



Council Offices, Almada Street
Hamilton, ML3 0AA



Dear Member

South Lanarkshire Integration Joint Board

The Members listed below are requested to attend a special meeting of the above Board to be held as follows:-

Date: Tuesday, 29 March 2022

Time: 14:00

Venue: By Microsoft Teams,

The business to be considered at the meeting is listed overleaf.

Yours sincerely

**Cleland Sneddon
Chief Executive
South Lanarkshire Council**

**Heather Knox
Chief Executive
NHS Lanarkshire**

Members

South Lanarkshire Council

John Bradley, Allan Falconer, Richard Lockhart, Jim McGuigan

NHS Lanarkshire

Lilian Macer, Lesley McDonald, Donald Reid, Lesley Thomson

Substitutes

South Lanarkshire Council

Maureen Chalmers, Hugh Macdonald, Richard Nelson, Margaret B Walker

BUSINESS

1 Declaration of Interests

Item(s) for Decision

- 2 Integration Joint Board Financial Plan 2022/2023** 3 - 26
Report dated 21 March 2022 by the Director, Health and Social Care. (Copy attached)
- 3 Strategic Commissioning Plan 2022 - 2025** 27 - 60
Report dated 14 March 2022 by the Director, Health and Social Care. (Copy attached)
- 4 Directions Progress Update** 61 - 74
Report dated 14 March 2022 by the Director, Health and Social Care. (Copy attached)

Item(s) for Information

- 5 South Lanarkshire Integration Scheme Update** 75 - 116
Report dated 14 March 2022 by the Director, Health and Social Care. (Copy attached)

Any Other Competent Business

- 6 Any Other Competent Business**
Any other items of business which the Chair decides is competent.

For further information, please contact:-

Clerk Name:	Tracy Slater
Clerk Telephone:	01698 454719
Clerk Email:	tracy.slater@southlanarkshire.gov.uk

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	29 March 2022
Report by:	Director, Health and Social Care

Subject:	Integration Joint Board Financial Plan 2022/2023
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ outline the implications of the 2022/2023 grant settlement for each partner
- ◆ outline the IJB Financial Plan for 2022/2023 including details of the budget pressures facing each partner, the key financial assumptions and key risks
- ◆ outline the 2022/2023 contributions from each partner and the proposed financial strategy to address the funding gap
- ◆ note the requirement to vary the directions with each partner for 2022/2023
- ◆ approve the delegation of authority to the IJB Chief Officer to finalise the 2022/2023 funding allocations as part of the budget process, in consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources
- ◆ approve the ongoing delegation of authority to the IJB Chief Officer as outlined at paragraph 12.2 until the next meeting of the IJB
- ◆ note the requirement to update the IJB Medium to Long Term Financial Plan

2. Recommendation(s)

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

- (1) that the 2022/2023 financial planning assumptions agreed with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources be noted;
- (2) that the contributions from NHSL and SLC to the IJB for the financial year 2022/2023 as summarised at section 7 be noted;
- (3) that the IJB Financial Plan 2022/2023, which sets out a balanced budget in-year, be approved subject to a mid-year review by October 2022 of the IJB financial assumptions, in consultation with both partners, to test the original assumptions, projections and information for ongoing validity with a view to reprioritising where appropriate;
- (4) that the proposed financial strategy detailed at section 9, which addresses the funding gap of £8.499m (NHSL - £3.554m; SLC - £4.945m) and achieves the balanced budget for 2022/2023, be approved;
- (5) that the requirement to vary directions on behalf of the IJB, which is detailed in a separate report, be noted;

2. Recommendation(s) (Cont.)

- (6) that the delegation of authority to the IJB Chief Officer to finalise the 2022/2023 funding allocations as part of the budget process, in consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources, be approved;
- (7) that the proposal to continue to adopt for 2022/2023 the current approach for the management of underspends or overspends by the lead partner for the Hosted Service be approved;
- (8) that the proposal to jointly consider a pan-Lanarkshire approach to the establishment of reserves in respect of Hosted Services underspends on confirmation of the year-end outturns for each IJB be noted;
- (9) that the requirement to update the IJB Medium to Long Term Financial Plan be noted;
- (10) that the exercise of the delegation of authority by the IJB Chief Officer to allocate funding of £0.790m as highlighted at paragraph 12.3, be noted; and
- (11) that the ongoing delegation of authority by the IJB to the IJB Chief Officer, as outlined at paragraph 12.2, until the next meeting of the IJB be approved.

3. Background

- 3.1. As a result of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) has a responsibility to set a balanced budget for 2022/2023. The funds for the IJB are delegated from NHSL and SLC for the purpose of delivering the delegated functions as set out in the Integration Scheme and the IJB's Strategic Plan. Additionally, the Health Board will also 'set aside' an amount in respect of large hospital functions covered by the Integration Scheme.
- 3.2. As the delegated funds come from NHSL and SLC, the level of funding available to the IJB is heavily influenced by these organisations' grant settlements from the Scottish Government. Both NHSL and SLC face challenges balancing their respective budgets due to budget pressures exceeding the provisional level of funding available.
- 3.3. UK spending on healthcare requires to increase by 3.3% per annum over the next 15 years to 2033 to maintain NHS provision at current levels. Social care funding would also require to increase by 3.9% per annum to meet the needs of the population living longer and an increasing number of younger adults living with disabilities. These projections do not take into account the impact of the Covid-19 pandemic including long-Covid.
- 3.4. In respect of the current financial year 2021/2022, the IJB, NHSL and SLC have all continued to respond to the Covid-19 pandemic which began in March 2020. Additional Scottish Government funding in 2021/2022 has been confirmed to support the Lanarkshire Remobilisation Plan which was submitted to the Scottish Government on 31 January 2022. In respect of the financial year 2022/2023, the financial planning assumptions required to reflect the ongoing response to the pandemic, which remains the priority for the IJB and both partners and also take cognisance of the projected inflationary cost pressures across the economy. Mainly as a result of the Covid pandemic on the economy, the rate of inflation rose to 5% in the winter of 2021 and it is expected to reach about 6% by spring 2022. This is higher than the previous year. It is however expected to reduce later in the financial year 2022/2023 although there is a risk that some commodity prices may remain at the higher price level and not reduce despite the rate of inflation reducing.

3. Background (Cont.)

- 3.5. Although the priority continues to be responding to the Covid-19 pandemic, a sustainable IJB Financial Plan 2022/2023 requires to be approved by the IJB in consultation with both partners. The IJB Financial Plan 2022/2023 will also allow the IJB to take informed decisions about the priorities set out in the strategic commissioning plan and agree the directions to each partner. The development of a three-to-ten year financial plan is also recognised as good practice. The horizon for the medium-term financial plan will align to the IJB Strategic Commissioning Plan (SCP) 2022/2023 to 2024/2025.
- 3.6. This report sets out the delivery of a balanced budget for 2022/2023 for the IJB to consider and approve. The increase in costs in 2022/2023 is projected to be a total of £46.385m and this is addressed by the increase in funding (£37.886m) and funding solutions that cover the funding gap (£8.499m). The proposed budget includes reliance on non-recurring funding solutions in 2022/2023 of £7.514m. The IJB Chief Financial Officer is working with both partners to identify recurring funding solutions for IJB consideration and approval. These recurring funding solutions will require to be implemented effective from 1 April 2023.

4. Financial Implications of the Covid-19 Pandemic

- 4.1. Based on the latest information available as at 31 January 2022, the total projected cost of the Covid-19 pandemic in 2021/2022 is estimated to be £25.043m (NHSL - £3.050m; SLC - £21.993m). This cost will be addressed as follows:

	NHSL £m	SLC £m	Total £m
IJB Reserves	1.997	7.521	9.518
Scottish Government Funding Received To Date	0.755	8.188	8.943
Scottish Government Confirmed on 25 February 2022	0.298	6.284	6.582
Total	3.050	21.993	25.043

- 4.2. Further funding of £980.577m for NHS Boards and Integration Authorities was confirmed by the Scottish Government on 25 February 2022. This funding is required to meet Covid-19 costs, including the under-achievement of savings, and to support the continuing impact of the pandemic. The funding allocation for Lanarkshire totals £83.931m (8.56%) summarised as follows:

Health Board	£15.121m
North Lanarkshire IJB	£32.102m
South Lanarkshire IJB	£36.708m
Total	£83.931m

- 4.3. As highlighted at paragraph 4.1, £6.582m of the share of the South Lanarkshire IJB Covid-19 funding of £36.708m is required to meet the balance of 2021/2022 Covid costs. The uncommitted funding of £30.126m will be transferred to an IJB ring-fenced reserve to provide funding for a range of ongoing Covid-19 measures in 2022/2023. The use of the IJB reserve to meet 2022/2023 Covid-19 expenditure requires to be agreed with both the NHS Board Director of Finance and the IJB Chief Finance Officer in advance of IJB approval. The IJB reserve of £30.126m will also require to be fully used before further funding allocations are made by the Scottish Government in 2022/2023. The IJB reserve will therefore be used to support the continuation of Covid-19 costs which were funded in 2021/2022 as a direct result of Covid-19.

4 Financial Implications of the Covid-19 Pandemic (Cont.)

- 4.4. Based on the information available as at 31 January 2022, the funding allocation of £15.121m is required in full by the Health Board to meet the balance of the Lanarkshire-wide Covid-19 costs incurred across Acute Services and also those services which are not delegated to the North Lanarkshire IJB or the South Lanarkshire IJB.
- 4.5. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. The funding of £30.126m should therefore be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board. It is expected that the funding will be allocated in line with the Scottish Government guidelines however NHS Boards and Integration Authorities can agree revisions to the proposed funding allocations where appropriate to take account of local circumstances. Any proposed utilisation of the IJB reserve to meet new expenditure that has not been funded in 2021/2022 will require the prior agreement of the Scottish Government before costs are incurred. As the Covid-19 funding is non-recurring, it will also remain important that reserves are not used to fund recurring expenditure. The scale of anticipated Covid-19 commitments for 2022/2023 is being kept under review.

5. 2021/2022 Financial Outturn

- 5.1. In respect of the financial year 2021/2022, as at February 2022, partner contributions total £633.837m (NHSL - £487.102m; SLC - £146.735m). These contributions exclude the additional non-recurring 2021/2022 Covid-19 funding of £36.708m announced by the Scottish Government on 25 February 2022 as highlighted at paragraph 4.2.
- 5.2. The 2021/2022 partner contributions also include funding from NHSL which is recognised as being non-recurring. Some of this funding may be received again in 2022/2023 however, this will not be confirmed until after 01 April 2022. Expenditure incurred in relation to non-recurring funding is managed on a year-to-year basis, as appropriate.
- 5.3. Based on the information as at February 2022, the year-end outturn is projected to be an underspend of £53.115m (NHSL - £45.867m; SLC - £7.248m). The main factors contributing to the favourable outturn are summarised as follows:

	NHSL	SLC	Total
	£m	£m	£m
Original Projected Underspend Based On 31 December 2021	5.022	0.495	5.517
Net Favourable Movement	1.579	0.571	2.150
2021/2022 Scottish Government Covid-19 Funding (As highlighted at paragraph 4.3)	30.126	0.859	30.985
Scottish Government Funding 2021/2022	0.000	5.323	5.323
▪ Care at Home Services (£3.661m)			
▪ Interim Care Placements (£1.662m)			
Primary Care Improvement Fund	9.140	0.000	9.140
Sub Total	40.845	6.753	47.598
Revised Projected Underspend Based On 28 February 2022	45.867	7.248	53.115

5. 2021/2022 Financial Outturn (Cont.)

- 5.4. In line with the Scottish Government guidance, the majority of the underspend of £53.115m will be required to meet the 2022/2023 Covid costs for both the NHSL and SLC partners (£30.126m – 57%).
- 5.5. On 2 February 2022, the SLC Executive Committee approved that the projected underspend at 31 March 2022 would be retained by the IJB and transferred to an earmarked reserve for future care costs in line with the approach to integrating health and social care services. In line with this agreement, the proposed transfer to the earmarked reserve is now projected to be £7.248m.
- 5.6. The NHSL partner will also seek approval from the NHSL Board that the projected underspend of £45.867m at 31 March 2022 will be retained by the IJB as a non-recurring funding solution for 2022/2023, in line with Scottish Government guidance.
- 5.7. The proposed IJB reserves will be finalised in consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources on conclusion of the financial year 2021/2022 and will be subject to IJB approval in June 2022.

6. 2022/2023 Financial Planning Assumptions

- 6.1. In respect of 2022/2023, costs are projected to increase by £46.385m (NHSL - £10.784m; SLC - £35.601m). The main factors contributing to the increase are summarised in this section.
- 6.2. Employee costs, including the cost of job evaluations, are estimated to increase by £6.358m (NHSL - £2.438m; SLC - £3.920m).
- In respect of both partners, consistent with previous years, pay costs for 2022/2023 are being modelled in-line with the Scottish Public Sector Pay Policy for planning purposes. National negotiations are ongoing.
 - There is a significant risk that the final cost of the agreed pay award for both partners may exceed the estimated cost included within the financial plan at this stage.
- 6.3. The IJB were advised on 25 January 2022 that the SLC partner would provide a recurring contribution of £0.487m towards the cost of the residential care services job evaluation. This recurring funding contribution has been removed at this stage pending a joint discussion with the SLC partner on the totality of the funding included in the Scottish Budget financial settlement and new emerging priorities.
- 6.4. In order to forecast prescribing expenditure for 2022/2023, an exercise was undertaken to consolidate pharmacy and medical cost projections and trend analysis. The increase in costs in 2022/2023 is therefore projected to be £3.204m analysed as follows:
- | | | |
|---|---------|------|
| ▪ 2022/2023 Recurring Cost Increases (Volume) | £2.995m | 93% |
| ▪ 2022/2023 Recurring Cost of New Drugs | £0.209m | 7% |
| ▪ Total | £3.204m | 100% |
- 6.5. Prescribing cost volatility will continue to represent the most significant risk within the NHSL element of the Partnership's budget.

6. 2022/2023 Financial Planning Assumptions (Cont.)

- 6.6. Inflationary and development costs pressures are projected to total £6.519m (NHSL - £1.625m; SLC - £4.894m).
- The NHSL recurring inflationary cost pressures across service level agreements are estimated to be £1.109m. Negotiations are ongoing at a local level.
 - The cost of implementing Microsoft 365 to ensure NHSL staff have access to modern technology is £0.453m, of which £0.281m will be non-recurring.
 - Staff wellbeing and support will continue to be a priority. A non-recurring cost of £0.063m is estimated for 2022/2023.
 - There is a social care services legacy funding gap of £2.732m as a result of non-recurring funding solutions in 2021/2022 addressing cost pressures which will recur into 2022/2023.
 - Utility costs increases across social care properties are estimated to be £0.642m.
 - Existing care home commitments will increase by £1.520m in 2022/2023 as a result of the full year effect of placements made in 2021/2022.
- 6.7. Fair work practices, including the Scottish Living Wage, impact on the costs of the services commissioned from the independent sector. The Scottish Living Wage is reviewed annually. The cost of implementing the increase to the Scottish Living Wage rate of £10.50 per hour effective from 1 April 2022 is estimated to be £11.306m.
- 6.8. An increase in cost of £1.273m is projected in respect of the potential outcome of the ongoing review of externally commissioned Care at Home Services. The actual increase in cost will be confirmed on completion of the contractual review.
- 6.9. The cost of the implementation of the Home First Approach and the expansion of the Care At Home Service as a result of demographic growth in 2022/2023 is estimated to be £7.281m. Adult Social Care Services intend to continue to transition towards the revised Model of Care to ensure improvements are sustainable and regulatory requirements going forward are addressed. This also includes the cost of the workforce strategy to recruit ahead of turnover to maintain sufficient staffing levels particularly during the pandemic. The immediate priority of both partners is to ensure safe services continue to be delivered in response to the Covid-19 pandemic. The IJB will be provided with further updates on the progress of the strategic developments.
- 6.10. A significant cost pressure relates to the National Care Home Contract (NCHC) which is currently negotiated annually. The 2022/2023 NCHC rate negotiations commenced in January 2022. Discussions are therefore ongoing between the Care Home Sector, COSLA and the Scottish Government. An estimate of the potential increase in cost of £1m is included for 2022/2023. The National Care Home contract negotiations are progressing and the projected cost of £1m reflects the most up-to-date information available. Detailed financial modelling of the impact of contract negotiations will continue to be kept up-to-date as further information becomes available
- 6.11. The part year effect in 2022/2023 of an increase in nursing care home placements of 5 per month is estimated to be £0.750m.
- 6.12. The cost of implementing the 2022/2023 uplift on the free personal and nursing care home rate based on current placements is projected to be £0.588m. Recurring funding has been provided to continue to support this policy.

6. 2022/2023 Financial Planning Assumptions (Cont.)

- 6.13. Effective from the 01 April 2018, the Carers Act (Scotland) Act 2016 was implemented to support carers' health and wellbeing and help make caring more sustainable. This Act places a duty on local authorities to provide support for carers, based on the carer's identified needs which meet the local eligibility criteria. This is supported by adult carer support plans and a young carer statement to identify carers' needs and personal outcomes. This is the fifth year of the implementation of the Carers (Scotland) Act 2016. The planned commitments totalling £1.162m for 2022/2023 in respect of Carers Assessment Support and Carers Respite Services for Adults and Older People Services are still to be developed and agreed with key stakeholders.
- 6.14. In-line with the local and national policy direction, the increase in the cost of direct payments is estimated to be £0.536m.
- 6.15. The ongoing implementation of assistive technology requires to be funded on a recurring basis. The projected additional cost is estimated to be £0.225m.
- 6.16. The requirement to undertake additional stairlift testing in line with the Lifting Operations and Lifting Equipment Regulations is increasing. The projected additional cost is estimated to be £0.200m.
- 6.17. In 2021/2022, delayed discharges were rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental wellbeing among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them. The cost of interim care placements is estimated to be £1.174m in 2022/2023. This cost is being funded by non-recurring funding. If the interim care placements continue, there is a risk that the non-recurring funding will not be sufficient.
- 6.18. The expansion of the social care work workforce is now required to support the increasing adult social care workload in recognition of current workforce pressures and to ensure care can be delivered safely to those who need it. Additional social workers, associated social work assistants and/or support staff are to be employed. The Chief Social Work Officer and their team are to decide how best to use the funding being made available to meet local pressures. The cost of £1.292m is therefore included in the IJB Financial Plan 2022/2023.
- 6.19. The Scottish Government remains committed to improving patient outcomes and shifting the balance of care to support more people to live longer, healthier lives at home or in a homely setting. The full year cost of the expansion of the integrated Multi-Disciplinary Teams (MDT) approach is projected to be £2.349m. The development of MDTs has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. MDTs will support the reduction of delayed discharges from hospital, meet the current high levels of demand in the community and alleviate the pressure on unpaid carers. MDTs will also support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.

6. 2022/2023 Financial Planning Assumptions (Cont.)

6.20. NHSL recruited an additional 123 new health care support workers in 2021/2022 to provide additional capacity across a variety of services both in the community and in hospital settings. The full year cost allocated to the South Lanarkshire IJB of this recruitment is projected to be £1.168m. Health Boards were also able to recruit to new Band 2 roles in Acute settings and to support progression of existing staff into promoted posts. These roles are supporting hospital services as well as supporting social care teams to improve the flow of patients through the Acute hospitals, to enable discharge from hospital thereby significantly reducing the number of delayed discharges and, where possible, prevent hospital admissions.

7. 2022/2023 Projected Increase in Funding

7.1. The indicative 2022/2023 Scottish Government Budget was announced on 9 December 2021. The 2022/2023 Scottish Government Budget is a transitional budget, paving the way for a full resource spending review in May 2022. The immediate priorities of the budget are to continue to support the ongoing response to the Covid-19 pandemic and to take the next steps to deliver the health and social care commitments outlined in the Programme for Government. The increase in funding in respect of the financial year 2022/2023 is highlighted in this section.

7.2. NHSL will receive a baseline uplift of 2% on recurring budgets along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In respect of the delegated health functions, the partner contribution from NHSL to the IJB will therefore increase by 2% over the 2021/2022 agreed recurring budgets. This will equate to additional funding of £2.386m across the general health services budgets and £1.327m on the prescribing budget.

7.3. Additional funding of approximately £0.984m will be transferred to SLC in respect of the uplift on resource transfer payments and also the services commissioned through the Social Care Fund, Delayed Discharge Fund and Integrated Fund.

7.4. The total additional funding as a result of 2% uplift is therefore £4.697m. This includes the funding for the pay uplift and the increase in the national insurance contributions. The 2022/2023 pay negotiations are ongoing. The projected increase in pay costs at this stage is estimated to be £2.438m. The pay costs in excess of the funding available will require to be met from efficiency savings and management actions. There is a high risk that the estimated pay costs may increase on conclusion of the pay negotiations.

7.5. Health Boards furthest from NRAC parity will also receive a share of £28.6m to ensure they continue to be within 0.8% of NRAC parity. In 2022/2023, NHSL will therefore receive £7.2m. NHSL's total funding will however continue to be 0.8% below their NRAC share. Both the South Lanarkshire IJB and the North Lanarkshire IJB were allocated a balanced budget by NHSL on inception in April 2016. As a result, NHSL retained responsibility for managing the cost pressure relating to the historical gap in funding as a result of the NRAC differentials. Notwithstanding this, subject to Health Board approval, NHSL payments to Integration Authorities for delegated health functions will increase by at least 2% over 2021/2022 agreed recurring budgets. The IJB is also asked to note that the funding gap as a result of the NRAC allocations will require to be managed by the NHSL partner in 2022/2023.

7. 2022/2023 Projected Increase in Funding (Cont.)

