locality	Wards
Rutherglen/Cambuslang	Ward 11 – Rutherglen South Ward 12 – Rutherglen Central Ward 13 – Cambuslang West Ward 14 – Cambuslang East
Hamilton, Blantyre and Larkhall	Ward 15 – Blantyre Ward 17 – Hamilton North Ward 18 – Hamilton West and Earnock Ward 19 – Hamilton South Ward 20 – Larkhall

- 6.3. The Locality Planning Groups within each of the above areas have been asked to build into their own locality planning, any future and ongoing work with regards to the wards.
- 6.4. Another complementary area which the HSCP has been working to strengthen is the approach to community engagement and involvement. The Building and Celebrating Communities (BCC) programme of activity will be intrinsic to locality development and in turn, support the Neighbourhood Planning agenda, particularly in a community development context. The IJB received a recent update at its June meeting on the BCC programme and it was noted the significant interest that this programme had

already generated and the intention to build on this to support communities to design and agree their own solutions.

7. Employee Implications

7.1. There are no employee implications associated with this report.

8. Financial Implications

8.1. There are no financial implications associated with this report.

9. Other Implications

9.1. There are no additional risks associated with this report.

9.2. There are no sustainable development issues associated with this report.

9.3. There are no other implications at this stage.

10. Equality Impact Assessment and Consultation Arrangements

10.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

Val de Souza
Director, Health and Social Care

Date created: 21 August 2017

Previous References

◆ none

List of Background Papers

◆ none

Contact for Further Information

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Report

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Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	12 September 2017
Report by:	Director, Health and Social Care

Subject:	Locality Planning
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide the Integration Joint Board (IJB) with an update on progress with the development of locality planning since the previous update to the IJB in June 2017

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that progress made with locality planning since June 2017 be noted.

3. Background

3.1. Section 29 (3) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires each Integration Authority to establish (as a minimum) two localities within their geographical area.

3.2. Given this statutory obligation, and the commitment by the South Lanarkshire IJB to four geographical planning areas, locality planning is therefore a key central pillar of health and social care integration in South Lanarkshire.

3.3. At the IJB meeting of June, 2017, a full and detailed overview of progress to date with locality planning was provided by the Director of Health and Social Care. In summary, this update highlighted that a number of important foundations had been implemented as follows:

- ◆ the Head of Adult and Older People and Head of Health posts have been transitioned into two Head of Health and Social Care roles, with each post overseeing two of the four localities
- ◆ Locality Health and Social Care managers were now in post and assigned to each of the localities
- ◆ a Locality Planning Group had been established for the purposes of strategic planning and was now meeting in each locality on a minimum frequency of quarterly meetings
- ◆ a weekly Core Group meeting chaired by the Integrated Health and Social Care Manager had been established within each locality to manage and coordinate the operational business of health and social care.

- ◆ change management and organisational development support for each locality has been identified
- ◆ a Locality Leadership Group has been established to oversee the direction of travel and consistency of approach for each of the four localities
- ◆ alignment of Children and Justice Social Work Services structures to the four localities

3.4. In view of the importance of this agenda to the delivery of better integrated Health and Social Care, this paper will provide a short update on further progress which has been made in recent months and the next key milestones for development.

4. Progress since June, 2017

4.1. From the above, there has been significant traction with locality planning arrangements since IJB approval of the structure in December, 2016, particularly from an infrastructure and governance perspective.

4.2. However, and more importantly, from a practical and operational perspective, period since the last IJB, a number of areas have/are being progressed as follows:

Development	Progress
Integrated substance misuse services	the Integrated Substance Misuse Manager took up post from 1 September, 2017 and this will ensure the necessary leadership and management is in place to progress the further integration of operational teams, together with associated co-location options for staff
Shifting the balance of care	there have been tests of change over the last 9 months which support the aspiration to shift the balance of care. These have now been evaluated, with consideration being given to how they can be rolled out consistently across the four localities. Examples of these include the 22 intermediate care beds as part of developing a wider model of intermediate care which also includes reablement, Integrated Community Support Teams and Hospital @ Home.
Hospital Discharge	There has also been a test of change with the voluntary sector (Red Cross) where support has been provided to allow individuals to return home safely, following a hospital admission. Following evaluation, it has been agreed that the red cross will enhance the services they provide and the test of change will be extended to 31 st March, 2018 with full evaluation to inform future pathways across acute sites
Building and Celebrating Communities	all localities are actively facilitating the wider Building and Celebrating Communities (BCC) approach to capacity building from an assets based

	viewpoint
Treatment Rooms	treatment room developments are progressing well in each locality with pathways established between acute, GPs and treatment room to provide a more seamless service for patients
Occupational Therapy	There is an ongoing review of service provision and standards with regards to aids and adaptations and recommendations will be brought forward by October, 2017. Phase 2 of this work will involve a whole system Health and Social Care Partnership review of Occupational Therapy to look at opportunities to develop a more integrated service. A Steering Group has been established to scope out this work with a view to bringing back initial proposals by December, 2017. The implications of this from a locality planning and service delivery perspective will be considered
Connectivity with Acute Services	Strengthening joint working between localities and acute services has also been progressed, particularly with regards to developing a shared commitment to future pathways and models of care. This has involved locality based staff being involved in day of care audits and also wards rounds to share learning and understanding of patients that could be managed in the community or transitioned home more promptly