7.6. Additional funding of £554m nationally is being transferred to Local Government from the Health and Social Care Portfolio to support social care and integration. Additional funding of £92m nationally is also being made available to the NHS to increase workforce capacity across health and social care services. The allocation for the South Lanarkshire IJB is summarised as follows:

Scottish Government Allocation	Status	Total £m
Scottish Living Wage Funding	Recurring	18.077
Un-ringfenced Funding	Recurring	4.153
Care At Home Capacity Expansion	Recurring	7.281
Carers Act (Scotland) Act 2016	Recurring	1.162
Free Personal Care Funding	Recurring	0.686
Social Care Workforce	Recurring	1.292
Interim Care Funding	Non-recurring	1.174
Sub Total – SLC		33.825
Multi-Disciplinary Team Expansion	Recurring	2.349
Additional Health Support Workers	Recurring	1.168
Sub Total - NHSL		3.517
Total		37.342

7.7 The recurring funding available to implement the Scottish Living Wage totals £18.077m.

7.8. The funding of £7.281m will expand the Care at Home capacity on a recurring basis. The current pressures on social care support are caused in part by increased need and acuity. It is important therefore that this funding supports services and interventions to prevent this trend from continuing. The funding is being allocated to decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their needs in a safe and person-centred way. The funding should be invested in a range of preventative and proactive approaches including rehabilitation, re-enablement and community based support. The use of community equipment and Technology-Enabled Care, where appropriate, should also be increased to support prevention and early intervention. The funding will also enable unpaid carers to have breaks.

7.9. In respect of the Carers Act (Scotland) Act 2016, funding of £1.162m has been allocated. The IJB is asked to note that the investment proposals will be developed in consultation with the key stakeholders.

7.10. The recurring funding available to continue to implement Free Personal Care totals £0.686m.

7. 2022/2023 Projected Increase in Funding (Cont.)

- 7.11. Additional recurring funding of £1.292m is being made available to provide additional social work capacity. The allocation includes funding for Care Home and Care at Home oversight responsibilities and also for additional workforce capacity across Adult Social Work in direct response to workforce issues as a consequence of the pandemic. The Care Home and Care at Home oversight funding is intended to fund an average of 2 social work oversight posts to support Chief Social Work Officers who have assumed an enhanced oversight role as a result of the pandemic. The SSSC Workforce Data Report will be used to measure the impact of this investment in 2022/2023.
- 7.12. Non-recurring funding of £1.174m is available to meet the cost of interim care placements in 2022/2023 to support 'step-down' care and enable hospital patients to temporarily enter care homes, or receive additional care at home support, until the optimum care and support is available with no financial cost to the individual or their family.
- 7.13. Additional recurring funding of £2.349m is being made available in 2022/2023 to address the full year cost of the enhancement of the MDTs implemented in 2021/2022.
- 7.14. Additional recurring funding of £1.168m is being made available in 2022/2023 to address the full year cost of the additional Band 3 and Band 4 Health Support Workers recruited in 2021/2022 to support the MDTs.
- 7.15. Consistent with previous years, the NHSL and SLC partners will ensure the funding allocations highlighted above are additional to the 2021/2022 budgets delegated to the IJB and are not substitutional.
- 7.16. The South Lanarkshire IJB has lead responsibility for the Hosted Service Primary Care Services. A Primary Care Improvement Plan has been developed to support this work and additional Primary Care Improvement Funding has been made available to develop sustainable services going forward. The investment in the Primary Care Fund will increase nationally by £12.5m from £250m in 2021/2022 to £262.5m in 2022/2023. This additional funding will continue to support the delivery of the new GP contract, the wider Primary Care reform and the continued development of new models of primary care including multi-disciplinary teams and the increased use of data and digital.
- 7.17. The North Lanarkshire IJB has lead responsibility for the Hosted Service Mental Health and Learning Disability Services. Mental Health and Child and Adolescent Mental Health Services funding will increase nationally by £14.9m from £111.1m in 2021/2022 to £126m in 2022/2023. This funding will underpin the continued approach to improving Mental Health Services and support for children, young people and adults. This funding will be directed to a range of partners to fund activities to reduce waiting times and to support prevention and early intervention support for children, young people and adults. As part of the 2022/2023 budget, funding is being invested to deliver commitments across perinatal and infant mental health, school nursing services, suicide prevention, enhanced services for children and young people and action on dementia, learning disabilities and autism. Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health services.

7. 2022/2023 Projected Increase in Funding (Cont.)

7.18. The 2022/2023 portfolio budget provides an additional investment of £36.1m nationally targeted towards improving waiting times and £6.5m nationally targeted to take forward the implementation of the major trauma networks. In addition to the NHS baseline uplift of 2%, funding is being provided nationally in 2022/2023 for vaccination centres (£30m), national contact centres and test and protect contact tracing (£33m), mobile testing units (£17.5m) and regional laboratories (£4.1m). The actual increase in investment for the South Lanarkshire IJB for each of these policy commitments has not yet been confirmed. Until further details on how this additional investment will be allocated in the year ahead, no costs have been included in the appendix in respect of the NHSL partner's policy commitments. An update will be provided as soon as further information is available.

8. 2022/2023 Notional Set-Aside Allocation

8.1. In line with the previously agreed methodology, the 2021/2022 notional set-aside budget will be increased by the 2022/2023 inflation uplift of 2% (£1.230m), the additional funding for the increase in national insurance contributions (£0.368m) and 2021/2022 funding adjustments and budget transfers (£1.087m). The notional set-aside budget will therefore increase by £2.685m from £60.394m up to £63.079m for 2022/2023.

8.2. The agreement in place from 2016/2017 to date in 2021/2022 has been that any physical transfer of resources from the set aside will be based on agreed costed service changes. Outside of these planned changes, it has been agreed each year to date that the NHS Board will deliver the set aside services in return for the budget offered. Although under s28(4) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Health Board may require the integration authority to reimburse it for the additional amount used in providing set aside services, this has not been pursued by NHSL with the IJB.

8.3. All expenditure incurred on the set-aside services to date therefore has been met by NHSL. Instead, the focus has been on whole system working through the unscheduled care board to develop future plans to cope with increased demand coupled with day-to-day integrated working to resolve the more immediate problems. This approach has allowed a constructive dialogue between the parties which focusses on the service changes that will make a difference.

8.4. The system reform assumptions in the Scottish Government Medium Term Health and Social Care Financial Framework which was published in October 2018 included material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. Partnerships were advised that by the start of 2019/2020, the set aside arrangements were to be fit for purpose and enable this approach. However, there continues to be a significant time lag in being able to quantify reliably the hospital resource use in any year. The impact of the Covid-19 pandemic on the set-aside services during 2020/2021 will not be known until 2022/2023. These activity levels will also not be representative of normal demand and will be unique to the emergency response to the pandemic. There has also been a significant improvement in the delayed discharge performance statistics which has ensured that bed capacity across Acute Services is maximised. It may be difficult to isolate the positive impact of the whole system approach adopted across Lanarkshire from the adverse impact of the response to the Covid-19 pandemic.

8. 2022/2023 Notional Set-Aside Allocation (Cont.)

- 8.5. The calculation of the notional set-aside allocation and the confirmation of actual activity levels remains a complex accounting process. The allocation will be updated on receipt of the validated 2019/2020 activity levels from ISD. The information is not yet available due to the impact of the Covid-19 pandemic and the requirement to support other priorities.
- 8.6. As highlighted at section 4, the balance of the uncommitted 2021/2022 Covid-19 funding of £30.126m will be transferred to an IJB reserve at 31 March 2022. In line with the Scottish Government guidance, the approach to the management of the Covid-19 costs in 2022/2023 associated with the set-aside services will be discussed between the IJB Chief Financial Officer and NHSL Director of Finance. Consideration will therefore be given to the funding required to manage the 2022/2023 Covid-19 cost pressures across the set-aside services which are directly managed by the Director of Acute Services on behalf of the IJB. This includes Accident and Emergency Services and other unplanned care pathways. An update on the proposed approach to the management of the Covid-19 costs in 2022/2023 related to the set-aside services will be reported to the IJB and the Health Board for consideration and approval as appropriate.
- 8.7. It was previously highlighted that a further development of the set-aside concept would be to increase the visibility of the hospital set-aside resource usage in financial terms, similar to the transparency across Community Health Services and Social Care Services. This would contribute to a balanced view of the entire patient journey. During 2020/2021, the local pilot which was established to assess if reliance could be placed on more timely information had to be paused due to the pandemic. Further opportunities to explore the connections between the set-aside budget and the other health and social care budgets were also limited during 2021/2022. The outcome of future reviews will need to take account of the operational and financial impact of the response to the Covid-19 pandemic.

9. Financial Strategy 2022/2023

- 9.1 Based on the information available, the increase in cost in 2022/2023 is projected to be £46.385m (NHSL - £10.784m; SLC - £35.601m). This excludes the cost of the response to the Covid-19 pandemic. The increase in funding in 2022/2023 is projected to be £37.886m (NHSL - £7.230m; SLC - £30.656m). The envisaged funding gap is therefore projected to be £8.499m (NHSL - £3.554m; SLC - £4.945m). The proposed financial strategy to address this funding gap is highlighted in this section for consideration and approval.
- 9.2 The funding gap across Health Care services is £3.554m.
- 9.2.1 As at 28 February 2022, an underspend of £6.529m is reported in respect of the employee cost budget of £92.654m (7%). Slippage in the 2022/2023 investment funding for the NHSL partner is also expected due to recruitment challenges. This is being quantified and will present a non-recurring funding contribution for 2022/2023. The extent to which employee underspends can be relied on as a recurring turnover saving for future years will be assessed. At this stage, it is proposed that an employee turnover saving of £1.677m (1.8%) is applied for the NHSL partner. The implementation of this management action will be monitored.

9. Financial Strategy 2022/2023 (Cont.)

- 9.2.2 £1.877m of the funding gap relates to prescribing cost pressures. This will be addressed in part by the Prescribing Quality and Efficiency Programme savings target of £0.985m. It is proposed that the current prescribing reserve of £0.500m will be drawn down in 2022/2023. Subject to IJB approval and the year-end position, it is proposed that £0.392m will be drawn down from the IJB Contingency reserve of £1.935m to manage the balance of the prescribing cost pressure. In respect of future risks, 2022/2023 recurring costs totalling £0.892m will therefore recur again in 2023/2024. Recurring funding solutions require to be identified.
- 9.2.3 The IJB Contingency reserve of £1.935m was established from Health underspends between 2016 and 2021. The total proposed draw down from the IJB Contingency reserve is therefore £0.392m. The balance on the IJB Contingency reserve would be £1.543m. The potential to increase the IJB Contingency reserve at 31 March 2022 is highlighted at paragraph 9.5.
- 9.3 The funding gap across Adult Social Care Services is £4.945m.
- 9.3.1 It is proposed that part of the slippage in the Scottish Government funding received in 2021/2022 is used to address on a non-recurring basis in 2022/2023 the funding gap across Adult Social Care Services. The slippage is projected to total £5.323m. The use of £4.945m to address the funding gap would leave a balance of non-recurring funding of £0.378m. The recurring options to address this funding gap effective from 1 April 2023 are being developed by the IJB Chief Officer and the IJB Chief Financial Officer. An update on the options will be presented to the IJB by October 2022.
- 9.4. Additional recurring funding of £4.153m is being made available by the Scottish Government. This funding is not “ringfenced”. The IJB is asked to note that the allocation of this funding to recurring cost pressures will be considered further in consultation with both partners. A report will be presented to a future meeting of the IJB to advise of potential options and the preferred allocation. The recurring funding of £4.153m is therefore included at section 5 of the IJB Financial Plan 2022/2023 in that attached appendix. This recurring funding will be held by the SLC partner pending further consideration and clarification of the costs pressures for both partners in 2022/2023.
- 9.5. As highlighted at paragraph 5.3, the year-end outturn is projected to be an underspend of £53.115m (NHSL - £45.867m; SLC - £7.248m). Part of this underspend may be uncommitted and could be transferred to the IJB Contingency reserve. The proposed reserves strategy will be considered and approved by the IJB in June 2022 on conclusion of the 2021/2022 financial year-end process. It is also expected that there will be slippage in the investment funding in 2022/2023 for both partners as a result of recruitment challenges. This will be monitored.
- 9.6. The IJB is asked to note that the cost of the ongoing response to the Covid-19 pandemic for Health and Social Care Services has not been included in the IJB Financial Plan 2022/2023. The adverse impact of Long Covid and the effectiveness of the Remobilisation and Recovery Plan are also unknown. As highlighted at paragraph 4.3, the uncommitted funding of £30.126m will be transferred to an IJB ring-fenced reserve to provide funding for a range of ongoing Covid-19 measures in 2022/2023. The IJB reserve of £30.126m will require to be fully used before further funding allocations are made by the Scottish Government in 2022/2023 through the Local Mobilisation Planning process.

9. Financial Strategy 2022/2023 (Cont.)

- 9.7. In order to ensure the delivery of Health and Social Care Services is financially sustainable in the short, medium and longer term, transformational change must be progressed in order to release funding for reinvestment and to implement modern approaches to integrated service delivery. In response to the Covid-19 pandemic, new ways of working have emerged which have taken advantage of technological advancements, better models of service delivery and improved service user experiences. The Senior Management Team continue to be committed to capitalising on the experiences gained over the last two unique and unprecedented years.
- 9.8. The financial strategy to sustain the improvements will need to be developed, taking into consideration a whole system approach to the future recovery of services. It may also be necessary to consider significant investment first in order to take forward transformational change. The restrictions in respect of the Covid-19 pandemic however, have limited the opportunities to progress the required transformational change at pace. This will be taken forward at the earliest opportunity. A report on the transformational change proposals to support the implementation of the Strategic Commissioning Plan will be presented to a future meeting of the IJB (Performance and Audit) Sub-Committee (PASC) and the IJB for consideration and approval.
- 9.9. The 2022/2023 budget allocations will be finalised as part of the detailed budget setting process undertaken by each partner in April 2022. The IJB is asked to approve the delegation of authority to the IJB Chief Officer to finalise the 2022/2023 funding allocations, in consultation with the NHS Director of Finance and the SLC Executive Director of Finance and Corporate Resources.
- 9.10. The External Auditors recommended that the progress in achieving the financial strategy should be routinely reported to the IJB to ensure that the IJB is aware of potential budget overspends. Reliance is placed on the financial management and budgetary control processes embedded within each partner's existing reporting arrangements. The progress in respect of the financial strategy for 2022/2023 will be included in the IJB financial monitoring reports throughout 2022/2023. It is also recommended good practice that scenario planning is undertaken to assess the impact of changes to the underlying financial planning assumptions. The key principles of the IJB Medium to Long Term Financial Plan are being updated and will be reported to a future meeting of the PASC. A mid-year review of the IJB Financial Plan 2022/2023 will be undertaken by October 2022.

10. Employee Implications

- 10.1. The workforce strategy is being updated by each partner to take into consideration the requirements of the ongoing recovery plan following the pandemic.
- 10.2. The employee implications associated with the financial strategy for 2022/2023 will be managed through the range of options available to the partner as appropriate.

11. Financial Implications

- 11.1. The IJB and both partners are required to achieve a balanced budget for 2022/2023. The financial implications are as detailed in sections 4 to 9 of this report. The IJB Financial Plan 2022/2023 remains indicative at this stage until the year-end outturn for the current financial year 2021/2022 is confirmed and the detailed budget setting processes in relation to the IJB are concluded.

11. Financial Implications (Cont.)

- 11.2. The IJB is asked to note that the IJB Reserves Strategy 2022/2023 will be presented to the IJB for consideration and approval on conclusion of the year-end process. The reserves balances will increase significantly in order to ensure funding remains available to continue to address the ongoing Covid-19 pandemic. Audit Scotland guidance on the classification of the funding will be complied with.
- 11.3. IJBs continue to operate in a complex, challenging and changing environment, both locally and nationally. The last 24 months has brought unprecedented challenges due to the Covid-19 pandemic and this will continue into 2022/2023 with the long-term impact not yet fully known. It is clear, however, that there will be a significant impact on the health and wellbeing of our communities. The impact on both the UK and Scottish economy will also underpin policy direction and funding of services and will present a greater challenge to seek to deliver services differently to respond to the needs of the population more effectively and efficiently.
- 11.4. There continues to be ongoing consultation with the NHSL Director of Finance and the SLC Executive Director of Finance and Corporate Resources in respect of the IJB Financial Plan 2022/2023. The available resources will be targeted to best effect to ensure the jointly agreed strategic commissioning intentions are achieved.
- 11.5. The IJB and both partners continue to be committed to shifting the balance of care to within people's homes. It is likely this will require both some move of current resources as well as prioritising investment in community services over other areas of care in the coming years. The available workforce capacity and skills will also require to be pro-actively realigned to the strategic need and preferences of the population as a whole and to working much more through the third sector to empower communities and enable greater self-care and self-management.
- 11.6. Ongoing demographic and demand pressures across health and social care services and the ability to continue to deliver services which are safe represent financial and operational risks for both partners and the IJB. The IJB Chief Officer and the IJB Chief Financial Officer will continue to engage with the HSCP Senior Management Team, the partners and the wider national networks in relation to future funding levels.
- 11.7. Disinvestment options will also require to be developed and implemented to ensure the actual costs of service delivery continue to be contained within the financial envelope available over the medium to longer term. The IJB is asked to note the commitment to update the IJB Medium to Long Term Financial Plan.

12. IJB Approval of Delegated Authority to the IJB Chief Officer

- 12.1. The IJB and both partners are continuing to respond to the ongoing Covid-19 pandemic. The IJB Chief Officer may therefore be required to incur emergency expenditure in respect of the ongoing response to the Covid-19 pandemic.
- 12.2. The IJB is asked to note that effective from Tuesday 26 October 2021, authority was delegated to the IJB Chief Officer, in consultation with the IJB Chair, IJB Vice-Chair, or their nominated deputies as necessary, the NHSL Chief Accountable Officer and Director Finance and the SLC Chief Executive and Executive Director of Finance and Corporate Resources, in order to make timely strategic and operational decisions of an urgent nature to maintain service continuity as far as practical during this critical period. If decisions are taken, these will be reported to the next IJB meeting for information. The delegated authority remains effective until the date of the next IJB meeting whereupon the governance arrangements will be reviewed.

12. IJB Approval of Delegated Authority to the IJB Chief Officer (Cont.)

- 12.3. In this regard, the IJB is therefore asked to note the ongoing work to extend the Home First Approach and the Hospital At Home Service to secure discharges without delay and to address service pressures. In recognition of the ongoing pressures across services and the commitment to maintain service continuity, the IJB Chief Officer has also exercised his delegated authority to allocate £0.790m (NHSL - £0.701m; SLC - £0.090m) from the IJB ring-fenced Change Fund reserve which totals £5.924m. This funding recognises business critical time sensitive issues and facilitates short term change management capacity across Mental Health Services, Addictions Services, Primary Care Out Of Hours Services and Intermediate Care Services. This allocation of funding is in line with the SCP priorities. The balance on the Change Fund is £5.134m.
- 12.4. The IJB is asked to approve the ongoing delegation of authority to the IJB Chief Officer as outlined at paragraph 12.2 until the next meeting of the IJB.

13. Other Implications

- 13.1. Similar to 2020/2021, the financial year 2021/2022 has been unprecedented. A pragmatic approach to the development of the IJB Financial Plan 2022/2023 continues to be required while both partners are responding to the ongoing Covid-19 pandemic.
- 13.2. There is uncertainty about 2022/2023 cost pressures for both partners. A range of estimates have therefore been considered in the preparation of the IJB Financial Plan 2022/2023. The impact of the ongoing response to the Covid-19 pandemic may also impact on the financial outcome for 2021/2022 and also the financial planning assumptions for 2022/2023.
- 13.3. NHSL have agreed the IJB budget offer in principle. By allocating the inflation uplift of 2% to the IJB, NHSL is also accepting that the Health Services not delegated to the IJBs would require to make a higher level of efficiency savings in line with their greater cost pressures. Full solutions have not yet been identified.
- 13.4. In relation to the proposed financial strategy recommended to the IJB for approval, work has been carried out by each partner to assess its deliverability. Through this exercise, risks which may impact on service delivery have been considered.
- 13.5. There is a joint acknowledgement by the IJB Chief Officers that the locality team budgets reflect the historic provision in each locality, which was achieved over time to meet demand and equalise performance across areas, rather than a population share. It is traditionally accepted that moving anybody from a historic position to an NRAC share can only be achieved incrementally. Mutually agreed plans would require to be in place to support any proposed change in the funding basis. When the Scottish Government move NHS Boards closer to parity it is never done by withdrawing funding from another Board. Any move towards funding parity therefore happens very slowly.
- 13.6. Notwithstanding this, it has been agreed that when the NHSL is no longer responding to the current emergency and the recovery arrangements are in place and working effectively to address demand for Health Care Services post-pandemic, the funding for all Hosted Services will be reviewed. Both IJB Chief Officers will agree the timescale for this review.

13. Other Implications (Cont.)

- 13.7. Until the conclusion of this review, the IJB is asked to endorse the approach that the lead partner will continue to manage overspends or underspends on Hosted Services for 2022/2023. This approach was approved at the IJB Meeting on 3 December 2019. The IJB is also asked to note that a pan-Lanarkshire approach to the establishment of reserves in respect of Hosted Services underspends will be jointly considered on confirmation of the year-end outturns for each IJB.
- 13.8. The IJB and both partners are required to maintain effective financial governance arrangements across the partnership. The agreement of the IJB SCP priorities and the alignment of funding to achieve agreed outcomes reflects the good practice recommended by External Audit. The IJB Chief Financial Officer will continue to work with finance colleagues across the partnership in respect of the financial strategy for 2022/2023 and beyond. The financial and operational risks reported to the IJB PASC on 1 March 2022 will be re-assessed. The IJB and each partner's risk registers will be updated as appropriate.
- 13.9. In respect of the External Audit Actions reported to the IJB (Performance and Audit) Sub-Committee on 1 March 2022, the following updates are highlighted:
1. Action 1: Accounting for hosted services
This report seeks approval for the "principal" method of accounting for hosted services to continue for 2022/2023. The lead partner for the hosted services will continue to retain underspends and will manage overspends. The North Lanarkshire IJB has also been asked to approve the continuation of this approach for 2022/2023 at the IJB meeting on 23 March 2022.
 2. Action 2: Efficiency Savings
The IJB Financial Plan 2022/2023 will inform the IJB Medium to Long Term Financial Plan which is being progressed.
 3. Action 5: Reserves
The allocation of the IJB Contingency Reserve is considered as part of the financial strategy to address the 2022/2023 funding gap. The IJB Reserves Strategy is being developed for approval by the IJB in June 2022 following the confirmation of the financial year outturn 2021/2022.
 4. Action 9: Savings proposals still to be identified
The IJB Financial Plan 2022/2023 takes account of savings and legacy funding gaps from previous years. Although the IJB Financial Plan 2022/2023 is relying on non-recurring funding solutions totalling £7.514m (NHSL - £2.569m; SLC - £4.945m), recurring funding solutions are being considered.
 - The reliance on the NHSL employee turnover saving of £1.677m as a potential recurring funding solution will be assessed.
 - The action plan in respect of the prescribing savings targets will be reviewed.
 - The "un-ringfenced" recurring funding of £4.153m will be allocated to recurring cost pressures following further consultation with both partners.

13. Other Implications (Cont.)

13.10 In respect of the IJB Risk Register reported to the IJB (Performance and Audit) Sub-Committee on 1 March 2022, the following risk mitigations are highlighted:

1. Financial Challenges For The IJB (IJB 003/21-22)
Additional Covid-19 funding totalling £36.708m was received in 2021/2022, of which £30.126m will be transferred to a Covid-19 ring-fenced reserve to address 2022/2023 Covid-19 costs. Consistent with previous years, the NHSL and SLC partners will ensure the increase in the funding allocations for 2022/2023 are additional to the 2021/2022 budgets delegated to the IJB and are not substitutinal.
2. Workforce development, sustainability and capacity (IJB 005/21-22)
Additional Scottish Government funding for 2022/2023 which will increase the workforce capacity across Care at Home Services, MDTs, Health Support workers and the Social Care workforce.
3. Shifting the balance of care from residential and acute settings to community based alternative (IJB 006/21-22)
The 2022/2023 Scottish Government funding will contribute to shifting the balance of care by expanding the community based alternative services in particular the Care at Home Services.
4. Hosted services arrangements (IJB 008/21-22)
This report seeks approval for the “principal” method of accounting for hosted services to continue for 2022/2023.
5. Delivery of SCP and associated Directions (IJB 010/21-22)
The IJB Directions to each partner will be updated to reflect the IJB Financial Plan 2022/2023.
6. The IJB is provided with relevant and timely information to take informed decisions (IJB 011/21-22)
The IJB Financial Plan 2022/2023 is being considered for approval by the IJB before 31 March 2022.
7. Governance and accountability (IJB 015/21-22)
Both partners were consulted and contributed to the development of the IJB Financial Plan 2022/2023 which is being considered for approval by the IJB before 31 March 2022.
8. Notional set aside budget (IJB 016/21-22)
The notional set aside budget for 2022/2023 is being increased to reflect the inflation uplift of 2%.
9. National policy directive (IJB 017/21-22)
The IJB Financial Plan 2022/2023 ensures the Scottish Government funding is being directed in line with the national policy intentions including the Carer's (Scotland) Act 2016.
10. Impact of significant service disruption (IJB 018/21-22)
The financial strategy to address the funding gap in 2022/2023 places reliance on non-recurring funding solutions. This is a pragmatic approach for 2022/2023 to ensure both partners can continue to prioritise the ongoing emergency response to the Covid-19 pandemic and the implementation of the Lanarkshire Recovery and Remobilisation Plan.

13. Other Implications (Cont.)

- 13.11. There are provisions within the IJB Financial Regulations which set out an agreed process to be followed in the event that an overspend is forecast on either partner's in scope budget.
- 13.11.1 The IJB Chief Officer and the IJB Chief Financial Officer will agree a budget recovery plan with the relevant partner to balance the overspending budget. *(IJB Financial Regulations Section 5.15 and 5.16).*
- 13.11.2 In exceptional circumstances, should SLC or the Health Board require the Board to identify resources to offset an in-year overspend, they (that is, the partner) must do this by amending their contributions to the Board. *(IJB Financial Regulations Section 5.17).*
- 13.11.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the overspending partner has the option to:
- (a) make an additional one-off adjustment to the resources it is making available to the Board, or
 - (b) provide additional resources to the Board which are then recovered in future years from subsequent underspends in that partner's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this).
- (IJB Financial Regulations Section 5.19).*

14. Equality Impact Assessment and Consultation Arrangements

- 14.1. The Equality Act 2010 expects that those making decisions give 'due regard' to equality considerations during the course of decision-making. The Equality Impact Assessments (EQIAs) and their outcomes should help inform Board Members so that their decisions have taken account of the different needs and rights of members of the community. This does not mean that difficult decisions cannot be made, but that they are made in a fair and transparent way.
- 14.2. In terms of the public sector duties under the Equality Act 2010, initial EQIAs will be carried out on all the proposals which require them. The financial strategy will be evaluated in terms of clinical risk and financial risk.
- 14.3. Any proposal which has identified potential adverse impacts will also have mitigating actions to remove or lessen the impact on protected groups. The protected characteristics are age, disability, sex, sexual orientation, pregnancy and maternity, marriage and civil partnership, race, religion and beliefs and transgender identity.
- 14.4. Consultation will also be undertaken with relevant stakeholders on the agreed financial strategy as appropriate.
- 14.5. The Director of Finance of NHSL and the Executive Director (Finance and Corporate Resources) of SLC have both contributed to the development of the IJB Financial Plan 2022/2023.

15. Directions

- 15.1. As part of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to direct NHSL and SLC to deliver integrated service provision in line with the IJB's Strategic Plan. These Directions will be varied to reflect the IJB Financial Plan 2022/2023.

15. Directions (Cont.)

15.2. The Directions will note that, following approval by the IJB, the partners will require to implement agreed efficiency savings and management actions and also to rely on reserves as appropriate in order to address the funding gap.

15.3. The Directions are set out in a separate report to the IJB for the following partners as appropriate.

Direction to:	
1. No Direction required	<input type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input checked="" type="checkbox"/>

Soumen Sengupta
Director, Health and Social Care

Date created: 21 March 2022

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input type="checkbox"/>
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	<input type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input type="checkbox"/>
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	<input type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ Integrated Joint Board 29 March 2021

List of Background Papers

- ◆ Integrated Joint Board 25 January 2022

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.gov.uk

	Ref.	Recurring / Non-recurring	2022/2023 Health Care Services	2022/2023 Adult Social Care Services	2022/2023 Total
			£m	£m	£m
SECTION A PROJECTED INCREASE IN COSTS					
Employee Costs	6.2 & 6.3	Recurring	2.438	3.920	6.358
GP Prescribing Costs	6.4 & 6.5	Recurring	3.204	0.000	3.204
Inflationary and Development Costs	6.6	Recurring	1.625	4.894	6.519
Scottish Living Wage Uplift	6.7	Recurring	0.000	11.306	11.306
Care at Home Services – Existing	6.8	Recurring	0.000	1.273	1.273
Care at Home Services – Expansion	6.9	Recurring	0.000	7.281	7.281
National Care Home Contract Uplift	6.10	Recurring	0.000	1.000	1.000
Nursing Care Home Demand – Additional	6.11	Recurring	0.000	0.750	0.750
Free Personal Care Uplift	6.12	Recurring	0.000	0.588	0.588
Carer's (Scotland) Act 2016	6.13	Recurring	0.000	1.162	1.162
Direct Payments Demand – Additional	6.14	Recurring	0.000	0.536	0.536
Assistive Technology	6.15	Recurring	0.000	0.225	0.225
Stairlift Testing Demand – Additional	6.16	Recurring	0.000	0.200	0.200
Interim Care Placements	6.17	Non-recurring	0.000	1.174	1.174
Social Care Workforce Expansion	6.18	Recurring	0.000	1.292	1.292
Multi Disciplinary Team Expansion	6.19	Recurring	2.349	0.000	2.349
Health Support Workers - Additional	6.20	Recurring	1.168	0.000	1.168
Section A Total Projected Increase In Costs			10.784	35.601	46.385

	Ref.	Recurring / Non-recurring	2022/2023 Health Care Services	2022/2023 Adult Social Care Services	2022/2023 Total
			£m	£m	£m
SECTION B PROJECTED INCREASE IN FUNDING					
NHSL Inflation Uplift - Health Services	7.2 - 7.4	Recurring	(2.386)	0.000	(2.386)
NHSL Inflation Uplift - Prescribing	7.2 - 7.4	Recurring	(1.327)	0.000	(1.327)
NHSL Inflation Uplift - Resource Transfer	7.2 - 7.4	Recurring	0.000	(0.494)	(0.494)
NHSL Inflation Uplift - Social Care Fund	7.2 - 7.4	Recurring	0.000	(0.383)	(0.383)
NHSL Inflation Uplift - Commissioned Services	7.2 - 7.4	Recurring	0.000	(0.107)	(0.107)
Scottish Living Wage Funding	7.7	Recurring	0.000	(18.077)	(18.077)
Care at Home Capacity Expansion Funding	7.8	Recurring	0.000	(7.281)	(7.281)
Carers (Scotland) Act 2016 Funding	7.9	Recurring	0.000	(1.162)	(1.162)
Free Personal and Nursing Care Uplift	7.10	Recurring	0.000	(0.686)	(0.686)
Social Care Workforce Expansion Funding	7.11	Recurring	0.000	(1.292)	(1.292)
Interim Care Funding	7.12	Non-recurring	0.000	(1.174)	(1.174)
Multi Disciplinary Team Expansion Funding	7.13	Recurring	(2.349)	0.000	(2.349)
Health Support Workers Funding	7.14	Recurring	(1.168)	0.000	(1.168)
Section B Total Projected Increase In Funding			(7.230)	(30.656)	(37.886)
SECTION C ENVISAGED FUNDING GAP			3.554	4.945	8.499

	Ref.	Recurring / Non-recurring	2022/2023 Health Care Services	2022/2023 Adult Social Care Services	2022/2023 Total
			£m	£m	£m
SECTION D FINANCIAL STRATEGY TO ADDRESS FUNDING GAP					
Reliance on Employee Turnover Savings - Health Care Services	9.2.1	Non-recurring	(1.677)	0.000	(1.677)
Prescribing Quality and Efficiency Programme Target	9.2.2	Recurring	(0.985)	0.000	(0.985)
Reliance on Existing Prescribing Reserve	9.2.2	Non-recurring	(0.500)	0.000	(0.500)
Allocation From IJB Contingency Reserve To Prescribing Reserve	9.2.2	Non-recurring	(0.392)	0.000	(0.392)
Scottish Government Funding – 2021/2022 Slippage	9.3.1	Non-recurring	0.000	(4.945)	(3.445)
Section D Total Financial Strategy To Address Funding Gap			(3.554)	(4.945)	(8.499)
SECTION E UN-RINGFENCED FUNDING – NOT YET ALLOCATED	9.4	Recurring			(4.153)

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	29 March 2022
Report by:	Director, Health and Social Care

Subject:	Strategic Commissioning Plan 2022 - 2025
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1. Purpose of Report

1.1. The purpose of the report is to: -

- ◆ present the new IJB Strategic Commissioning Plan 2022 – 2025 for approval.

2. Recommendation(s)

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

- (1) that the Strategic Commissioning Plan for 2022 to 2025 be approved; and
- (2) that the Integration Joint Board Chief Officer is given delegated authority to approve any final adjustments to the Plan prior to publication.

3. Background

3.1. As per the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards (IJBs) are required to prepare and agree three-year Strategic Commissioning Plans (SCP) that set out how resources will be directed to secure better health and well-being outcomes.

3.2. The IJB has been previously informed of the requirements to prepare a SCP for 2022-2025; and the statutory obligations that would need to be fulfilled in doing so. The IJB consequently agreed a programme of work to deliver a substantive draft for the special meeting of the IJB on 29 March 2022, to enable finalisation and then publication of the SCP within statutory timescales.

4. Current Position

4.1. The appended SCP sets out the overall strategy for health and social care services to 2025. It sets out:

- What the public and key stakeholders told us was important to them through our extensive and ongoing consultation and engagement activity.
- The strategic needs profiling of the population of South Lanarkshire.
- How the IJB, alongside Community Planning Partners, will work to deliver the nine National Health and Wellbeing Outcomes
- How the IJB will commission services to support the recovery from the pandemic

4.2. The SCP sets out twelve strategic priorities for the IJB and which drive the strategic commissioning intentions also articulated:

- Sustaining statutory functions
- Emphasising early intervention, prevention and inequalities
- Addressing mental health and addictions
- Improving unscheduled care and optimising intermediate care
- Supporting Carers
- Promoting self-care and self-management, including technology enabled care
- Improving transitional arrangements
- Facilitating single point of access and increasing access to seven-day service
- Investing in enablers for integration
- Promoting suitable and sustainable housing
- Contributing to homelessness prevention and reduction
- Responding to the impact of the Covid-19 pandemic

4.3 The SCP has been developed to have a mutually reinforcing relationship with key local strategies of the Health Board, Council and Community Planning Partnership.

5. Next Steps

5.1. Subject to the approval of the IJB:

- The SCP will be formally communicated to the relevant governance groups of the Health Board and Council, and presented to the Community Planning Partnership.
- The SCP will be shared with all local stakeholders, with thanks to all those who have contributed to its development.
- The above strategic priorities and attendant strategic commissioning intentions will then frame a range of 'directions' to the Council and/or the Health Board for delivery (principally, although not exclusively, for progressing through the Health and Social Care Partnership).

6. Employee Implications

6.1. The SCP recognises the importance of the health and social care workforce to the development and delivery of the vision and ambition articulated.

6.2 This report does not describe any new specific employee implications.

7. Financial Implications

7.1. At the time of writing, it was not possible to complete the necessary financial framework required for inclusion with the SCP due to external accounting and budgeting timelines. The substance of that financial framework has been reported to the IJB by the Chief Financial Officer in the separate item regarding the Financial Plan presented to this meeting. Subject to the approval of the recommendations within that report and this report, the Chief Financial Officer will complete the preparation of the financial framework in early Quarter 1 of 2022/23; and the Chief Officer will then approve its inclusion as part of finalising the formatted version of the SCP for publication at the earliest opportunity thereafter.

8. Climate Change, Sustainability and Environmental Implications

8.1. In accordance with the requirements of Section 7 (1) of the Environmental Assessment (Scotland) Act, 2005 a Strategic Environmental Assessment pre-screening exemption on the SCP was submitted to the Scottish Government. The proposed SCP is exempt from Strategic Environmental Assessment as its implementation will have **minimal effect** in relation to the environment. This is in accordance with Sections 5 (4) and 7 (1) of the 2005 Act.

9. Other Implications

9.1. The SCP and the directions that flow from it will materially address items within the IJB's approved risk register in place, most notably:

- Delivery of SCP and associated Directions.
- Market and Provider capacity.
- Shifting the balance of care from residential and acute settings to community based alternatives.

9.2. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. An Equality Impact Assessment was undertaken and informed the SCP.

10.2. The SCP has been prepared in accordance with the Planning with People guidance issued by the Scottish Government and COSLA on 11 March 2021. The guidance complements existing engagement and participation strategies and features the [national standards of community engagement](#) which are central to the current IJB [participation and engagement strategy](#). A full report on the outcome of this process is appended to this report.

11. Directions

11.1. Is this a new Direction for the IJB?

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Soumen Sengupta

Director, Health and Social Care

Date created: 14 March 2022

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- South Lanarkshire IJB - Meeting of 18 May 2021: Report on Development of Strategic Commissioning Plan 2022-2025.
- South Lanarkshire IJB - Meeting of 17 August 2021: Report on Development of Strategic Commissioning Plan 2022-2025.

List of Background Papers

- South Lanarkshire Strategic Needs Analysis - available for reference at www.southlanarkshire.gov.uk/slhscp/
- South Lanarkshire IJB Strategic Commissioning Plan 2022-25: Supplementary Document – available for reference at www.southlanarkshire.gov.uk/slhscp/

Contact for Further Information

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

Name: Craig Cunningham, Head of Commissioning and Performance

Phone: 01698453704

Email: craig.cunningham@lanarkshire.scot.nhs.uk

Name: Colette Brown, Planning and Performance Manager

Mobile: 01698 453447

Email: colette.brown@southlanarkshire.gov.uk

STRATEGIC COMMISSIONING PLAN 2022-25

South Lanarkshire Integration Joint Board

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Appendix 1: Core Suite Of Integration Indicators

FOREWORD

There is an old saying that goes ‘no plan survives first contact with reality’

The core of this Strategic Commissioning Plan (‘the Plan’) has been forged through the pressures of the Covid-19 pandemic and toughened in the most challenging winter period that health and social care services have faced in living memory. As we move from one period of uncertainty to another, the very idea of setting any kind of medium-to-long term plan with any kind of confidence could easily be dismissed as ‘tick-box’. For that reason, a lot of effort and thought has gone into preparing this Plan – because all those involved have been committed to reflecting on, capturing, and applying the hard-won learning of our experience of the pandemic; and because the pandemic has taught us that plans work best when they provide a clear direction - or a ‘shared compass’ - to navigate uncertainty.

This Plan has been shaped by rich evidence and insights from a range of sources – including a comprehensive engagement process. Three key messages have been communicated to us. Firstly, our health and social care services make a substantial difference to people’s lives – but we are going to have to do more than just more of the same if we really want to improve outcomes and tackle inequalities. Secondly, our communities value their independence and very much see the heart of health and social care provision being – not within NHS or Council buildings – but within their own homes. And thirdly, the pandemic has shown that staff and communities can innovate at pace – are much more open to change than we might have thought before. They are challenging us to cast off nostalgia towards traditional models of care - and instead to meet their aspirations with bold solutions.

Three core priority themes have been identified. These will form the compass to guide our work through the South Lanarkshire Health and Social Care Partnership; and with South Lanarkshire Council, NHS Lanarkshire, Community Planning Partners, staff, service users, carers and communities over the next three years:

- We need to ensure that early intervention, prevention and inequalities are much more prominent across all service areas.
- We need to increase access to a greater variety of activities and supports that address mental health and addictions.

- We need to continuously improve our models of care so everyone is assured that we can sustain our delivery of core functions and statutory responsibilities – and in a manner that delivers for the diverse communities that we serve.

A key area of work for will continue to be whole system action to improve unscheduled care (i.e. unplanned health care which is usually urgent or an emergency), including reducing emergency admissions; and the number of people who are waiting to move from hospital wards to more appropriate settings. Preparing this Plan has highlighted that communities and stakeholders appreciate that fundamentally we need to support individuals, families and communities to reduce their level of need and the overall demand for services.

At the time of writing, we are still living with the pandemic – and a host of other challenges that continue to affect our lives and our future, such as the rising cost of living and the climate crisis. Dealing with the impacts of the pandemic and the unavoidable consequences of our earlier Covid-19 responses will cast a long shadow. It is quite right then, that a further strategic priority of this Plan is responding to the ongoing impacts caused by the pandemic through redesign.

As an Anchor Organisation and Community Planning Partner, South Lanarkshire IJB recognises that achieving these ambitions will be dependent on a simple, fundamental factor; that's the quality of our partnerships: how well we enable staff to work together across disciplines and services; how well we develop new approaches with our primary care contractors, independent providers and public sector partners; and how we support, where necessary, third sector and community groups to grow and flourish. A strength of this Plan is that it has benefitted from thoughtful and enthusiastic contributions from across those stakeholders – and that bodes well for us all going forward. Having started with one saying, it feels fitting to end with another one.... 'fortune favours the bold'.

John Bradley

IJB Chair (to March 22)

Lesley McDonald

IJB Chair (from April 22)

Soumen Sengupta

Chief Officer of South Lanarkshire IJB

EXECUTIVE SUMMARY

This Strategic Commissioning Plan sets out South Lanarkshire Integration Joint Board's (IJB) overall strategy for health and social care services to 2025.

Section 1 - Introduction

Provides information on the purpose of the Plan, its development and the policy context which underpins it, including tackling inequalities and our whole-systems approach.

Section 2 – Vision for South Lanarkshire

Describes our locally agreed vision for health and social care services in South Lanarkshire; and our duty to deliver the nine National Health and Wellbeing Outcomes set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

Section 3 – Analysing South Lanarkshire

Sets out the four key suites of information and evidence from which this Plan has been built: our engagement; strategic needs analysis; the policy and legislative context; and our insights from recent experience.

Section 4 – Planning for South Lanarkshire

Presents our strategic priorities and consequent strategic commissioning intentions.

Section 5 – Implementing the Plan across South Lanarkshire

Highlights areas for the partners – NHS Lanarkshire and South Lanarkshire Council - to develop and deploy necessary capacity to enable delivery.

Section 6 – Reviewing Progress for South Lanarkshire

Explains how we will demonstrate the extent to which the partners are delivering the Plan and the IJB is delivering upon the Vision for South Lanarkshire.

Section 7 – Conclusion

Summarises the transformational agenda that the IJB needs to respond to and contribute its leadership to delivering with stakeholders and with communities.

SECTION 1: INTRODUCTION

1.1 Purpose of the Plan

This Strategic Commissioning Plan (to be known as “the Plan”) sets out the Integration Joint Board’s (IJB) overall strategy for health and social care services in South Lanarkshire to 2025. It also looks beyond to the longer term, as changes in the population’s health and social care will continue to evolve - particularly considering the ongoing demands of responding to the impact of the Covid-19 pandemic; and the challenges of addressing inequalities.

1.2 Governance of the Plan

As required by the Public Bodies (Joint Working) (Scotland) Act 2014, South Lanarkshire IJB assumed responsibility for the strategic direction of those health and social care services delegated to it (within the approved Integration Scheme) on 1 April 2016.