- 4.3. In a practice context, localities have been developing local solutions to supporting people at the right time and in the right place. A number of good examples are being progressed including:

Locality	Example of Integrated Working
Rutherglen/Cambuslang	in the Rutherglen/Cambuslang locality, Allied Health Professionals (AHPs) are working to strengthen integrated care management arrangements for patients
East Kilbride	in East Kilbride, community based integrated care management support has resulted in more people having their needs met in the community as opposed to acute settings. From a palliative care perspective, inroads have also been made improve pathways for palliative care patients, with a view to avoiding unnecessary hospital admissions
Clydesdale	in Clydesdale an intermediate day care model has been successfully tested and

	<p>consideration will now be given to rolling this out to other localities.</p> <p>There is also a test of change with regards to shifting from a hospital based discharge HUB model to a locality based model to support hospital discharge. This will be evaluated by 31st October, 2017 and will inform the work of the Steering Group looking at hospital discharge HUB arrangements. The aim is to have a proposed future model for hospital discharge agreed and an implementation plan developed by December, 2017</p>
Hamilton/Blantyre	<p>a training programme has been provided to Home Carers, Home Care Support Workers, Community Support Co-ordinators, Team Leaders and Operations Managers in the Hamilton locality with regards to continence management. This was supported by the Continence Assessment Team from NHS Lanarkshire. Agreement has now been reached to extend this across the same staff group in each of the other localities</p>

- 4.4. From a reablement perspective, there is an ongoing review of home care services which is progressing well with regards to service modernisation whereby improvement have been made to mobile working and scheduling. In terms of the overall future model of care, it is anticipated that recommendations will be confirmed in December, 2017

5. Next Steps and Milestones

- 5.1. In further integrating the locality planning and development agenda, there are a number of important milestones which will require further consideration. The most important of these are highlighted below in the table below:

Milestone	Detail	Timescale
Review of Strategic Commissioning Plan	As part of reviewing the current Strategic Commissioning Plan 2016-19 and in particular the commissioning intentions, Locality Planning Groups and Core Groups will have a key leadership role in shaping this, particularly in view of the intelligence now available across the four localities	March, 2017
Devolved integrated performance management	In tandem with the above, the performance management framework which underpins the SCP will be reviewed. On completion of this work, an operational performance scorecard will be developed for localities to ensure that a single partnership wide performance framework can be segmented across the four locality planning areas	March, 2017
Quality Assurance	<p>A quality assurance case file audit tool is due to be tested in relation to social care case files in September, 2017. Subject to evaluation and feedback, this will be rolled out across the Health and Social Care Partnership.</p> <p>In a wider context, the current model of self – evaluation which exists on a single agency basis requires to be embedded on a Health and Social Care Partnership basis to meet two key aspirations 1) for the purposes of cyclical improvement planning 2) the meet any future regulatory inspections of integrated services</p> <p>Localities will be key to operationally implementing quality assurance to a consistent methodology</p>	September, 2017 to test to framework
Local Outcome Improvement Plans and Neighbourhood Planning	The Health and Social Care Partnership has participated in the development of the Local Outcome Improvement Plan. The next step will be the development of Neighbourhood Plans. The 9	October, 2017 and beyond

	Wards which have been identified are nested within two of the Health and Social Care localities (Hamilton/Blantyre and Rutherglen/Cambuslang). The Locality Planning Groups in these two localities will have a central role in shaping the Neighbourhood Plans	
High Resource Individuals	Following the development locality profiles for each of the four localities, the next step will be the analysis of information relating to high resource users of services. This will provide localities with a better understanding of where existing pathways are working well or require to be improved/streamlined	December, 2017
Resource Configuration	Each four localities have a broad portfolio of resources comprising of staff, premises, equipment and supporting services. Understanding how these are currently configured and can be maximised in the future will be a key area for localities	Ongoing
Co-location	As above, where opportunities exist to enhance integrated working through better communication and closer proximity of services, then localities will be encouraged to develop proposals to achieve this	Ongoing
Pathways	Significant work has been and continues to be undertaken to streamline and increase efficiency within existing pathways for service users and carers. Intermediate care being a relevant example. Localities need to be at the forefront of leading this work and developing the commissioning proposals for IJB consideration and approval	Ongoing development work
Operational/HR issues	Given that the model of integration across Scotland does not change the status of the workforce in relation to their employing body, a key part of the work within	Ongoing development work

	localities is recognising and understanding the parameters of these arrangements when developing new models of care and pathways.	
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5.2. The above milestones represent some of the more significant areas of activity and a Programme Plan is currently being developed to agree timescales and actions against each of the above.

5.3. Further updates in relation to locality development will be a regular part of future IJB agendas.

6. Employee Implications

6.1. There are no employee implications associated with this report.

7. Financial Implications

7.1. There are no financial implications associated with this report.

8. Other Implications

8.1. There are no additional risk implications associated with this report.

8.2. There are no sustainable development issues associated with this report.

8.3. There are no other issues associated with this report.

9. Equality Impact Assessment and Consultation Arrangements

9.1. This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy and, therefore, no impact assessment is required.

9.2. There was no requirement to undertake any consultation in terms of the information contained in this report.

Val de Souza
Director, Health and Social Care

Date created: 24 August 2017

Previous References

◆ Locality Development Paper presented to IJB on 27 June 2017

List of Background Papers

◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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