The composition of South Lanarkshire IJB’s is as follows:

Voting members

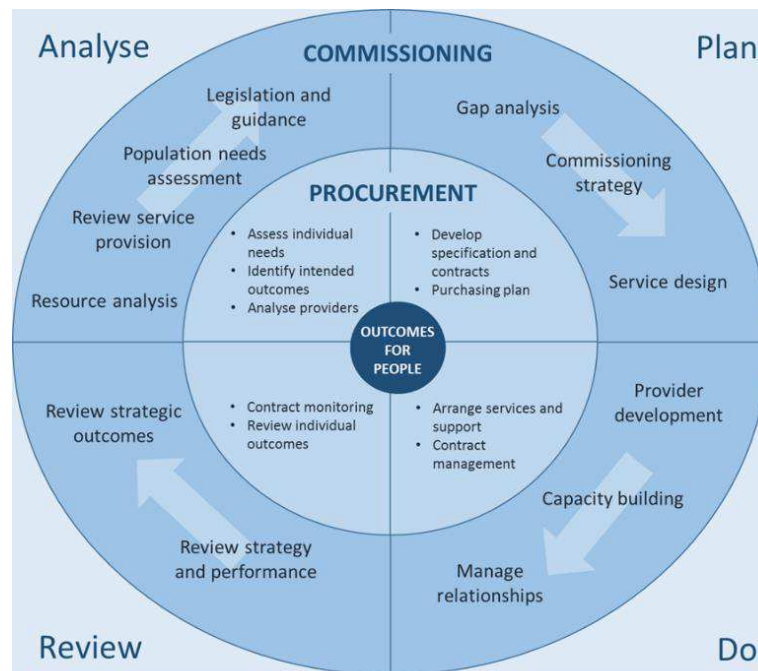
- 4 members who as Non-Executive Directors of NHS Lanarkshire.
- 4 members who are Elected Members with South Lanarkshire Council

Non-voting members

- IJB Chief Officer
- IJB Chief Financial Officer
- Professional advisers from South Lanarkshire Council and NHS Lanarkshire
- A member from the third sector – from Voluntary Action South Lanarkshire (VASLan)
- A member from the independent care sector – from Scottish Care
- A member drawn from service users and the community representative – from South Lanarkshire Health and Social Care Forum
- A member drawn from Carers - from South Lanarkshire Carers Connected
- Two members from trade unions/staff-side: one from South Lanarkshire Council trade unions; and one from NHS Lanarkshire staff-side.
- Other co-opted representatives as the IJB deems necessary.

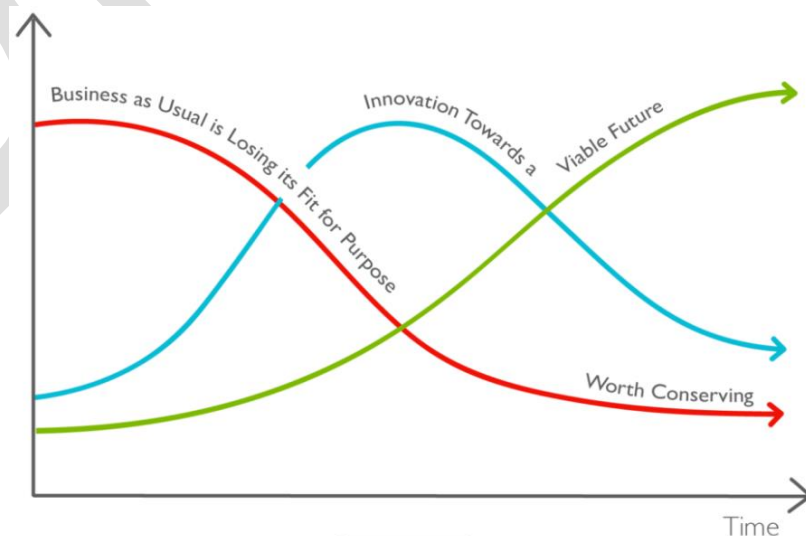
1.3 Developing the Plan

The Plan has been developed through a recognised four step strategic commissioning process. The Plan follows the steps to describe how we have developed our strategic priorities and strategic commissioning intentions to improve health and social care services.



In refining the Plan, particular care has been taken to think and plan for the longer term – to avoid being so focused on the here-and-now that decisions do not stand the test of time.

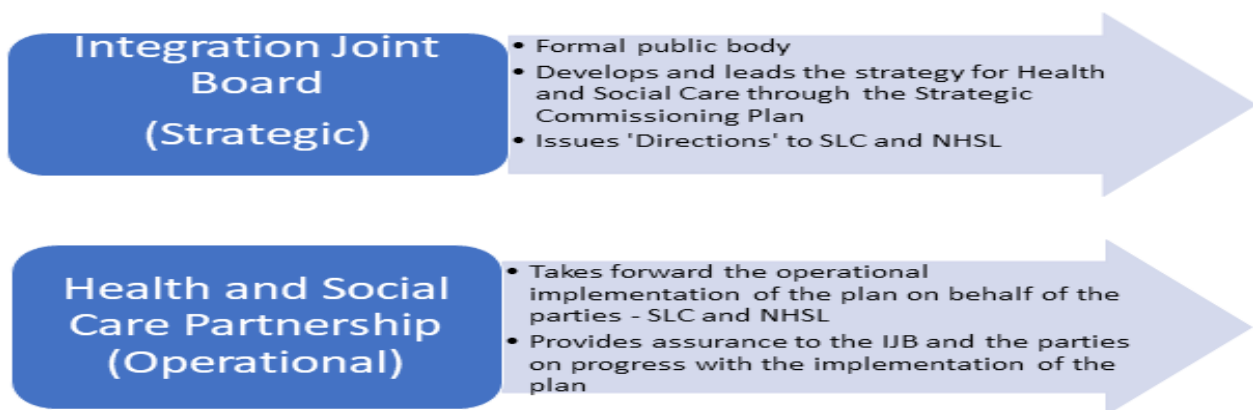
Our thinking on this has been assisted by applying the 3 Horizons Model (as promoted by the International Future Forum), which has been particularly helpful in ensuring that our strategic priorities and strategic aims have a good balance



between short-term actions and the longer-term plans that will support sustainability.

1.4 Implementing the Plan

As per the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) the IJB actions the intentions outlined in the Plan via binding Directions issued to the NHS Lanarkshire and South Lanarkshire Council. The Health and Social Care Partnership (HSCP) is the joint delivery vehicle by which NHS Lanarkshire and South Lanarkshire Council operationalise the functions and services delegated to the IJB; and progress the majority of Directions that flow from the Plan.



The HSCP convenes a Strategic Commissioning Group that supports this work, alongside a number of other structures – including our locality planning arrangements - with representation from across stakeholders (including the independent sector, voluntary organisations, carers and the Health and Social Care Forum). There are four localities: Hamilton, East Kilbride, Clydesdale and Cambuslang/Rutherglen. The Local Housing Strategy (LHS) Steering Group is the main partnership body responsible for overseeing the strategic direction for housing. A Homelessness Strategy Group has been established to take forward actions to address homelessness (and which aligns with South Lanarkshire’s Rapid Rehousing Transition Plan 2019-24).

The Plan has a mutually reinforcing relationship with other key strategies and plans – notably the South Lanarkshire Community Plan and its Neighbourhood Plans; the South Lanarkshire Council Plan; the Local Housing Strategy; the local Children’s Services Plan; and NHS Lanarkshire’s new strategy ‘Our health together: Living our best lives in Lanarkshire’ (currently under development).

1.5 A Whole Systems Approach to Tackle Inequalities: Community Planning

It is now widely accepted that inequalities in health are inextricably linked with wider social and economic inequalities. Not only is there a gap in health status and outcomes between more and less economically deprived populations, but there is evidence of a gradient in health and wealth whereby the more social and economic resources a person commands, the more likely they are to experience a longer, healthier life.

The financial and social consequences of the pandemic are likely to fall disproportionately upon those who were either experiencing poverty, marginalisation and/or discrimination prior to the pandemic – thus widening inequalities. The reality is that Scotland was struggling to address inequalities prior to the pandemic and the task will be even harder going forward. Focusing on the structural determinants of inequalities – economic, environmental and social - in a co-ordinated manner across stakeholders is fundamental.

A whole system approach involves applying systems thinking, methods and practice to better understand challenges and identify collective actions across stakeholders. Community Planning is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives. The statutory framework for Community Planning is set out in the Community Empowerment (Scotland) Act 2015. The South Lanarkshire Partnership Board is the Community Planning Partnership (CPP) for South Lanarkshire. It has a single, overarching objective to tackle poverty, deprivation and inequalities and sees sustainable inclusive economic growth as being the key to helping reduce this. It recognises that the efforts to deliver sustainable inclusive economic growth will only begin to deliver real benefits in the medium to longer term and that there is a need to mitigate the current impact of poverty, deprivation and inequality on residents and communities and to support their efforts to change their situation and prospects. The HSCP is one of the CPP's four thematic partnerships through which stakeholders work whole systems to do this.

SECTION TWO: VISION FOR SOUTH LANARKSHIRE

2.1 South Lanarkshire Vision

“Working together to improve health and wellbeing in the community – with the community”.

The IJB has a duty to deliver the nine national Health and Wellbeing Outcomes:

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

In working to deliver the above, the IJB will also develop its role as an Anchor Organisation - to direct and influence the use of resources, and working with communities and partners to effect change to the social, economic and environmental conditions that determine the health and wellbeing of local people.

SECTION THREE: ANALYSING SOUTH LANARKSHIRE

This section sets out the four key suites of information and evidence from which this Plan has been built: our engagement; strategic needs analysis; the policy and legislative context; and our understanding of what has worked well locally.

3.1 Engagement

In accordance with the national Planning with People Guidance, a comprehensive engagement and communications programme was undertaken to ensure that the Plan reflects the needs and aspirations of our communities and stakeholders. A full report setting out this exhaustive process and its findings in detail is available at:

www.southlanarkshire.gov.uk/slhscp/

The key themes that emerged from this substantial process were:

- The necessity of ensuring services and supports are fit-for-the-future to sustain core/statutory functions.
- The need for greater emphasis on early intervention, prevention and addressing inequalities.
- The imperative for developing and better joining-up activities and supports to improve mental health and wellbeing, and address addictions.
- The importance of increasing personal choice for individuals in their own care – and maximising independence in people’s own homes and communities as far as possible.

3.2 Strategic Needs Analysis

A comprehensive needs analysis was completed, with expert support from the Local Intelligence Support Team (Public Health Scotland). A full report setting out this exhaustive process and its findings in detail is available at: www.southlanarkshire.gov.uk/slhscp/

Key messages from this detailed work include the following:

- Between now and 2043, the population of South Lanarkshire is projected to increase. In particular, the section of the population aged 75+ is projected to increase substantially.

- In 2018-2020 the average life expectancy in South Lanarkshire HSCP was 76.4 years old for men, and 80.5 years old for women - both below the average life expectancy for Scotland overall. Improvements in life expectancy have also begun to slow.
- The vast majority (90%) of the South Lanarkshire population reside in urban areas. There is variation across the four localities, with Clydesdale having the largest proportion of its population living in rural areas (42%).
- South Lanarkshire is more deprived than Scotland as a whole. There is variation across the four localities in terms of deprivation: Rutherglen-Cambuslang has the highest proportion of the population living in most deprived areas (quintile 1) and East Kilbride has the lowest.
- The number of South Lanarkshire care at home users has continually increased over the 5-year period 2016/17 to 2020/21.
- In 2020/21, 14% of the South Lanarkshire population had three or more long-term health conditions (LTCs). The rate of people with 3+LTCs is projected to increase steadily between 2022 and 2025 across most 18+ age groups.

3.3 Legislative and Policy Context

Since 2019, a raft of new policy/legislative requirements have emerged that need to be factored into strategic planning and commissioning. A full list is included in the supplementary reference document available at www.southlanarkshire.gov.uk/slhscp/

Two recent (2022) Audit Scotland publications have highlighted key messages that we were already sighted on when preparing this Plan; and resonate strongly with the final publication:

NHS in Scotland 2021

- The NHS in Scotland remains on emergency footing and is under severe pressure.
- The importance of NHS and social care workforce planning.
- A lack of key data limits informed decision-making.
- The NHS was not financially sustainable before the pandemic and the COVID-19 response has increased financial pressures

Social Care in Scotland

- Service users and carers do not always have a say or choice about what support works best for them.
- The social care workforce is under immense pressure.
- Commissioning tends to focus on cost rather than quality or outcomes.
- Capacity and cultural differences are affecting leadership.
- A lack of key data limits informed decision-making.
- Pressure on social care spending is increasing.

Taken together, these Audit Scotland reports reinforce the processes undertaken to prepare this Plan; the necessity for transformation; and the importance of strong leadership as part of a whole system approach to delivering for the future.

3.4 Insights from Local Experience

The IJB has an obligation to and does publish an Annual Performance Report. The IJB also receives regular performance reports and shares updates on its progress with stakeholders. This has provided considerable local learning that informs ongoing delivery and development; and generated insights that have informed the preparation of this Plan. For example:

- The expectation of staff and the public that public bodies prioritise resources to meet core obligations and deliver essential services – e.g. child protection and adult support and protection.
- The importance of supporting more people to live independently at home and be cared for in their communities for as long as possible – e.g. through our commitment to Discharge Without Delay; increased utilisation of Self-Directed Support (SDS); provision of intermediate care beds in the community; promoting carer support plans; and more collaborative working to shape local housing provision.
- The reality that inequalities continue to blight communities across South Lanarkshire – and that while traditional service models have served some individuals and groups well,

there are many for whom access, experience and outcomes needs to be fairer and better.

- The need to promote a wider range of mental health supports within the community. A new Mental Health and Wellbeing Strategy has sought to improve access to mental health support in primary care; challenge stigma; prevent suicides and raise awareness about the relationships between mental health and poverty, addiction, homelessness, and social isolation.
- The continuing requirement to smooth transition from child to adult services. The HSCP has responded to feedback that the transition from child services to adult services can be problematic and difficult to navigate, with an updated approach. While there is further work to be done, this has already had a positive impact on young people and their carers/families.
- The opportunity to accelerate the use of technology-enabled care. In 2020-21, over 85,000 consultations were carried out using 'Near Me' technology. The Florence Text Messaging Service has now been readily adopted by staff and patients alike to safely and reliably monitor long-term conditions.
- The value of the Third Sector and community supports. During the pandemic, the HSCP worked with local community partners to provide more holistic support, including the creation of a community meals service which delivered over 14,000 meals to those in need.
- The imperative of meeting the aspirations expressed across our communities. This Plan has been prepared through the midst of the pandemic, and through it has been very clear that there is both a need to and a growing public appetite for supports and services that are more tailored to the needs and capabilities of individuals – rather than 'fitting them in' to traditional models of care delivery; and of increasing the ease with which people can access services and support throughout the week.
- The continuing challenge of responding to the impact of the pandemic. Services and supports will have to embed many of the new ways of working that they have already had to adopt and embrace further redesign in order to contend with the long-term consequences that the pandemic will have on the health and wellbeing of local people.

SECTION 4: PLANNING FOR SOUTH LANARKSHIRE

4.1 Strategic Priorities

Having considered all of the intelligence summarised in Section 3, the following twelve strategic priorities for this Plan have been identified.

Strategic Priorities	
1.	Sustaining statutory social care and core health care functions
2.	Greater emphasis on early intervention, prevention and inequalities
3.	Addressing mental health and addictions
4.	Improving unscheduled care and optimising intermediate care
5.	Supporting carers
6.	Promoting self-care and self-management including technology enabled care
7.	Improving transitional arrangements
8.	Facilitating single point of access and increasing access to seven-day services
9.	Investing in enablers to support integration
10.	Promoting suitable and sustainable housing
11.	Contributing to homelessness prevention and reduction
12.	Responding to the impact of the Covid-19 pandemic

4.2 Strategic Commissioning Intentions

The above strategic priorities have generated a suite of high-level commissioning intentions which the IJB will progress with the partners.

Commissioning Intention	Strategic Priority
Implement Discharge Without Delay to return people to their home or community safely.	Greater emphasis on early intervention, prevention and inequalities. Supporting carers.
Deliver all services in line with statutory requirements to ensure people are safe and healthy and encouraged to meet their personal outcomes.	Sustaining statutory social care and core health care functions.

<p>Modernise and transform Primary Care services so provision is sustainable in and out of hours providing accessible and flexible health care for people in their communities.</p>	<p>Sustaining statutory social care and core health care functions.</p> <p>Facilitating a single point of access and increasing access to seven-day services.</p> <p>Improving unscheduled care and increasing intermediate care.</p>
<p>Further develop mental health services to support more people to recover or manage their condition successfully and live as happy, healthy and productive lives as possible.</p>	<p>Addressing mental health and addictions.</p> <p>Greater emphasis on early intervention, prevention and inequalities.</p> <p>Promoting self-care and self-management.</p> <p>Improving unscheduled care and increasing intermediate care.</p> <p>Sustaining statutory social care and core health care functions.</p>
<p>Work with South Lanarkshire Alcohol and Drug Partnership to reduce the impact of addictions within our communities through early intervention/prevention and a focus on recovery.</p>	<p>Addressing mental health and addictions</p> <p>Greater emphasis on early intervention, prevention and inequalities.</p>
<p>Work with Community Planning partners to mitigate against the impact of inequalities across our communities.</p>	<p>Greater emphasis on early intervention, prevention and inequalities.</p>
<p>Implement consistent approach for all key stages of transitions (Children’s Services, Adult Services and Older People’s Services).</p>	<p>Sustaining statutory social care and core health care functions.</p> <p>Greater emphasis on early intervention, prevention and inequalities.</p>

Work with communities to build resilience through the promotion of alternative social and community-based supports.	Supporting Carers. Addressing mental health and addictions. Greater emphasis on early intervention, prevention and inequalities.
Support carers to maintain their caring role through a personal outcome approach.	Supporting Carers. Sustaining statutory social care and core health care functions.
Support the enhancement of Self-Directed Support (SDS) to increase choice and flexibility for people accessing services.	Sustaining statutory social care and core health care functions.
Support early intervention improvement activity to improve outcomes for children and young people.	Greater emphasis on early intervention, prevention and inequalities.
Promote opportunities in localities to streamline how people receive health and social care support.	Facilitating a single point of access and increasing access to seven day services. Investing in enablers to support integration.
Implement a model of day service which increases choice and supports.	Facilitating a single point of access and increasing access to seven day services. Supporting Carers.
Promote the extension of Technology Enabled Care to support people to manage their own health and wellbeing	Promoting self-care and self-management including technology enabled care.
Ensure health and social care supports align to improving access to and choice of housing options available which suit people's needs and which they are able to sustain.	Promoting suitable and sustainable Housing.

Support older people and those with particular needs to live independently within the community in a suitable and sustainable home, reducing the requirement for institutional care and risks of homelessness	Promoting suitable and sustainable Housing. Promoting self-care, self-management including technology enable care.
Prevent homelessness and its impact by improving access to health and support services.	Contributing to homelessness prevention and reduction. Addressing mental health and addictions.
Ensure that health and social care services are effectively engaged in providing an integrated response to meet the needs of households with multiple and complex needs, including Housing First.	Contributing to homelessness prevention and reduction. Addressing mental health and addictions.

The above strategic priorities and attendant strategic commissioning intentions will frame a range of 'Directions' to South Lanarkshire Council and/or NHS Lanarkshire for delivery - principally, although not exclusively, for progressing through the HSCP.

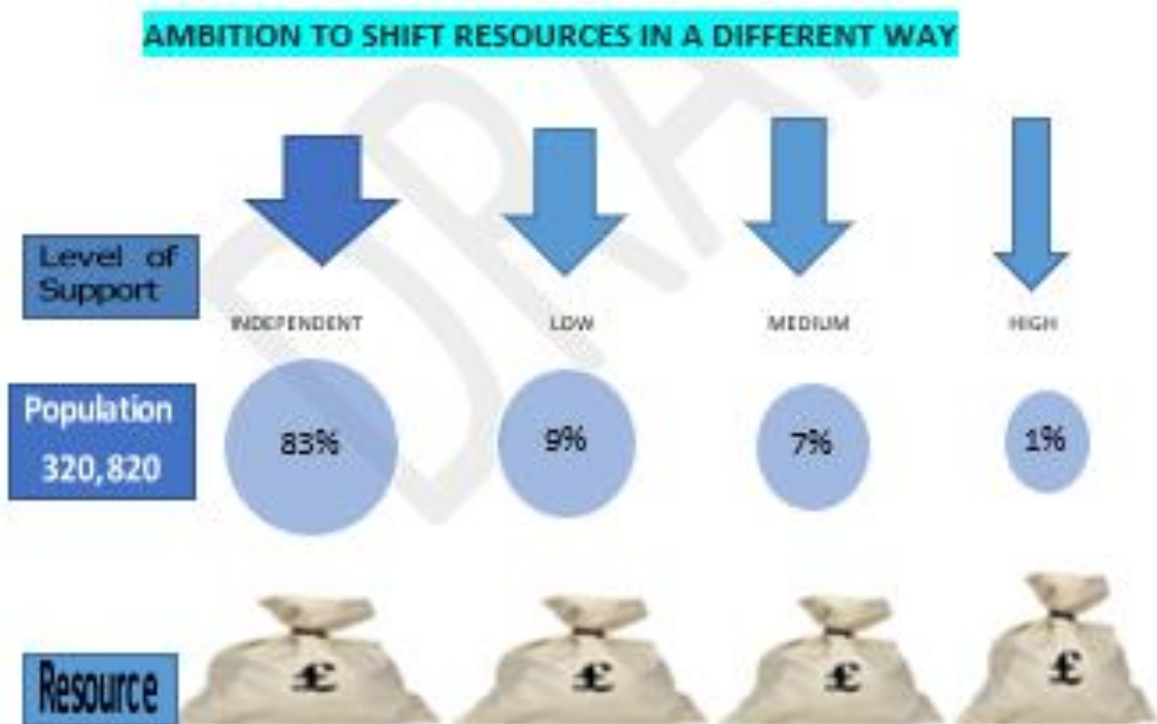
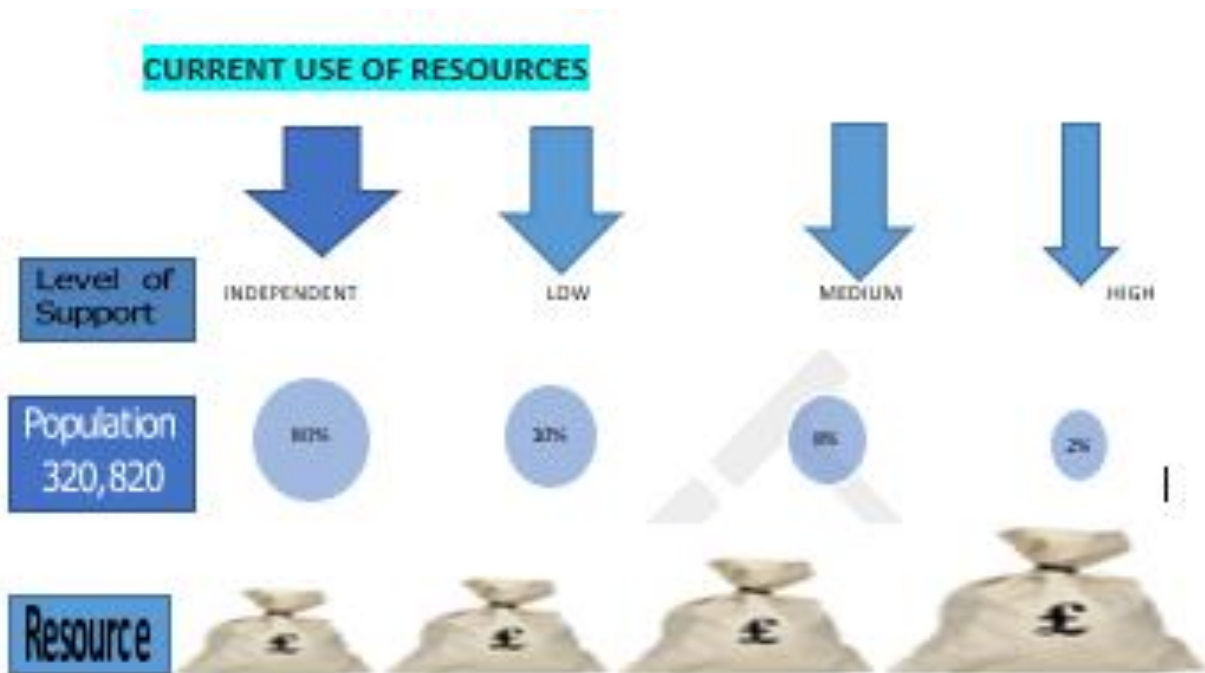
SECTION FIVE: IMPLEMENTING THE PLAN ACROSS SOUTH LANARKSHIRE

To implement the vision, strategic direction and planned intentions the IJB will work closely with South Lanarkshire Council and NHS Lanarkshire, as well as Community Planning Partners. In a wider context, staff and local communities will be crucial to realising the vision set out in the Plan.

Delivering against our strategic priorities will require a degree of transformational change to allow services to react flexibly to demand and continue to modernise into the future. Audit Scotland has highlighted the need to work more collaboratively to improve current integration arrangements. The findings and recommendations of the Independent Review of Adult Social Care in Scotland – and the Scottish Government’s proposals for a National Care Service- will also have a significant bearing on the provision of social care and the nature of integration arrangements going forward.

The challenge for the IJB will be the way it directs its resources, given that these are already under significant pressure in terms of their spread and reach. If current trends in demand are to be contained - and to an extent reversed - through earlier intervention and prevention, there requires to be a paradigm shift from the current way in which resources are deployed to a new way of thinking based on a longer-term strategy and whole systems approach.

The diagram overleaf illustrates the current position and a proposed re-positioning of where resources should be re-invested. Currently most of the population are independent or require access to low level supports. A small proportion of the population require a high level of support which utilises a disproportionate use of resources and funding. Preventative approaches will direct more resources to lower-level supports to prevent higher support needs occurring in the future.



The following areas have been identified for the partners – the NHS Lanarkshire and South Lanarkshire Council - to develop and deploy necessary capacity in order to progress this.

5.1 Transformational Change

There is a significant transformational change process required to take forward to achieve the vision of this Plan. Ensuring that the HSCP and both partners are equipped to meet this challenge requires organisational development, knowledge and expertise. It demands the necessary capacity and capability in the following areas:

- Collaborative leadership and resilient management
- Continuous quality improvement
- Continuing professional development
- Coaching, mentoring and succession planning
- Evaluation and audit
- Innovation

Recognising the maturity of local integration arrangements, the “building-blocks” that are already in place and the relationship of the partners, a refreshed approach to organisational development would add pace and confidence to realising the necessary transformation in a supportive and constructive manner.

ACTION

- Organisational Development Strategy to be developed in first year of this plan and aligned to the Plan’s strategic priorities and strategic commissioning intentions.

5.2 Workforce Planning

As Anchor Organisations, NHS Lanarkshire and South Lanarkshire Council employ a large workforce committed to improving the health and care of local people. In addition, there are a significant number of people who are engaged in health and care in relation to primary care external contractors; independent providers of care; and the third and independent sector. Our people are our most important “resource” in delivering the transformation needed across health and social care services.

Key developments - such as the extension of Home First and managing increased complexity in the community - require integrated approaches to care which. Whilst progress has been made in terms of co-location of teams where there is a natural fit to do (such as alcohol and

drug services), further work is required to support the wider integration of multi-disciplinary teams at locality level.

Demographic change, changing expectations and the pandemic have brought huge challenges for our workforce. Pressures on staff and teams over the pandemic have been significantly beyond anything experienced previously in a health and social care context. Investing and paying attention to staff wellbeing will continue to be crucial – as will ensuring that staff across all services are valued and respected for what they contribute.

ACTION

- Council and NHS Lanarkshire to develop their roles at Anchor Organisations.
- Workforce Plan to be developed aligned to the Plan's strategic priorities and strategic commissioning intentions.

5.3 Market Facilitation

South Lanarkshire has a mixed economy of social care delivery - our commissioning arrangements need to be flexible and responsive in order for care and support to be designed and delivered to optimise the success of a personal outcomes approach.

A fresh approach to commissioning will be essential if all areas are able to contribute to the overall need and subsequent opportunities created to allow local communities to flourish. This requirement is underpinned by a legal framework outlined in the Social Care (Self-Directed Support) (Scotland) Act 2014. Having this choice and control will empower people to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

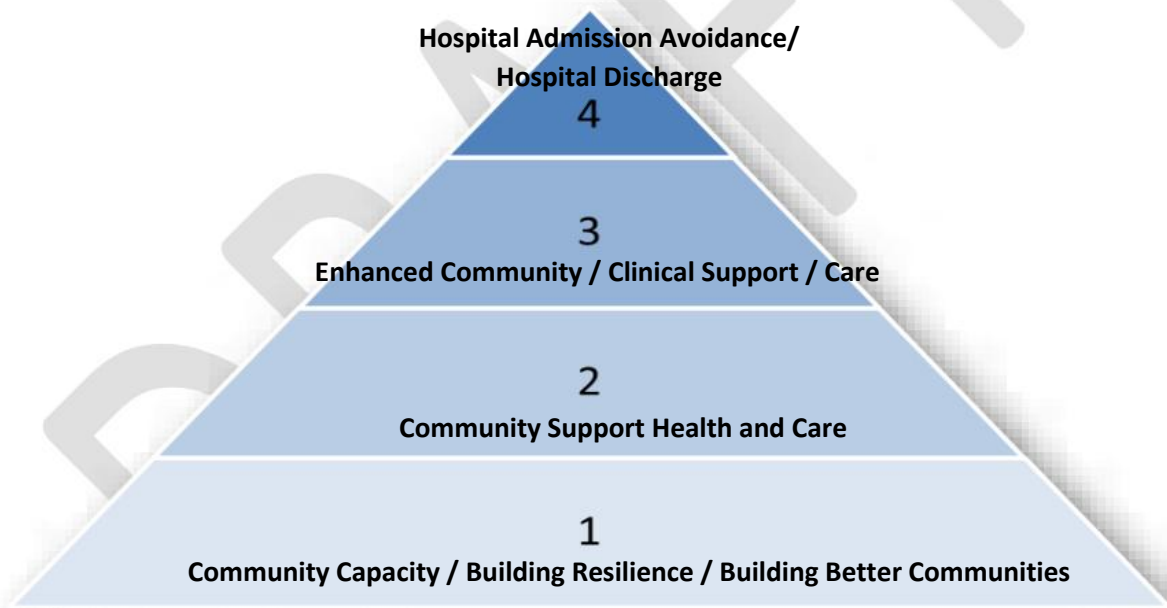
As part of the Fair Work agreement, South Lanarkshire Council has committed to the full implementation of the [Ethical Care Charter](#) for all their employees; and to progress the objectives of stages 1, 2 and 3 for home care contracts procured by the Council.

ACTIONS

- Ensure effective market facilitation, working with independent providers of social care to ensure provision and choice available to meet emerging and future needs and deliver quality services.
- Work with community planning partners to encourage greater capacity within communities, the Third and voluntary sector.
- Encourage adoption of the [Fair Work Framework](#) by providers.

5.4 Locality Planning

The strength, contribution and influence of the locality planning agenda has grown. A key area for development is the commitment to the locality 'Community First' Tiered Model (see below), which essentially outlines the levels of proportionate support which health and social care services will work to provide.



Embedding this approach fully across the four localities will be a key enabler to supporting the overall delivery of the Plan.

ACTIONS

- Agree a standard/minimum locality model across the four localities.
- Developing and implementing four Locality Plans that reflect the particular characteristics of each geographical area and its communities in delivering the Plan in a coherent manner.

5.5 Impact Assessment

A number of impact assessments aligned to the Fairer Scotland duties were undertaken as part of developing the Plan - for example, a Strategic Environmental Assessment and Equality Impact Assessment. The outputs from these assessments – and perspectives gained through the process of undertaking them – has improved the quality of and our confidence in the Plan. This underlines the importance and the value of ensuring that all such relevant impact assessments are properly completed as and when required – not just because there is an obligation to do so, but because doing so will better enable the delivery of this Plan and its vision.

ACTION

- Ensure the necessary and relevant impact assessments are undertaken and inform the develop and delivery of actions in support of the Plan.

5.6 Strategic Communication

Recent times have elicited a need for health and social care services to adapt, innovate and in many cases transform. Effective communication is and will be crucial to that transformation agenda and will vital to supporting the delivery of the Plan. The HSCP has developed a rich variety of the high-quality channels and effective methods to reach target audiences – this provides a strong foundation for ensuring that a strategic approach to communication that focuses on encouraging dialogue with communities, staff and stakeholders; and messaging that are clear and resonate with those been communicated to. A full refresh of the HSCP Communication of Engagement Strategy will be undertaken to ensure it supports the delivery of the Plan. This will be built around an approach that emphasises the principles of ABC - accuracy, brevity and clarity – and seek to reinforce awareness, confidence and ownership in the fit-for-the-future supports and services.

ACTION

- A refreshed Communication and Engagement Strategy to be developed in first year of this plan and aligned to the Plan's vision and transformational agenda.

5.7 Financial Framework

At the time of writing, it was not possible to complete the necessary financial framework required for inclusion with the SCP due to external accounting and budgeting timelines.

The Chief Financial Officer will complete the preparation of the financial framework in early Quarter 1 of 2022/23; and the Chief Officer will then approve its inclusion as part of finalising the formatted version of the SCP for publication at the earliest opportunity thereafter.

5.8 Support Services

In delivering the Plan and its business, the IJB relies on a variety of important support services from the partners – e.g. support and advice from human resources; planning and performance; legal support; estates and facilities management; communication; information technology; and finance. All of these are key enablers, particularly with regards to ensuring that services work to the principle of seamless delivery and single system working as far as possible. These corporate services and supports are provided as an ‘in – kind’ contribution from the partners. Given the key role that they do play, it continues to be important that the IJB, South Lanarkshire Council and NHS Lanarkshire work collaboratively to ensure that these services support the delivery of the Plan and the further strengthening of integration locally.

ACTIONS

- Develop a property strategy which maximises opportunities to co-locate services and disciplines where it makes strategic sense to do so; and addresses environmental sustainability.
- Realise the full potential of digital technology to increase the ways in which people can be supported with care to remain in their own home and to promote an increased level of agile/flexible working across services.
- Continue to scale – up the use of Telehealth and Telecare to enable more people to self-care and self-manage and provide alternatives to traditional forms of service delivery to enable people to remain in their home and prevent the need for traditional care settings.
- Maximise the opportunities to share information across health and social care information systems to reduce bureaucracy, improve communication and seamless working.

ACTIONS

- Streamline and simplify governance and reporting arrangements across the IJB, Council and NHS Board
- Work with human resources colleagues to support the development of new roles and responsibilities to deliver new models of care
- Undertake further and more detailed needs profiling to determine how to increase our investment in early intervention, prevention and reducing

5.9 Prioritising Commissioning Intentions

Critical to the success of the Plan will be understanding the co-dependencies across each of its strategic commissioning intentions. For example, the work to modernise and transform Primary Care services will have read across with commissioning intentions related to residential and day services; and the development of the locality model. Consequently, the programme planning and change management across the whole system with regards to the timings of proposed changes needs to be fully understood in order to achieve the smoothest transition. Effective programme planning will be critical to support this.

ACTION

- Develop programme plan to support the implementation of the strategic commissioning intentions associated with the twelve strategic priorities.

5.10 IJB 'Directions'

The IJB has a mechanism in place through which it can action the strategic commissioning intentions set out in the Plan (see Section 4). The IJB uses 'Directions' to agree and communicate with the partners - NHS Lanarkshire and South Lanarkshire Council - the expectations of its strategic commissioning intentions. In turn the partners work to operationally implement each of the Directions issued. A key part of this process is that the IJB confirm to the partners the budget assigned to support implementation.

ACTION

- Directions to be confirmed and issued to the partners in support of the Plan, with necessary budget and financial information.

SECTION SIX: REVIEWING PROGRESS OF THE PLAN FOR SOUTH LANARKSHIRE

6.1 Demonstrating Impact

Evaluating health and social care integration is a complex process and requires a method that can incorporate the scope and variety of provision. The complexity and level of ongoing change involved with integration makes it impossible to directly link cause and effect, which makes it difficult to know what is being done is right. The HSCP now has a track record of using an evaluation approach known as Contribution Analysis. This demonstrates the contributory factors and subsequent level of achievement against the nine national health and wellbeing outcomes. It has been used to gather evidence around how change happens (which will continue to be refined over time). When the evidence comes together to tell the same story, it can be reasonably suggested that the activities evaluated have contributed to the observed results. This provides a level of confidence that what has been done is influencing what we is happening in practice.

6.2 Performance Measurement

Supplementing evaluation activity and contribution analysis are more formal national and local performance measures which are reported to the IJB on a quarterly and annual basis. The HSCP already has a wealth of needs assessment, performance and evaluation-based information. This has evolved and matured since the establishment of local integration arrangements - and it is the intention to continue to develop this.

The IJB currently oversees the performance of health and social care services through a suite of performance measures - against each of the six Ministerial Strategic Group targets for integration (Appendix 1). For example, measures with regards to reducing hospital emergency activity, emergency admissions and reduced reliance on inpatient care are used as a proxy for this. A range of qualitative measures are also reported, which capture the perceptions and views of the public with regards to the quality of services; and the extent to which they are supporting people to improve their agreed personal outcomes.

6.3 Governance and Decision Making

The IJB has well established recognised governance and decision-making arrangements in place to support the development of the Plan and oversight of the implementation of the Plan by the partners and through the HSCP. Building on the positive feedback and constructive recommendations from the IJB's Auditors (internal and external), work will continue to further refine these governance and decision-making arrangements.

6.4 Strategic Environmental Assessment

In accordance with the requirements of Section 7 (1) of the Environmental Assessment (Scotland) Act, 2005 a Strategic Environmental Assessment pre-screening exemption on the Plan was submitted to the Scottish Government. The Plan is exempt from Strategic Environmental Assessment as its implementation will have minimal effect in relation to the environment. Nonetheless, the IJB recognises that the quality of the environment is an important determinant for health, wellbeing and inequalities – and hence recognised here.

6.5 Equality Impact Assessment

An Equality Impact Assessment was undertaken and informed the development the Plan.

6.6 Climate Change and Sustainability

The IJB works alongside South Lanarkshire Council and NHS Lanarkshire in relation to complying with its and their Climate Change Duties.

SECTION 7: CONCLUSION

Through the development of this Plan - and in particular the needs analysis, engagement, policy context and insights from local experience - there is a clear transformational agenda that the IJB needs to respond to and contribute its leadership to delivering.

- The demography of South Lanarkshire and each of its four localities is continuing to change – as are the needs and expectations of its communities.
- There is increased recognition of the need to better meet the needs – and do right – by the diverse communities from whom South Lanarkshire is home, especially those who continue to suffer inequalities of experience and of outcomes.
- The pandemic has exacerbated existing pressures and brought additional demands – for communities, amongst staff and across all services.
- A consistent message from the people of South Lanarkshire is that they wish to have as much control over their health and care as possible; and to live as independently as possible within their own homes and as part of their own communities.
- The community response to the pandemic showed that there is considerable capacity – and appetite - for communities to care for themselves and each other.
- The workforce response to the pandemic was exceptional – and shows their continuing commitment to community and their drive to do things differently.
- New ways of working and new technologies – including those adopted and embraced by staff and communities alike – opening up opportunities for greater early intervention and prevention across services, and fairer access to and provision of support.
- The IJB – alongside NHS Lanarkshire and South Lanarkshire Council - can grasp these opportunities best by working with communities and stakeholders to look forward with ambition.

“Working together to improve health and wellbeing in the community – with the community”.

APPENDIX 1: CORE SUITE OF INTEGRATION INDICATORS

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

Ministerial Strategic Group (MSG) Indicators

MSG1 Number of emergency admissions

MSG2 Number of unscheduled hospital bed days

MSG3 Number of Accident and Emergency attendances

MSG4 Acute bed days lost to delayed discharges

MSG5 % of last six months of life spent in a community setting

MSG 6 Balance of care: percentage of population cared for at home

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	29 March 2022
Report by:	Director, Health and Social Care

Subject:	Directions Progress Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ Confirm the mechanism by which the IJB issues Directions to the partners, sets out existing Directions and proposes a new Direction for issuing in support of the SCP 2022-25.

2. Recommendation(s)

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

- (1) That the mechanism for issuing Directions to the partners be noted;
- (2) That the existing Directions be reaffirmed for issue to NHS Lanarkshire and South Lanarkshire Council effective from 1 April 2022; and
- (3) That a new Direction is approved and issued to the partners regarding Anchor Organisations (Section 4.5).

3. Background

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on the Integrated Joint Board (IJB) to prepare a Strategic Commissioning Plan (SCP).

3.2. The mechanism which allows the IJB to action the intentions outlined in the SCP is provided in the Act and takes the form of binding Directions to be issued by the IJB to the Health Board and Local Authority. Directions are the legal basis on which the Health Board and the Local Authority deliver services that are delegated to the IJB.

3.3. The Scottish Government issued a good practice note entitled 'Directions from Integration Authorities to Health Boards and Local Authorities' which provides guidance on the form of the Directions. This has been used to inform previous Directions issued in a South Lanarkshire context. It should be noted that these Directions should not be viewed as one-off as they may be revised, revoked or superseded and must follow the format outlined in the guidance and appendices to this report.

3.4. Since its inception in April 2016, the IJB has issued a total of 37 Directions, with regular reports presented to IJB meetings on the status of each.

3. Background (Cont.)

- 3.5. A review of existing Directions was undertaken as part of the preparation of the SCP 2022-25. The updated suite of Directions was agreed at the IJB meeting of 25 January 2022.

4. Progress Update and Proposed Directions

- 4.1 Appendix 1 details the formal scope of 'Directions' and budget for 2022/2023 for delegated services as per the South Lanarkshire Integration Scheme.
- 4.2 Appendix 2 details the current twenty-six 'Directions' as confirmed by the IJB at its 25 January 2022 meeting.
- 4.3. The current status of these twenty-six Directions is summarise below (with further detail available at Appendix 1).

On hold. Not possible to progress during this period	0	0%
Progressing but a change in outcomes and/or delay expected	18	69%
Progressing as originally planned	8	31%
Direction completed	0	0%
Total	26	100%

- 4.4 The current suite of 'Directions' have been further reflected upon as part of the preparation of the SCP 2022-25 (as separately reported to this meeting of the IJB) and it has been confirmed that they will support the strategic priorities and strategic commissioning intentions set within the new SCP.
- 4.5. To support the SCP 2022-25, a new Direction is proposed in relation to the respective roles of NHS Lanarkshire (NHSL), South Lanarkshire Council (SLC) and the IJB as Anchor Organisations as part of their commitment to addressing inequalities:

Directs NHS Lanarkshire and South Lanarkshire Council to work alongside the IJB as Anchor Organisations to address inequalities and improve the wellbeing of South Lanarkshire communities.

5. Next Steps

- 5.1. Subject to approval by the IJB, Directions will be issued to the partners effective from 1 April 2022. Regular updates will be provided to the IJB on the status of each.
- 5.2. Any proposals for any new Directions that flow from the implementation of the SCP 2022-25 will be presented to the IJB for consideration and approval.

6. Employee Implications

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

7. Financial Implications

- 7.1. The financial resources to be delegated by the IJB to each partner are as follows:
- 7.2. NHSL recurring budget allocations for in-scope Health Care Services
For 2022/2023, the total indicative budget allocation for health care services directly managed by South Lanarkshire Health and Social Care Partnership (SL HSCP) - including hosted services but excluding the notional acute services set-aside budget - is £395.262m. This is based on the 2021/2022 budget as at December 2021. This indicative budget allocation will be adjusted to reflect the changes in non-recurring funding, the relevant share of the additional funding and any agreed efficiency savings, as appropriate.
- 7.3. SLC recurring budget allocations for in-scope Social Care services
For 2022/2023, the allocation for services directly managed by SL HSCP is £141.720m. The allocation for the in-scope Housing Services is £5.015m (General Fund - £2.133m; Housing Revenue Account - £2.882m). This is based on the 2021/2022 budget as at January 2022. The total funding allocation is therefore £146.735m. This indicative budget allocation will be adjusted to reflect the relevant share of the additional funding and any agreed efficiency savings, as appropriate.
- 7.4. Additional funding in 2022/2023 totals £37.886m (NHSL - £7.230m; SLC - £30.656m) and will be allocated to each partner as appropriate in line with the IJB Financial Plan for 2022/2023 (as separately being presented to this meeting of the IJB). Included within this additional funding is the 2% inflation uplift on the Resource Transfer Funding, Social Care Funding and Commissioned Services totalling £0.984m; and which will be transferred from NHSL to SLC a per normal procedures.
- 7.5. Further Scottish Government recurring funding of £4.153m will also be received in 2022/2023. This funding is not ringfenced. This funding will be held by the SLC partner pending further consultation with both partners. The allocation of the recurring funding of £4.153m will be subject to IJB consideration and approval.
- 7.6. Additional funding received in-year from NHSL which is ring-fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.
- 7.7. NHSL and SLC will implement as appropriate any agreed efficiency savings plans and management actions. Where necessary, reliance will be placed on agreed reserves to manage cost pressures pending identification of recurrent solutions.
- 7.8. The acute services set-aside budget will be adjusted to reflect the 2019/2020 activity levels and 2022/2023 price levels in line with the Scottish Government Guidance. The notional value of the set-aside budget for 2022/2023 is £63.079m.
- 7.9. Notwithstanding the above allocations, it may be necessary for the Chief Financial Officer to vary the 2022/2023 allocations to reflect the detailed budget setting process undertaken by each partner. Any such accounting adjustments will be undertaken in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC.

8. Climate Change, Sustainability and Environmental Implications

- 8.1. There are no implications for Climate Change, sustainability or the environment in terms of the information contained in this report.

9. Other Implications

- 9.1. There are no other implications associated with this report
- 9.2. This work and recommendations presented materially address items within the IJB's approved risk register in place, most notably:
- Delivery of SCP and associated Directions.
- 9.3. This work and recommendations presented contributes to the achievement of the following Good Governance Controls and Continuous Improvement Action (as reported to the Performance and Audit Sub-Committee):
- Alignment of resources to partner Directions.

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

11. Directions

- 11.1. This report will vary directions as follows:

Direction to:	
1. No Direction required	<input type="checkbox"/>
2. South Lanarkshire Council	<input checked="" type="checkbox"/>
3. NHS Lanarkshire	<input checked="" type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input checked="" type="checkbox"/>

Soumen Sengupta
Director, Health and Social Care

Date created: 14 March 2022

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>

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	☒
People who use Health and Social Care Services are safe from harm	☒
People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	☒
Resources are used effectively and efficiently in the provision of Health and Social Care Services	☒

Previous References

- ◆ South Lanarkshire IJB - Meeting of 26 October 2021: Directions Update Report
- ◆ South Lanarkshire IJB - Meeting of 25 January 2022: Directions Report

List of Background Papers

- ◆ none

Contact for Further Information

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

Martin Kane, Service Development Manager
 Ext: 3743 (Phone: 01698 453743)
 Email: martin.kane@southlanarkshire.gov.uk

South Lanarkshire Integration Joint Board

Directions to South Lanarkshire Council and NHS Lanarkshire Board

Financial Period 2022/2023

1) Purpose and Context

In accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act, 2014, Integration Joint Boards (IJBs) are required from 01 April 2016 to issue Directions to Local Authorities and NHS Boards regarding the functions and services listed within the Act and Integration Schemes. This is set out in Sections 26 and 27 of the Act.

This document sets out the South Lanarkshire IJB Directions to South Lanarkshire Council and NHS Lanarkshire.

2) Functions and Services to be Delivered by South Lanarkshire Council

South Lanarkshire Council are directed to continue to deliver the services specified in 2.1 below pursuant to the functions delegated to the IJB in line with the Integration Scheme and IJB's Strategic Commissioning Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function.

The Council, will be responsible for the operational delivery of the following functions:

- Social Work Services for Adults and Older People
- services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and alcohol services
- adult protection and domestic abuse
- Carers Support Services
- Community Care Assessment Teams
- Support Services
- Care Home Services
- Adult Placement Services
- aspects of housing support, including aids and adaptations
- Day Services
- local area co-ordination
- respite provision
- Occupational Therapy Services
- Re-ablement Services, equipment and telecare

3) Functions and Services to be Delivered by NHS Lanarkshire Health Board

NHS Lanarkshire are directed to continue to deliver the services specified below pursuant to the functions delegated to the IJB in line with the Integration Scheme and IJB's Strategic Plan.

This direction will remain in force until it is varied, revoked or superseded by a later direction in respect of the same function

NHS Lanarkshire will be responsible for the operational delivery of the following functions:

Hospital Services

- Accident and Emergency Services provided in a hospital
- Inpatient Services related to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care service provided in a hospital
- Paediatrics
- Psychiatry of learning disability (Learning Disability Services)

- Inpatient Hospital Services provided by General Medical Practitioners
- services in relation to addiction or dependence on substances
- Mental Health Services with the exception of Forensic Mental Health Services

Community Health Services

- District Nursing Services
- Health Visiting
- Addiction Services
- Allied Health Professionals in an outpatient department, clinic, or out with a hospital
- Public Dental Services
- Primary Medical Services
- General Dental Services
- Ophthalmic Services
- Pharmaceutical Services
- Primary care out-of-hours
- Geriatric Medicine
- Palliative Care
- Community Learning Disability Services
- Mental Health Services (including Community Forensic Services)
- Continence Services
- Kidney Dialysis Services
- services provided by health professionals that aim to promote public health
- Community Paediatrics

Hosted Services

Services to be hosted by the South Lanarkshire IJB	Services to be hosted by the North Lanarkshire IJB
Community Dental Services Diabetes Health and Homelessness Primary Care Administration Palliative Care GP Out of Hours Traumatic Brain Injury Occupational Therapy Physiotherapy	Care Home Liaison Community Children’s Services Paediatrics Dietetics Mental Health and Learning Disability Psychology Continence Services Podiatry Sexual Health Speech and Language Substance Misuse Prisoner Health Care

4) Delivering the Functions and Services

South Lanarkshire Council and NHS Lanarkshire will carry out the functions and deliver services in a way which complies with and achieves the following:

- (a) The national integration delivery principles
- (b) The National Health and Wellbeing Outcomes
- (c) The IJB Integration Scheme
- (d) The IJB Strategic Commissioning Plan 2022/25
- (e) All legal and regulatory requirements

5) Budget Allocation for the Delegated Functions

The financial resources to be delegated by the IJB to each partner are as follows:

NHSL recurring budget allocations for in-scope Health Care Services

For 2022/2023, the total indicative budget allocation for health care services directly managed by South Lanarkshire Health and Social Care Partnership (SL HSCP) - including hosted services but excluding the notional acute services set-aside budget - is £395.262m. This is based on the 2021/2022 budget as at December 2021. This indicative budget allocation will be adjusted to reflect the changes in non-recurring funding, the relevant share of the additional funding and any agreed efficiency savings, as appropriate.

SLC recurring budget allocations for in-scope Social Care services

For 2022/2023, the allocation for services directly managed by SL HSCP is £141.720m. The allocation for the in-scope Housing Services is £5.015m (General Fund - £2.133m; Housing Revenue Account - £2.882m). This is based on the 2021/2022 budget as at January 2022. The total funding allocation is therefore £146.735m. This indicative budget allocation will be adjusted to reflect the relevant share of the additional funding and any agreed efficiency savings, as appropriate.

Additional funding in 2022/2023 totals £37.886m (NHSL - £7.230m; SLC - £30.656m) and will be allocated to each partner as appropriate in line with the IJB Financial Plan for 2022/2023 (as separately being presented to this meeting of the IJB). Included within this additional funding is the 2% inflation uplift on the Resource Transfer Funding, Social Care Funding and Commissioned Services totalling £0.984m; and which will be transferred from NHSL to SLC a per normal procedures.

Further Scottish Government recurring funding of £4.153m will also be received in 2022/2023. This funding is not ringfenced. This funding will be held by the SLC partner pending further consultation with both partners. The allocation of the recurring funding of £4.153m will be subject to IJB consideration and approval.

Additional funding received in-year from NHSL which is ring-fenced for areas covered by the IJB will be delegated to the partner responsible for service delivery. These in-year allocations will be agreed with each partner as appropriate.

NHSL and SLC will implement as appropriate any agreed efficiency savings plans and management actions. Where necessary, reliance will be placed on agreed reserves to manage cost pressures pending identification of recurrent solutions.

The acute services set-aside budget will be adjusted to reflect the 2019/2020 activity levels and 2022/2023 price levels in line with the Scottish Government Guidance. The notional value of the set-aside budget for 2022/2023 is £63.079m.

Notwithstanding the above allocations, it may be necessary for the Chief Financial Officer to vary the 2022/2023 allocations to reflect the detailed budget setting process undertaken by each partner. Any such accounting adjustments will be undertaken in consultation with the Director of Finance of NHSL and the Executive Director of Finance and Corporate Resources of SLC.

Ref	Direction Status Complete Yes/No/Ongoing	Existing Direction	Further information/Progress Update (Red, Amber, Green RAG Status)
1	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to focus on early years, health inequalities, early intervention/prevention and building capacity for improvement in the workforce	Through Community Planning arrangements, both NHS Lanarkshire and South Lanarkshire Council play a key role in working towards the common overarching priority of tackling inequalities.
2	Ongoing	Utilise additional investment from Programme for Government 2018/19 Scottish Government to reduce the impact of problem alcohol and drug use to develop and implement the South Lanarkshire Alcohol and Drug Partnership Strategy 2020	There is an approved South Lanarkshire Alcohol and Drugs Partnership Strategy 2020-23 which outlines a number of actions in relation to early intervention/prevention, recovery, supporting children and families, public health and alcohol
3	Ongoing	Through Integrated Care Fund Investment, increase capacity within the Third Sector and Leisure to promote alternatives to formal services	Ring fenced funding has been made available to grow third sector capacity. All proposals and projects are required to demonstrate progress against the 9 Health and Wellbeing Outcomes and 14 strategic priorities outlined in the Strategic Commissioning Plan. Third Sector capacity is key to early intervention and prevention ambitions
4	Ongoing	Directs NHS Lanarkshire to develop alternative and sustainable models within Primary Care to address existing challenges, for example, General Practitioner capacity	Much of this work has been impacted by the pandemic, with resources having to be diverted to this. GP sustainability and capacity remains a challenge across Lanarkshire and nationally
5	Ongoing	Reduce prescribing activity for South Lanarkshire to achieve a level which is more comparable with the national averages through: <ul style="list-style-type: none"> • Increased social prescribing • Alternative medicines and drugs • Changes to practice and culture 	Much of this work has been impacted by the pandemic, with resources having to be diverted to this. GP sustainability and capacity remains a challenge across Lanarkshire and nationally
6	Ongoing	Implement Primary Care Transformation programme in relation to general practice and community redesign, urgent care, the house of care model, pharmacy support in practice and GP sustainability	Whilst the principle and direction of travel remain correct from a strategic perspective, progress has been impacted by other challenges brought about by COVID-19. Currently, much of the focus and effort has been directed towards the Vaccine Transformation, the COVID Community Pathway and GP sustainability
7	Ongoing	Implement the new requirements with regards to General Medical Services 2018 Contract. Specifically, the development of a Primary Care Improvement Plan (PCIP) by June 2018 to outline how existing and new services which affirm the role of GPs as expert medical generalists	Whilst the principle and direction of travel remain correct from a strategic perspective, progress has been impacted by other challenges brought about by COVID. Currently, much of the focus and effort has been directed towards the Vaccine Transformation, the COVID Community Pathway and GP sustainability
8	Ongoing	Global Direction issued in relation to the delivery of all delegated functions	This Direction covers the delivery of all services delegated by the Parties (NHS Board and Council) to the IJB for strategic

			oversight.
9	Ongoing	Maintain existing commitments to ensure that all statutory and legal duties are delivered, for example adult support and protection, child health surveillance, immunisation, Self-directed Support (SDS), Community Empowerment and Mental Health requirements, safeguarding the interests of the most vulnerable within our society	All statutory duties continue to be operationally delivered by both Parties as outlined in the Strategic Commissioning Plan.
10	Ongoing	Directs that South Lanarkshire Council will develop an Advocacy Service specification	Work is now underway to develop a service specification which will form the basis of a future tender process for advocacy services
11	Ongoing	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	South Lanarkshire Council, in conjunction with its external partners continue to work to jointly deliver the required number of hours to meet demand for home care. Innovative work such as a new scheduling system through the Total Mobile solution are currently undergoing a phased roll out across localities
12	Ongoing	Implement the recommendations of the Home Care Service review to maximise capacity to support people at home	Work continues with regards to the full implementation of the actions associated with the care at home review and service modernisation programme
13	Ongoing	Develop proposals for IJB approval which consolidate and co-locate out of hours services across Health and Social Care	Steps taken to stabilise ESWS, with care at home developments intended to support further. Action being taken to stabilise PCOOH, with proposals for sustainability being prepared.
14	Ongoing	Develop and commission a day opportunities model for Adult and Older People which promotes enablement, independence, self-care and self-management	A full review of day services is nearing completion and will be presented to a future IJB for consideration. Regular updates have been given across the last 12 months with regards to progress with the review and also to seek the views of IJB members as part of a wider consultation and engagement programme
15	Ongoing	Implement the requirement of the Carers (Scotland) Act 2016 pertaining to: <ul style="list-style-type: none"> ◆ a new adult carer support plan with personal outcomes focus ◆ a new young carer support plan with a personal outcomes focus ◆ a duty to support carers including by means of a local eligibility criteria ◆ a duty to prepare a local Carers Strategy ◆ a duty to provide an information and advice and publish a short breaks services statement ◆ a duty to involve carers in the discharge from hospital of the people they care for 	The implementation of the Carers (Scotland) Act 2016 is a key action for the IJB and its partners. Good progress has been made against the 6 actions outlined with the Carers Strategy Group taking a lead in monitoring and reporting progress. Within the IJB forward plan, the Carers Strategy Group provides an update on progress and any issues to the IJB
16	Ongoing	To procure services which provide equitable access to carer support services, information and advice, short breaks, consultation and engagement, training, practical support and assistance for adult and	A new arrangement for the delivery of carers support has been successfully procured with Lanarkshire Carers being the preferred partner. This arrangement is progressing well from a

		young carers	carers support, engagement, information, training and short breaks perspective. Further work is underway to consolidate the approach to Carer Support Plans
17	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to prioritise access to general medical and universal health screening services for homeless people, including those currently engaged with the Housing First model.	An update was given to the IJB meeting in May 2021 on both homeless Directions. Both Directions have been impacted by the pandemic but work is now underway to look at testing implementation within one locality of South Lanarkshire with a view to scaling this up across the remaining 3 localities
18	Ongoing	Directs NHS Lanarkshire to deliver routine enquiry across all services, including visiting outreach, GP services and Emergency Departments to identify housing issues and requirements	An update was given to the IJB meeting in May 2021 on both homeless directions. Both Directions have been impacted by the pandemic but work is now underway to look at testing implementation within one locality of South Lanarkshire with a view to scaling this up across the remaining 3 localities
19	Ongoing	Develop a consistent strategic approach to locality planning which takes account of the following: <ul style="list-style-type: none"> • Integrated planning, organisational and management arrangements • A whole system approach • A consistent operational model • Flexibility to recognise the unique characteristics/differences across the 4 geographic areas • Locality Plans and profiles which underpin the Strategic Commissioning Plan 	The development of a consistent locality operational model which also allows the flexibility to take account of unique local circumstances continues to be progressed. Locality Planning Groups, Core Management Groups and multi – agency decision making on complex cases all form part of this model
20	Ongoing	Reduce reliance on Nursing and Residential Care through the development of proposals to remodel a proportion of residential care beds to focus on transitional support and the 'home for life' principle. Fully implement the operational model for intermediate care within the Blantyre health and social care facility	Although initially impacted by the Pandemic, progress with the Blantyre development is now on schedule from a build and service planning perspective. Intermediate provision is currently available within Canderavon House and this will eventually transition to the new facility in Blantyre. An update on the next steps with this model will be presented to a future IJB
21	Ongoing	Directs NHS Lanarkshire and South Lanarkshire Council to implement a 'Home First' approach to retaining people in their communities, whilst supporting them to return safely to their homes following a hospital admission	There is a recognised reablement approach within the home care service but this has been partly impacted by other services pressures and demands linked to the Pandemic
22	Ongoing	Redesignate off-site acute hospital beds within Udston and Stonehouse hospitals to support step down intermediate care patients undergoing a guardianship (AWI) process	This has been impacted by the pandemic whereby additional capacity had to be utilised as part of the response due to pressure within the main 3 District General Hospital sites. Their remains significant pressure on acute hospital beds, not only from a demand perspective but also in terms of the levels of acuity/complexity
23	Ongoing	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	A number of proactive initiatives have been undertaken to reduce footfall at the hospital front door. Figures over the last year for attendances and admissions do not reflect previous

		and generally shifts the balance of care and reduces unplanned care requirements in a hospital setting	trends due to the Pandemic effect. However, more recent data shows that there remains significant pressures, as it is not only increased footfall but also higher levels of acuity related people presenting at the front door. A number of public communications have been undertaken highlighting alternative supports that the public can access such that care can be prioritised to those in most need
24	Ongoing	Develop and implement a performance management approach for the Partnership, including the ability to better share performance information across systems	Regular and consistent reporting is undertaken as a standing item at IJB and Sub Committee Meetings. This is underpinned by quarterly Locality Performance Reviews for Health and Social Care Services
25	Ongoing	Further integration of IT and information sharing to allow access to partner IT systems	Continues to progress. In addition to eCare, further examples of integration includes the pilot work being undertaken within the Community Addictions and Recovery Service (CAREs) and also the forthcoming procurement of a new social care information system
26	Ongoing	Directs South Lanarkshire Council to create a Commissioning and Quality Assurance resource	A new team of staff has been recruited too and work is now underway to review existing and longstanding contractual arrangements

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	29 March 2022
Report by:	Director, Health and Social Care

Subject:	South Lanarkshire Integration Scheme Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ note the submission of the reviewed South Lanarkshire Integration Scheme to the Scottish Government for approval.

2. Recommendation(s)

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

- (1) that the contents of the report is noted.

3. Background

- 3.1. As part of the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (thereafter referred to as The Act), councils and NHS Boards are required to review their Integration Scheme at least once every five years.
- 3.2. The purpose of the Integration Scheme is to essentially set out the rules of engagement/workings of Health and Social arrangements; and importantly the functions which the Council and NHS Board choose to delegate to the Integration Joint Board (IJB) from a strategic oversight perspective. The Act stipulates that delegated functions will, as a minimum, cover adult Health and Social Care but can, with agreement of the Parties, include other areas of service.
- 3.3. In August 2021, the Scottish Government issued a letter setting out the requirement for councils and Health Boards to review and revise Integration Schemes.
- 3.4. As reported to the IJB at its October 2021 meeting, the review of the South Lanarkshire Integration Scheme was co-led by the Head of Commissioning and Performance (Craig Cunningham) and a member of the IJB (Lesley McDonald); and supported by strategic planning staff, the Chief Finance Officer for the IJB and the Council's Legal Services Manager. There has also been input from other senior staff from both organisations and engagement with the Strategic Commissioning Group.

4. Current Position

- 4.1. Following a thorough review completed in accordance with the statutory requirements, the following proposals were made:
- ◆ Changes to terminology to reflect the ‘here and now’ position.
 - ◆ No material changes to delegated functions; and that therefore from a financial perspective the IJB budget remains within the parameters of the original and agreed delegated functions from when the Integration Scheme was first approved in 2015.
 - ◆ The Integration Scheme be updated to reflect completed actions/commitments.
- 4.2. These proposals were presented to and approved by the NHS Lanarkshire Board at its meeting of 26 January 2022; and South Lanarkshire Council Executive Committee at its meeting of 2 February 2022.
- 4.3. Appendix 1 provides a copy of the Integration Scheme subsequently submitted to the Scottish Government for approval on 4 February 2022.

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. Climate Change, Sustainability and Environmental Implications

- 7.1. There are no implications for climate change, sustainability or the environment associated with this report.

8. Other Implications

- 8.1. There are no risk implications associated with this report.
- 8.2. The review of the Integration Scheme contributes to the response to the following external audit action (as reported to the Performance and Audit Sub-Committee):
- Review of governance documents.

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. The statutory requirement for appropriate consultation – as summarised in the report to the IJB at its October 2021 meeting – was completed as part of the review process.

10. Directions

- 10.1.

Direction to:	
1. No Direction required	<input checked="" type="checkbox"/>
2. South Lanarkshire Council	<input type="checkbox"/>
3. NHS Lanarkshire	<input type="checkbox"/>
4. South Lanarkshire Council and NHS Lanarkshire	<input type="checkbox"/>

Soumen Sengupta
Director, Health and Social Care

Date created: 14 March 2022

Link(s) to National Health and Wellbeing Outcomes

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

Previous References

- ◆ South Lanarkshire IJB (26 October 2021): Integration Scheme Update

List of Background Papers

- ◆ none

Contact for Further Information

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

Craig Cunningham, Head of Commissioning and Performance
Ext: 3704 (Phone: 01698 453704)
Email: craig.cunningham@southlanarkshire.gov.uk

Martin Kane, Service Development Manager
Ext: (Phone: 01698 453743)
Email: martin.kane@southlanarkshire.gov.uk



South Lanarkshire

Health and Social Care Integration Scheme

January 2022

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (thereafter known as The Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of certain adult health and social care services. This document sets out the agreement through which NHS Lanarkshire Health Board and South Lanarkshire Council do this.

The creation of an integrated Partnership required South Lanarkshire Council and NHS Lanarkshire Health Board to undertake a significant change agenda with the aim of creating services and supports which build on a solid foundation of success to date.

The overall aim of the arrangement is the creation and continuation of a Partnership which further improves outcomes for people who use health and social care services and their carers. Therefore, a primary focus of the Partnership will be delivering on the nine national health and wellbeing outcomes of:

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

From a South Lanarkshire perspective, our local vision 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. Consequently, this drive towards supporting people to meet their outcomes has resulted in a shared partnership vision based upon:

“Working together to improve health and wellbeing in the community – with the community”

In pursuit of this vision, and central to our philosophy, will be 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
- 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

The following detail provides information relating to ‘how’ the Partnership has been created to deliver against the national outcomes and intentions of the Act. The Integration Scheme is the vehicle through which assurance is given to South Lanarkshire Council, NHS Lanarkshire Health Board and the Scottish Government that the intentions of the Act are being delivered by the Integration Joint Board. The Integration Scheme forms the basis of a legal agreement with the Government and lasts for a maximum duration of five years, after which point it will be refreshed. However, in circumstances where there is agreement between the parties, the Integration Scheme can be refreshed within an earlier timeframe.

The Scheme came into effect in April 2016. A desktop review of the content of the Integration Scheme was undertaken in 2020 and approved at both South Lanarkshire Council’s Executive Committee and Lanarkshire NHS Board in September and October of 2020 respectively. This review focused mainly on updating terminology to reflect the ‘here and now’ position as it was then. No material changes were proposed to delegated functions. Similarly, the review undertaken in 2021 provided a further sense check to the work already completed in 2020; and did not propose any changes to the delegated functions.

1. The Parties

- **South Lanarkshire Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Almada Street, Hamilton, ML3 0AA (hereinafter referred to as the Council).

And

- **NHS Lanarkshire Health Board**, established under section 2 (1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Kirklands, Fallside Road, Bothwell, G71 8BB (hereinafter referred to as the NHS Board) (together referred to as the Parties).

In the implementation of their obligations under the Act, the Parties hereby agree as follows:

2. Definitions and Interpretations

2.1 There are a number of definitions which require to be interpreted and understood consistently within this Integration Scheme as follows:

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

Appropriate Person – means a member of the NHS Board but does not include any person who is both a member of the NHS board and a councillor

The Parties – means South Lanarkshire Council and NHS Lanarkshire Health Board

NHS Board – means NHS Lanarkshire Health Board

The Council – means South Lanarkshire Council

Integration Joint Board – means the Integration Joint Board established by Order under section 9 of Act

The Integration Scheme – refers to this particular document and the detail and is a direct response to the requirement of the Act

Strategic Commissioning Plan – means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated functions of health and social care services in accordance with section 29 of the Act

Outcomes – refer to the nine nationally set outcomes prescribed by the Scottish Ministers under section 5 (1) of the Act

References to sections of the Act or other Pieces of Legislation – will also mean references to any subsequent amendments to the Act or other pieces of legislation

3. Integration Model

3.1 The Council and NHS Board have implemented a *body corporate* model for the integration of health and social care services. Under Section 1(4)(a) of the Act this involves the delegation of functions by the Council to a body corporate that has been established by order under section 9 (an Integration Joint Board) and delegation of functions by the NHS Board to the Integration Joint Board.

4. Local Governance Arrangements

4.1 The Council and NHS Board each appoints 4 representatives to be voting members of the Integration Joint Board in accordance with the requirements of the Public Bodies (Joint Working) Integration Joint Boards (Scotland) Order 2014 SSI no 285. The Integration Joint Board members appointed by the parties hold office for a period of 3 years. Integration Joint Board members appointed by the parties will cease to be members of the Integration Joint Board in the event that they cease to be nominated representatives of the NHS Board or an Appropriate Person or a Councillor of the Council in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 SSI no 285.

4.2 The Integration Joint Board also includes the following in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 SSI no 285:

- ◆ the Chief Social Work Officer of the Council
- ◆ the Chief Officer of the Integration Joint Board
- ◆ the proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973
- ◆ a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with the regulations made under section 17P of the National Health Service (Scotland) Act 1978 (b)
- ◆ a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract
- ◆ a registered medical practitioner employed by the Health Board and not providing primary medical services.

4.3 The Integration Joint Board has appointed (in addition to the above), at least one member in respect of each of the following groups in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 SSI no 285:

- ◆ at least one member of staff of the constituent authorities engaged in the provision of services provided under integration functions
- ◆ at least one member from a third sector body carrying out activities related to health or social care in the South Lanarkshire area
- ◆ at least one member being a user of health and social care services residing in the South Lanarkshire area
- ◆ at least one member providing unpaid care in the South Lanarkshire area
- ◆ any additional member as the Integration Joint Board sees fit.

- 4.4 The responsibility for appointing the Chair and Vice Chair will alternate between the parties and the appointments will be made for a period of 3 years. Within this period, each party may change its appointment as Chair or Vice Chair at any time and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

5. Delegation of Functions

- 5.1 The functions that are delegated by the NHS Board to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by the NHS Board and which are integrated, are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent they relate to services listed in Part 2 of Annex. However, by way of summary, these are as follows:

- 5.1.1 Hospital Services relating to adults and children within the scope of the Integration Joint Board from a strategic planning perspective include:

5.1.1.1 Accident and emergency services provided in a hospital;

5.1.1.2 Inpatient hospital services relating to the following branches of medicine

- General medicine;
- Geriatric medicine;
- Rehabilitation medicine;
- Respiratory medicine; and
- Palliative care services provided in a hospital;

5.1.1.3 Paediatrics

5.1.1.4 Psychiatry of learning disability

5.1.1.5 Inpatient hospital services provided by general medical practitioners

5.1.1.6 Services provided in a hospital in relation to an addiction or dependence on any substance

5.1.1.7 Mental health services provided in a hospital except secure forensic mental health services

- 5.1.2 Functions in relation to the Community Health Services delegated in respect of adults and children are noted below:

- District nursing services
- Health Visiting
- Addiction services
- Allied health professionals in an outpatient department, clinic, or outwith a hospital
- Public dental services
- Primary medical services
- General dental services
- Ophthalmic services

- Pharmaceutical services
- Primary care out-of-hours
- Geriatric medicine
- Palliative care
- Community learning disability services
- Mental health services
- Continence services
- Kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Community Paediatrics

5.2 The functions delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate are set out in Part 2 of Annex 2 and relate to adult services only.

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

5.3 Annex 3 sets out arrangements for hosted services. This relates specifically to health services which span more than one Integration Joint Board and are subject to Integration Joint Board approval.

6. Local Operational Delivery Arrangements

6.1 The Integration Joint Board meets up to six times per year in public and publishes all agendas, papers and minutes with responsibility for the delivery of integrated functions as set out in annexes 1, 2 and 3 and provides operational oversight of all integrated services, with the exception of those acute services set out as per 6.2 below. It will do this directly for all services except those set out in 6.2 and the operational role of the Chief Officer is set out within section 8.

6.2 The NHS Board retains direct operational oversight of the acute services as set out in section 5.1.1.1 and 5.1.1.2 and provides information on a regular basis to the Integration Joint Board about the delivery of these services. Therefore, the Director of Acute Services provides updates to the Integration Joint Board and the Chief Officer on the operational delivery of integrated functions delivered within an acute setting.

- 6.3 The Integration Joint Board is responsible for the development of a Strategic Commissioning Plan as per Section 29 of the Act. This Plan sets out arrangements for carrying out the integration functions and how these contribute to achieving the nine National Health and Wellbeing outcomes as outlined in Annex 4.
- 6.4 A locality model has been developed by the Integration Joint Board to underpin the development of the Strategic Commissioning Plan.
- 6.5 From an acute hospital services perspective, operational plans for integrated acute service delivery are subject to directions from the IJB about the exercise of delegated functions in relation to these services. These will also be informed and directed by the Strategic Commissioning Plan.
- 6.6 The Chief Officer is responsible for directly implementing the Integration Joint Board's directions (at the centre) to locality delivery on the ground.
- 6.7 From an operational and performance management perspective, the Integration Joint Board receives regular reports from the Chief Officer and other responsible officers of the NHS Board and the Council on the delivery of integrated services and will issue directions in response to those reports to ensure improved performance. This includes a range of thematic reports including, but not limited to the following:
- Financial reports pertaining to actual budgets and forecasts of expenditure;
 - Annual budget setting recommendations;
 - Medium to long term financial planning;
 - Transitional funding reports;
 - Performance reports including progress against the 9 National Health and Wellbeing Outcomes;
 - Regulatory and inspection reports;
 - Complaints;
 - Clinical and care governance reports to be assured of the delivery of safe and effective services;
 - Risk management reports;
 - Staff and workforce reports;
 - Workforce planning reports; and
 - Improvement plans and reports.

6.8 Corporate Services Support

6.8.1 In supporting the work of the Integration Joint Board to fully discharge its duties under the Act, the Parties agree to provide the Integration Joint Board with access to all relevant corporate resources such as:

- Financial;
- Legal;
- Human Resources;
- Information Technology;
- Planning and Performance support;
- Risk management;
- Audit;
- Administration support; and
- Estates.

6.8.2 Arrangements for providing corporate support services in respect of delegated functions and the associated service provision has been agreed by the Parties. This will be reviewed on an ongoing basis by the Chief Officer and the responsible officers of the Parties.

6.9 Support for Strategic Planning

6.9.1 As outlined in Section 30(3) of the Act, the Integration Joint Board must have regard to the effect that their Strategic Commissioning Plan will have on facilities, services or resources which are used in relation to arrangements set out or being considered to be set out in a Strategic Plan prepared by another Integration Joint Board.

6.9.2 In assessing the health element of this, the NHS Board will provide the necessary activity and financial data for services, facilities and resources that relate to the planned use of services provided by other Health Boards by people who live within the area of the Integration Joint Board.

6.9.3 In assessing the social care element of this, the Council will provide the necessary activity and financial data for services, facilities and resources that relate to the planned use of services provided by other local authorities to people who live within the area of the Integration Joint Board.

6.9.4 In circumstances where the NHS Board or the Council intend to change service provision of non – integrated services that will impact directly on the Strategic Commissioning Plan, they will advise the Integration Joint Board of this.

6.10 Performance Measurement

6.10.1 Through the development of the Strategic Commissioning Plan, the 9 National Health and Wellbeing outcomes are used to develop a performance reporting framework which underpins the Plan.

6.10.2 The Parties have established an integrated performance reporting framework which considers and develops a local suite of measures and targets that relate to the provision of integration functions. The measures and targets are aligned to the 9 National Health and Wellbeing outcomes and any subsequent guidance/ core suite of indicators. The Parties develop the targets, measures and other arrangements that are devolved to the Integration Joint Board. In developing this, the parties share with the Integration Joint Board other relevant NHS Board and Council targets and measures which the Integration Joint Board must take account of.

6.10.3 The Parties, in conjunction with the Integration Joint Board also consider and develop a list of targets, measures and arrangements that relate to the functions that are not delegated which the IJB must take account of when it is preparing the strategic plan.

6.10.4 The work in respect of 6.10.2 and 6.10.3 takes into account:

- National Health & Wellbeing Outcomes;
- Delegated performance targets related to the commissioning and delivery accountabilities of the NHS Board and the Council;
- Delayed discharge;
- Recovery activity;
- Locally agreed outcomes and targets identified through Community Planning and from the Local Outcome Improvement Plan and attributable to Health and Social Care;
- Outcomes and targets, including Health Improvement, for each of the localities identified and agreed in line with the local needs determined for each population; and
- The Nationally prescribed core suite of integration indicators

6.10.5 The reporting of information against this suite of indicators is provided by the Parties to the Integration Joint Board as a means of measuring progress and impact.

6.10.6 Where responsibility for the target is shared, the Parties set out in a document the accountability and responsibility of each of them.

6.10.7 Where the responsibility for the targets span integrated and non – integrated services, the NHS Board, the Council and the Integration Joint Board will work together to produce and deliver the measures and targets which assess performance. This will be evidenced through a standing performance item on Integration Joint Board meetings and also picked up through the Integration Joint Board Annual Performance Report

6.10.8 A Performance, Audit and Finance Sub Committee which is accountable to the Integration Joint Board has been established as a non-decision making body to provide further scrutiny on matters related to finance, risk, performance and audit matters.

7. Clinical and Care Governance

7.1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements are in place for their duties under the Act.

7.2 The Parties remain responsible for the clinical and professional accountability of the services which the Joint Integration Board has directed the Parties to deliver and for the services delivered in respect of functions that are not delegated to the Integration Joint Board.

7.3 The Parties remain individually responsible for the assurance of the quality and safety of services commissioned from the third and independent sectors in line with the requirements set out within the strategic plan and any directions issued by the Integration Joint Board that relate to or have an impact on, integrated and non-integrated service provision

7.4 The Integration Joint Board has regard to the Clinical and Care framework that is set out in Section 7.6 when developing and agreeing its Strategic Commissioning Plan and corresponding directions to the Parties.

7.5 As set out in Section 6.7, the Integration Joint Board receive regular reports from professional leadership members for medical, nursing, Allied Health Professions, and Social Work to assure itself that clinical and care governance requirements are being met through

these existing arrangements and that safe, effective person-centred care is being consistently delivered.

Clinical and Care Framework

- 7.6 The Parties have in place clinical and care governance arrangements to provide assurance that the services that are delivered are safe, effective, person centred and focussed on personal outcomes.
- 7.7 The Parties recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Governance are essential in delivering their obligations and quality ambitions.
- 7.8 For the NHS Board this is overseen by the Healthcare Quality Assurance and Improvement Committee, a committee of the Health Board which supports the Health Board in its responsibilities, with regards to issues of clinical risk, control and governance and associated assurance in the area of quality assurance and improvement through a process of constructive challenge.
- 7.9 The Committee is responsible for the development of a strategic approach to quality assurance and improvement across the organisation, ensuring that quality standards are being set, met and continuously improved for clinical activity. It also ensures that effective arrangements for supporting, monitoring and reporting on quality assurance and improvement are in place and working, demonstrating compliance with statutory requirements in relation to clinical governance and authorising an accurate and honest annual clinical governance statement.
- 7.10 For the Council the Chief Social Work Officer holds professional accountability for social work and social care services as outlined in more detail in 7.20.
- 7.11 The Parties have established a shared Clinical and Care Governance framework for integrated services. The professional leadership of the Parties, as set out in 7.18 to 7.25, work together to continue to develop this clinical and care governance framework. It is based on a self – assessment exercise that helped the Parties to identify areas of common practice, provided opportunities to learn from one another and streamline processes.
- 7.12 Existing processes, procedures and reporting structures for clinical and care governance of integrated services will continue to be reviewed in light of the agreed clinical and care framework. The framework encompasses the following:
- Professional regulation, workload and workforce development;
 - Information assurance;
 - Service user experience and safety and quality of integrated service delivery and personal outcomes;
 - Person centred care;
 - Management of clinical risks; and
 - Learning from adverse clinical and non-clinical events
- 7.13 Each of these domains is underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They are compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery is evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

- 7.14 The Parties and the Integration Joint Board have approved the framework and are responsible for ensuring that it is embedded within service planning, delivery and performance reporting mechanisms. The Integration Joint Board is responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling as laid out in sections 11 and 13 of this Scheme.
- 7.15 The Area Clinical Forum, Managed Clinical Networks, GP Sub Committee, Area Medical Committee, Medical Staff Committee and any other appropriate professional groups, and the Adult and Child Protection Committees provide advice directly to the Integration Joint Board or through its professional members.
- 7.16 The Healthcare Quality Assurance and Improvement Committee and the Chief Social Work Officer and his/her delegates provide advice, oversight and guidance to the Integration Joint Board and Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of health and social care services across the localities identified in the strategic plan.

Chief Officer

- 7.17 The Chief Officer has access to professional advice from the Chief Social Work Officer; the Medical Director and the Director of Nursing in both their operational role as a senior officer of the parties and as accountable officer to the Integration Joint Board.

Professional Leadership

- 7.18 Explicit lines of professional and operational accountability are essential to assure the Integration Joint Board and the Parties of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person-centred care in all care settings delivered by employees of the NHS Board and the Council and of the third and independent sectors.
- 7.19 The NHS Board is accountable for Clinical Governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies.
- 7.20 The Chief Social Work Officer of the Council holds professional accountability for social work and social care services. The Chief Social Work Officer reports directly to the Chief Executive and elected members of the Council in respect of professional social work matters. They are responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council. The Social Work Governance Group chaired by the Chief Social Work Officer has professional oversight of the delivery of operational social care services.
- 7.21 The Medical Director and/or the Director of Nursing, through delegated authority, hold professional accountability for the delivery of safe and effective clinical services within the NHS Board and report regularly on these matters to the NHS Board.
- 7.22 The Integration Joint Board has three health professional advisors, as set out in section 4.2. These members of the Integration Joint Board are professionally accountable to the Medical Director and the Director of Nursing as appropriate.

- 7.23 This arrangement does not limit the ability of the Medical Director and/or the Director of Nursing to provide advice directly to the Integration Joint Board. Where this advice is offered, the Integration Joint Board must respond in writing and notify the Parties.
- 7.24 The Chief Social Work Officer, through delegated authority, holds professional accountability for the delivery of safe and effective social work and social care services within the Council. An annual report on these matters is provided to the relevant Council committee and will also be made available to the Integration Joint Board. The Chief Social Work Officer, through their membership of the Integration Board and attendance at Social Work Committee provides consistent advice and support to both the Committee and the Integration Joint Board in relation to these reports.
- 7.25 The Chief Social Work Officer provides professional advice to the Integration Joint Board in respect of the delivery of social work and social care services by Council staff and commissioned care providers in South Lanarkshire.

8. Chief Officer

- 8.1 The Integration Joint Board has appointed a Chief Officer in accordance with section 10 of the Act.
- 8.2 The Chief Officer is accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Commissioning Plan, including overseeing the operational delivery of delegated services as set out in Annex 1 and 2 that do not relate to Acute or Accident and Emergency Services provided within the NHS Board. The services set out in section 5.1.1.1 and 5.1.1.2 continue to be operationally managed by the NHS Board through the Director of Acute Services in line with the Integration Joint Board's Strategic Commissioning Plan. Therefore, the Director of Acute Services provides updates to the Integration Joint Board and the Chief Officer on the operational delivery of integrated functions delivered within an acute setting.
- 8.3 The Chief Officer reports to the Council's Chief Executive and the NHS Board's Chief Executive. The Chief Officer's formal contract of employment is with one of the Parties and whichever holds the contract of employment, manages the Chief Officer on a day-to-day basis.
- 8.4 At the request of the Integration Joint Board where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and NHS Board Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.
- 8.5 The Chief Officer's objectives are set through a discussion with the Chief Executives of the Council and the NHS Board. This forms the basis of the Chief Officer's performance appraisal with said Chief Executives.
- 8.6 The Chief Officer is a full member of both the Council's and the NHS Board's corporate management teams, as well as a member of the Integration Joint Board.
- 8.7 The Chief Officer liaises with the NHS Board's Director of Acute Services in respect of agreeing how the Strategic Commissioning Plan informs and contributes to the strategic planning of NHS acute services and provision (as per the Act) and the delivery of agreed targets of mutual responsibility.
- 8.8 The Chief Officer has established and maintains effective working relationships with a range of key stakeholders across the NHS Board, the Council, the Third and Independent Sectors,

service users and carers, the Scottish Government, Trade Unions and relevant professional organisations.

8.9 Current hosted services arrangements are as set out in Annex 3. However, with regards to the future shaping of these services from a strategic planning perspective, the Integration Joint Board discusses with relevant neighbouring Integration Joint Boards how these are shaped now and in the future. The Chief Officer takes direction from the Integration Joint Board in respect of this.

9. Workforce

9.1 Staff managed within the functions delegated to the Integration Joint Board remain either employees of the Council or the NHS Board and therefore are subject to the terms and conditions and policies and procedures as specified by whichever of the two employing organisations that their contract of employment is with. Therefore, this Integration Scheme does not change who staff are employed by, nor the terms and conditions in their contract of employment. The employment status of staff does not change as a result of this Scheme – employees of the Parties remain employed by their respective organisations.

9.2 In developing the staff working within those delegated functions (integrated services), the NHS Board and the Council work together to produce a range of plans covering the following aspects:

- Workforce planning and development;
- Organisational development;
- Learning and development of staff; and
- Engagement of staff and development of a healthy organisational culture

9.3 The above plans have been developed with the full input of all key stakeholders and approved and implemented by the Integration Joint Board.

9.4 These plans take account of the priorities set out within the Strategic Commissioning Plan to ensure that staff working within integrated services have the necessary skills and expertise to deliver against the agreed priorities.

9.5 As these plans are required on an ongoing basis, the NHS Board and the Council will review them along with the Integration Joint Board annually in line with the Strategic Commissioning Plan.

10. Finance

10.1 Contributions from the Council and the NHS Board for delegated functions to the Integration Joint Board are overseen by the Chief Officer and the Integration Joint Board Chief Financial Officer. A resource plan and budget based on available resources is developed with the Integration Joint Board Chief Financial Officer being responsible for the preparation of the annual financial statements as required by section 39 of the Act.

10.2 The Chief Officer and Chief Financial Officer develop an integrated budget based on the Strategic Commissioning Plan and present it to both Parties for consideration as part of both of their annual budget setting processes. The Parties evaluate the case for the Integrated Budget against their other priorities and agree their respective contributions accordingly. The outcome of this work is presented to the Integration Joint Board. Following on from the budget process, the Chief Officer and the Integration Joint Board Chief Financial Officer prepare a financial plan supporting the Strategic Commissioning Plan.

- 10.3 The budget is evidenced based with transparency of assumptions including, but not limited to pay award, contractual uplift and savings requirements.
- 10.4 The method for determining the amount set aside for hospital services follows guidance issued by the Integrated Resources Advisory Group and is based initially on the notional direct costs of the relevant populations use of in scope hospital services as provided by the Public Health Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. If the Strategic Commissioning Plan sets out a change in hospital capacity, the resource consequences are determined through a bottom-up process based on:
- Planned changes in activity and case mix due to interventions in the Strategic Commissioning Plan;
 - Projected activity and case mix changes due to changes in population need; and
 - Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. fixed, semi – fixed and variable costs and timing difference i.e. the lag between reduction in capacity and the release of resources.
- 10.5 Each of the Parties agrees the formal budget setting timelines and reporting periods as defined in the Financial Regulations.
- 10.6 A schedule of notional payments is provided by the Council and the NHS Board to the Integration Joint Board following the approval of the Strategic Commissioning Plan and the Financial Plan.
- 10.7 The Chief Financial Officer is required to develop a medium to longer term financial strategy in consultation with the NHS Board’s Director of Finance and the Council’s Section 95 Officer.
- 10.8 It remains the duty of the Council’s Section 95 Officer and the NHS Board’s Accountable Officer to monitor and regulate the financial performance of their respective share of the resources available to the Integration Joint Board during each reporting period, throughout the financial year.
- 10.9 It is the responsibility of the Council Section 95 Officer and the NHS Board’s Accountable Officer to comply with the agreed reporting timetable and to make available to the Integration Joint Board Chief Financial Officer the relevant financial information, including on the sum set aside in line with 10.14.5 below, required for timely financial reporting to the Integration Joint Board. This includes such details as may be required to inform financial planning of revenue expenditure.
- 10.10 The frequency of reporting is set out in the Financial Regulations and is at least on a quarterly basis. In advance of each financial year a timetable for financial reporting is submitted to the Integration Joint Board for approval.
- 10.11 Regular management reports are prepared in line with the financial regulations which are agreed by the Integration Joint Board, and includes actual and projected outturns. The existing budgetary control frameworks adopted by each of the Parties forms the basis of generating the required information.

- 10.12 The Integration Joint Board's Chief Financial Officer manages the respective financial plan so as to deliver the agreed outcomes within the Strategic Commissioning Plan viewed as a whole.
- 10.13 The parties do not expect that there is a schedule of cash payments, but rather annual accounting entries for the agreed budgets. There may be a requirement for an actual cash transfer to be made between the Council and the NHS Board to reflect the difference between the payment being made and the resources delegated to the party by the Integration Joint Board. Any cash transfer will take place at least annually. Any change to frequency will be jointly agreed by the Integration Joint Board, the Council and the NHS Board.
- 10.14 The process for managing any in-year financial variations is detailed within the Financial Regulations and are summarised below:
- 10.14.1 If the Integration Joint Board's Chief Financial Officer is advised that a significant change is likely to the Integration Joint Board's overall financial position and the deviation involves a change of policy of the Integration Joint Board or results in revenue implications for future years, a report will be provided for the Integration Joint Board in good time detailing the financial consequences to enable appropriate action to be taken timeously.
- 10.14.2 If an overspend is forecast on either Parties in scope budget, the Chief Officer and the Integration Joint Board's Chief Financial Officer will aim to agree a recovery plan with the relevant Party to balance the overspending budget and determine the actions required to be taken to deliver the recovery plan. If the overspend arises from assumptions in the Integration Joint Board's Strategic Commissioning Plan on the impact of service changes that are not realised as anticipated this should be subject to a report and corrective action. This corrective action may include a recovery plan which should consider revisions to the commissioning of services and /or financial plans to account for the changed circumstances, and the use of any available reserves.
- 10.14.3 If the recovery plan is unsuccessful then the Parties have the option to agree that either:
- a) the relevant party provides additional resources to the Integration Joint Board which is then recovered in future years from subsequent underspends in that party's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this); or
 - b) the relevant party makes additional one-off adjustment to the resources that it is making available to the Integration Joint Board.
- 10.14.4 Unplanned underspends that arise due to material differences between assumptions used in setting the budget and actual events effectively represent an overfunding by the Council or the NHS Board with respect to planned outcomes. The circumstances surrounding the action required to address unplanned underspends is set out in the Financial Regulations and Reserves Policy, which will be subject to agreement by the Council, the NHS Board and the Integration Joint Board. The options will include the underspend either being returned to the relevant party in year through an adjustment to their respective contributions, or maintained by the Integration Joint Board to be carried through the General Fund balance.

- 10.14.5 The Parties do not expect to reduce their in-year payment, or the services delegated to the Integration Joint Board without the consent of the Integration Joint Board and the other Party outwith the following circumstances:
- a) Unplanned underspends as defined in 10.14.4 above and the Financial Regulations and Reserves Policy; or
 - b) Where the budget assumed a specific allocation from the Scottish Government which did not materialise in year to the extent anticipated. (The converse of this also applies in that should a specific allocation pertaining to a delegated function exceed the anticipated level, an additional payment to the Integration Joint Board may be agreed).
- 10.14.6 Monitoring arrangements will include the impact of activity on set aside budgets.
- 10.15 The Accounting Standards as adapted for the public sector apply to the Integration Joint Board. The Code of Practice on Local Authority Accounting in the UK is the applicable guidance for their interpretation.
- 10.16 The financial statements of the Integration Joint Board will be completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).
- 10.17 Initially, recording of financial information in respect of the Integration Joint Board will be processed via the Council ledger. The means for recording financial information will be reviewed by the Chief Financial Officer to ensure this method remains appropriate giving due regard to the needs of the Integration Joint Board. Should an amendment to this method be required, the Chief Financial Officer will consult with both parties and present recommendations to the Integration Joint Board for approval.
- 10.18 The financial ledger transactions relating to the Integration Joint Board will be carried out prior to the end of the financial year with post year-end adjustments for material information only. Year-end balances and transactions will be agreed timeously in order to allow completion of the Accounts in line with required timescales. This date will be agreed annually by the Integration Joint Board, the NHS Board and the Council.
- 10.19 From an asset management and capital planning perspective, in the short term, the Integration Joint Board will not be empowered to own capital assets and the regimes of the Council and the NHS Board will apply to capital assets used to provide the delegated services. Ownership of assets and associated liabilities will remain with each of the Parties.
- 10.20 The Chief Officer will consider all of the resources which are required to deliver the integration outcomes including the relevant non-current assets owned by the NHS Board and the Council. The Chief Officer will consult with the Parties to make best use of existing resources.
- 10.21 Should the Integration Joint Board believe there is a requirement to develop assets in order to facilitate the delivery of the Strategic Commissioning Plan's outcomes, then the Chief Officer must present a business case to the Council or the NHS Board for consideration. This should be submitted as part of the relevant Party's capital planning process. Partnership discussion would be required at an early stage for jointly funded projects.

10.22 Detailed Financial Regulations governing the Integration Joint Board have been agreed between the Council and the NHS Board and approved by the Integration Joint Board.

11. Participation and Engagement

11.1 Participation and engagement with all stakeholders is central to the development of the Integration Scheme and is a stated requirement as outlined in Section 6 (2) of the Act. The list of stakeholders who have been directly engaged with to date includes:

- Staff from all disciplines across health and social care, for example doctors, nurses, Allied Health Professionals, social workers, social care workers, performance and support staff (finance, administration, personnel and planning), members of the local Public Partnership Forums, the Third Sector, the Independent Sector and other relevant party agencies

11.2 There was initially a range of planned activity and a variety of methods used to consult with stakeholders including half day seminars in each of the Integration Joint Board's localities. These events have continued to be used as a vehicle for directly engaging localities in the development of the integration agenda. Furthermore, members of the Strategic Commissioning Group have had an oversight role in the reviews of the Integration Scheme undertaken thus far and will continue to do so.

11.3 In February/ March 2015 a more formal consultation process was undertaken on the Integration Scheme, with a draft circulated for comment and feedback across all stakeholders. This involved producing user-friendly commentary and information for stakeholders which gave an overview of the content of the Integration Scheme and the purpose and importance of this. The stakeholders who were consulted were:

- Health and social care professionals;
- Service users and carers of health and social care services;
- Commercial and Non – Commercial Providers of Health and Social Care;
- Non – Commercial Providers of Housing;
- Independent Sector;
- Third Sector bodies carrying out activities relating to health and social care;
- Staff likely to be affected by integration; and
- Other Partnerships who could be affected by the Integration Scheme, namely the North Lanarkshire Integration Joint Board.

11.4 The feedback from that process resulted in the Integration Scheme being further refined to reflect the views of stakeholders in shaping the final content and direction outlined in the scheme submitted for approval to the Scottish Government.

11.5 The Parties agree that they will make available to the Integration Joint Board existing forums and stakeholder groups with an interest in health and social care that are already established.

11.6 Further to the participation and engagement activity outlined above, the NHS Board and the Council undertook to support the Integration Joint Board in developing a Participation and Engagement Strategy to support the work of the Integration Joint Board moving forward.

11.7 In resourcing this, the Parties will provide support from staff working within the field of communications and public relations.

- 11.8 The South Lanarkshire Health and Social Care Forum plays a key role in community participation and engagement. The forum is an independent group of community volunteers who work to engage health service and social care users, carers and communities in how to improve local health and social care services, support wider public involvement in planning and decision-making about local health and social care services, and keep local people informed about the range and location of services. It has four local forums in line with locality areas.
- 11.9 The Communications Strategy outlines how the partnership will communicate effectively aligned to supporting the delivery of strategic objectives and national health and wellbeing outcomes. The strategy is linked to the Strategic Commissioning Plan and is based upon good practice guidance. Communication workshops will continue to be delivered to target and drive forward campaigns which will be measured by individuals and community groups themselves.
- 11.10 Supporting this, the Integration Joint Board has also agreed a Participation and Engagement Strategy which outlines how the Integration Joint Board will undertake ongoing and sustained engagement with all key stakeholders. This strategy was updated and approved by the Integration Joint Board in 2018.

12. Information Sharing and Data Handling

- 12.1 In the first instance, the Parties agreed to be bound by the current Lanarkshire information sharing agreement and good practice guide, which has been incrementally developed over the last fifteen years by the Lanarkshire Data Sharing Partnership Board. The Lanarkshire Data Sharing Partnership Board is the key multi – agency forum within current partnership arrangements and includes representation from North and South Lanarkshire Councils, the NHS Board, Police Scotland, Fire Service and Third Sector. All staff employed by the Parties will continue to comply with all current policies and protocols with regards to information sharing.
- 12.2 The protocol and procedures for sharing information were reviewed and updated to reflect the new governance arrangements that pertain to health and social care by the Lanarkshire Data Sharing Partnership. The Chief Officer of the Integration Joint Board has joined the Local Data Sharing Partnership; and the revised protocol has been provided to the Parties and the Integration Joint Board.
- 12.3 Through the strategic direction provided by the Integration Joint Board as detailed in the Strategic Commissioning Plan, there may be circumstances in which the Integration Joint Board directs the Parties to further develop approaches to information sharing and data handling. In such instances, the Parties will present any changes or amendments to the protocol for the Integration Joint Board to consider.
- 12.4 It is the intention to ensure that any resultant information sharing agreements will be established and maintained within legislative or regulatory requirements in place at that time, primarily with respect to confidentiality, data protection and privacy.
- 12.5 The parties entered into an Information Sharing Protocol (Scottish Accord on the Sharing of Personal Information - SASPI) in relation to health and social care integration, primarily to support strategic planning and commissioning and service design/redesign.

13. Complaints

- 13.1 The current arrangements for complaints handling across health and social care in South Lanarkshire are well publicised via hard copy information and electronic means to ensure the public have readily available access to information regarding how to complain. The NHS Board and the Council will assist the Integration Joint Board in continuing to ensure that these processes are clear, well publicised and easily accessible to members of the public. This will involve the Integration Joint Board working with the NHS Board and the Council to review public information and effectiveness of this.
- 13.2 The system as it stands, operates whereby each of the Parties has its own process and timescales for responding to a complaint. This is outlined below:
- Where the complaint has a social care dimension to it, then it will continue to follow the Council's Social Work complaints procedures and timescales;
 - Where the complaint has a health care dimension to it, then it will continue to follow the NHS Board procedures and timescales;
 - Where the complaint is multi – faceted and has a multi – agency dimension to it, the Chief Officer will then designate one of the existing processes to take the lead for investigating and coordinating a response;
 - Each of the current arrangements have key timescales attached to them as set out by the Office of the Scottish Public Services Ombudsman; and
 - Complaints can be made either via the Council through the website or by telephoning Customer Services 0303 123 1015, or via the NHS Board through the website or telephoning the general enquiry line on 0300 3030 243.
- 13.3 Any revisions to update or improve these existing processes will involve the NHS Board and the Council assisting the Integration Joint Board to review and update the current processes.
- 13.4 The Integration Joint Board has a complaints process, and information is published on the South Lanarkshire Health and Social Care Partnership website. Complaints can be made in writing to South Lanarkshire Joint Integration Board, Council Offices, Almada Street, Hamilton ML3 0AA; by telephoning 01698 453700; or emailing customer.services@southlanarkshire.gov.uk
- 13.5 As with other areas of management information and feedback, the Chief Officer will receive a regular complaints report outlining all complaints for that period which have either been actioned to a conclusion or are a work in progress, together with the stage they are at. This will be augmented by sharing experiences from complaints and feedback from wider reviews undertaken.
- ### **14. Claims Handling, Liability and Indemnity**
- 14.1 The Parties and the Integration Joint Board recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the Integration Joint Board.
- 14.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 14.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.
- 14.4 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility the Chief Officer (or his/her representative)

will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

- 14.5 If a claim is settled by either Party and it thereafter transpires that liability (in whole or in part) should have rested with the other Party, then that Party shall indemnify the Party which settled the claim.
- 14.6 Any claim by a third party in respect of any damages or loss that is purely financial shall be met by the Party responsible in law for such loss. This would include the Integration Joint Board.
- 14.7 Claims regarding policy and/or strategic decisions made by the Integration Joint Board shall be the responsibility of the Integration Joint Board. The Integration Joint Board may require to engage independent legal advice for such claims and the costs of this will be shared between the Parties.
- 14.8 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.
- 14.9 The Parties and the Integration Joint Board will ensure appropriate risk financing arrangements are in place to meet the cost of claims and other associated costs.
- 14.10 The Parties and the Integration Joint Board will develop a procedure for claims relating to hosted services. Such claims may follow a different procedure than set out above.
- 14.11 Claims which pre-date the establishment of the Integration Joint Board will be dealt with by the Parties through the procedures used by them prior to integration.

15. Risk Management

15.1 The Parties will assist the Integration Joint Board in developing risk management strategy and methodology. The risk management strategy and methodology was formally considered for endorsement by the Integration Joint Board by 31 December 2015 and has been reviewed and updated annually. The risk management strategy and methodology ensures:

- Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Joint Board's delivery of the Strategic Commissioning plan;
- Read across between the Parties top risks with those of the Integration Joint Board, particularly where there is a tangible impact on the IJBs ability to deliver its Strategic Commissioning Plan;
- Identification and description of processes for mitigating these risks;
- Agreeing the Integration Joint Board's approach to risk tolerance; and
- Agreed reporting standards.

15.2 The risk management strategy and methodology sets out:

- How the Parties and the Integration Joint Board prepare risk registers and arrangements to amend and update such registers;
- Risks that should be reported from the date of delegation of functions and resources;
- Frequency which the risk register will be reported to the Integration Joint Board and its Performance and Audit Sub Committee;
- An agreed risk monitoring framework;

- That any changes to the risk management strategy shall be requested through a formal paper to the Integration Joint Board; and
- Protocols for sharing risk information.

15.3 The Parties will make relevant resources available to support the Integration Joint Board in its risk management. This will include identifying a person responsible for drawing together the risks from the organisations. The Integration Joint Board regularly reviews and updates its Risk Register, with its Performance and Audit Sub Committee providing an additional layer of scrutiny.

15.4 In addition to the above, the NHS Board, the Council and Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register. Where these risks change, the NHS Board, the Council and Integration Joint Board will notify each other of where they have changed. This will be done formally through the risk register reports to Integration Joint Board and its Performance and Audit Sub Committee.

16. Dispute Resolution Mechanism

16.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme or any of the duties or powers placed on them under the Act, then they will follow the process set out below:

- The Chief Executives of the NHS Board and the Council will meet to resolve the issue within 14 working days of a written request for such a meeting made by any of the Parties. The written request will contain a suggested place, time and date to meet. The Chief Officer will also be invited to attend this meeting in an operational capacity.
- If unresolved, the NHS Board and the Council will each prepare a written note of their position on the issue and exchange it with the others and will meet once more within 14 working days of the date of exchange of notes to resolve the matter.
- In the event that the issue remains unresolved, representatives of the NHS Board and the Council will proceed to mediation with a view to resolving the issue. The mediator will be chosen by agreement amongst the Parties. The Parties shall attempt to agree upon the appointment of a mediator, upon receipt, by any of them, of a written notice to concur in such appointment. Should the Parties fail to agree within fourteen days, any Party, upon giving written notice, may apply to the President of the Law Society of Scotland for the appointment of a mediator. The costs of mediation will be shared between the Parties.

16.2 Where the issue remains unresolved after following the processes as outlined in 16.1, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached:

- The Parties will write to the Scottish Ministers within 28 days of any Party refusing to accept any resolution suggested by mediation; and
- As part of the submission to the Scottish Ministers the Parties will send their respective written notes of their position as set out in sub clause -above together with a jointly worded summary of the issue in dispute requesting directions from the Scottish Ministers to resolve the dispute.

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

SCHEDULE 1 Regulation 3

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

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of—

- section 2(7) (Health Boards);
- section 2CB (Functions of Health Boards outside Scotland);
- section 9 (local consultative committees);
- section 17A (NHS Contracts);
- section 17C (personal medical or dental services);
- section 17I (use of accommodation);
- section 17J (Health Boards' power to enter into general medical services contracts);
- section 28A (remuneration for Part II services);
- section 38 (care of mothers and young children);
- section 38A (breastfeeding);
- section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);
- section 48 (provision of residential and practice accommodation);

section 55 (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A (remission and repayment of charges and payment of travelling expenses);

section 75B (reimbursement of the cost of services provided in another EEA state);

section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82 use and administration of certain endowments and other property held by Health Boards);

section 83 (power of Health Boards and local health councils to hold property on trust);

section 84A (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 (charges in respect of non-residents);
and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation);

section 38 (Duties on hospital managers: examination notification etc.);

section 46 (Hospital managers' duties: notification);

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281 (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Part 2

Services currently provided by the Health Board which are to be integrated

The functions that are set out in Part 1 are delegated in relation to the services as set out below and relate to both adults and children

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

PART 2

2. Accident and Emergency services provided in a hospital.
3. Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and
 - (e) psychiatry of learning disability.
4. Palliative care services provided in a hospital.
5. Inpatient hospital services provided by General Medical Practitioners.
6. Services provided in a hospital in relation to an addiction or dependence on any substance.
7. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

8. District nursing services.
9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
11. The public dental service.
12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
16. Services providing primary medical services to patients during the out-of-hours period.
17. Services provided outwith a hospital in relation to geriatric medicine.
18. Palliative care services provided outwith a hospital.
19. Community learning disability services.
20. Mental health services provided outwith a hospital.
21. Continence services provided outwith a hospital.
22. Kidney dialysis services provided outwith a hospital.
23. Services provided by health professionals that aim to promote public health.
24. Health Visiting Services

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions delegated by the South Lanarkshire Council to the Integration Joint Board.

SCHEDULE Regulation 2

PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

The Local Government and Planning (Scotland) Act 1982

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(Council's duty to make inquiries.)

Section 5
(Co-operation.)

Section 6
(Duty to consider importance of providing advocacy and other.)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 18
(Protection of moved person's property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7
(Choice of options: adult carers.)

Section 9
(Provision of information about self-directed support.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016 (b)	
Section 6 (Duty to provide Adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (duty to provide support)	
Section 25 (provision of support to carers:break from caring)	
Section 31 (duty to prepare local carer strategy)	
Section 34 (information and advice service for carers)	
Section 35 (short breaks services statements)	

PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

The Community Care and Health (Scotland) Act 2002

Section 4

The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002(

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated and this is the full list of services that will be integrated from South Lanarkshire Council perspective.

These are delegated in so far as they relate to adults only.

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

Annex 3

Hosted Services Proposed Arrangements between North and South Lanarkshire Integration Joint Boards

Where a Health Board spans more than one Integration Joint Board, one of them might manage a service on behalf of the other(s). This Annex sets out those arrangements which the Parties wish to put in place. Such arrangements are subject to the approval of the Integration Joint Board but will not be subject to Ministerial approval.

Services to be hosted by the South Lanarkshire Integration Joint Board	Services to be hosted by the North Lanarkshire Integration Joint Board
Community Dental Services	Care Home Liaison
Diabetes	Community Children's Services
Health and Homelessness	Paediatrics
Primary Care Administration	Dietetics
Palliative Care	Mental Health and Learning Disability
Primary Care Out of Hours	Psychology
Traumatic Brain Injury	Continence Services
Occupational Therapy	Podiatry
Physiotherapy	Sexual Health
	Speech and Language
	Substance Misuse
	Prisoner Health Care

Annex 4

Health and Wellbeing Outcomes

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

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

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

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

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

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

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

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

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

