DATA LABEL: Public

West Lothian Council

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

10 April 2014

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Thursday 17 April 2014** at **2:00pm**.

For Chief Executive

BUSINESS

1. Apologies for Absence

2. Order of Business, including notice of urgent business

3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.

Public Session

4. Confirm Draft Minute of Meeting of the Health & Care PDSP held on 23 January 2014 (herewith).

5. Note Minute of Meeting of NHS Lothian Board held on 27 November 2013 - Reprot by Chief Executive, Community Health and Care Partnership (herewith).

6. National Dental Inspection Programme Report: Detailed Primary Seven and Basic Primary One and Seven - Report by Depute Cheif Executive, Community Health and Care Partnership (herewith).

7. Healthy Working Lives - Report by Depute Chief Executive, Community Health and Care Partnership (herewith).

8. Maternal and Infant Nutrition - Report by Depute Chief Executive, Community Health and Care Partnership (herewith).

9. Consultation on Draft Proposals for a Mental Health (Scotland) Bill - West Lothian Council Response - Report by Head of Social Policy (herewith)

10. Health and Care PDSP Workplan (herewith).

NOTE **For further information please contact Val Johnston on 01506 281604 or email val.johnston@aol.com**

MINUTE of MEETING of HEALTH AND CARE POLICY DEVLEOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, LIVINGSTON, on THURSDAY 23 JANUARY 2014

Present – Councillors Anne McMillan (Chair), Diane Calder, George Paul, Angela Moohan, and Frank Toner

In Attendance – Ian Buchanan (West Lothian Association of Community Councils Representative)

Apologies – Councillor Janet Campbell and John McGinty

1. DECLARATIONS OF INTEREST

Councillor Toner declared a non-financial interest arising from his position as Chair of the Community Health and Care Partnership and as a Lothian Health Board Member for which a dispensation from the Standards Commission applied.

2. MINUTE

The Panel confirmed the Minute of its meeting held on 31 October 2013.

3. NHS LOTHIAN BOARD MINUTE

A report had been circulated by the Depute Chief Executive, Community Health and Care Partnership to which was attached the Minute of the NHS Lothian Health Board meeting held on 23 October 2013.

Decision

Noted the contents of the report

4. NHS LOTHIAN LIFESMILE PROGRAMME

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership providing a report on the Lifesmile Dental Project's progress towards its own target of recruiting all care homes in Lothian to the programme.

The report advised that Lifesmile provided a comprehensive training and support programme for carers of dependent older people living in care homes or long stay NHS units. It currently operated in 15 West Lothian homes, with a further three joining the programme soon.

All homes in the programme had been provided with a denture marking kit and staff had been provided with training on how to use these. The Lifesmile team also supported a small number of care homes for adults with learning disabilities living in the community; in West Lothian these were Mill Court in Bathgate, Butteries View in Armadale and the Eilburn

Centre. Two homes in Templar Rise and Sutherland Way were soon to join Lifesmile.

The report further advised that the experience of Lifesmile in Lothian had contributed towards the production of a national training package by NHS Health Scotland, called “Caring for Smiles” and this was launched in September 2013. The training package was aimed at carers and had been endorsed by the Care Inspectorate. To reinforce and support the initial training, dental health support workers would visit homes regularly to ensure good oral care was being carried out and to replenish oral healthcare materials where necessary.

Excellent oral health care was essential for older people as it contributed to good self-esteem, maintained good nutrition and enabled them to speak and communicate successfully. All care homes should have an arrangement with a local dentist or a dentist from the Public Health Service. Therefore Public Health in conjunction with Public Dental Service intended to survey all care home to ensure that arrangements were in place to provide dental services. Should any shortfall be identified a case would be made to the Scottish Government Chief Dental Officer for additional general dental service budget to address this.

Scottish Government funding had been secured to enable expansion of the Lifesmile Programme to all care homes for frail older people and adults with special care needs with a target to achieve this by the end of March 2014.

Finally because the NHS Health Scotland training package and information had been branded “Caring for Smiles” a decision had been taken locally to rename the programme as “Caring for Smiles- Lothian”.

The Panel were asked to note the contents of the report and support the continued expansion of Lifesmile.

Decision

1. Noted the contents of the report; and

2. Welcomed the work being done with the Lifesmile Programme.

5. COMMUNITY PAYBACK BICYCLE RECYCLING SCHEME

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of a new scheme to help individuals and community groups through the provision of bicycles repaired and made fit for purpose by offenders serving Community Payback Orders.

The Head of Social Policy explained that West Lothian Council was responsible, through the Criminal & Youth Justice Service, for the provision of Unpaid Work opportunities for persons placed by the Courts on a Community Payback Order (CPO) with an Unpaid Work Requirement.

Therefore the Community Payback team had recently launched a new service – Reconditioning and Recycling Old Bicycles, which had been donated or which had been delivered to council recycling centres. All bikes would be checked for identifying features and checked against Police lost/stolen records. The project would look for donations of bicycles and cycling equipment, whatever the condition. Where the bikes were beyond repair, useable components would be recovered and the frame and tyres recycled.

The project had been established to utilise the skills of offenders placed on a Community Payback Order, who would be overseen and taught new skills by an Unpaid Work Supervisor within the Community Payback Team, who had recently obtained an appropriate technical qualification.

The refurbished bikes would be distributed to local charities who worked with children, including River Kids. It was also hoped that the project would be able to provide "balance bikes" (bikes with no brakes or chain wheel sets) to nursery organisations. Another intended recipient of the reconditioned bikes was Beecraigs Country Park, where the Community Payback Team was engaged in a long-term project, working alongside other groups, on the construction of a 6 kilometre mountain bike trail around the park. It was hoped that the recycling project would be able to set up a stock of appropriate bikes.

In conclusion the project was innovative, as it enabled offenders in West Lothian to learn new and transferable skills and individuals and groups within the community would benefit through the availability of bicycles. It was also hoped that the council would see a slight reduction in landfill and affirm its commitment to recycling.

The Panel were asked to note the contents of the report and note that a further update on the project would be provided in due course.

Decision

1. Noted the contents of the report;

2. Welcome the aim and ambitions of the project.

6. BANGOUR VILLAGE HOSPITAL SITE UPDATE

The Panel considered a report (copies of which had been circulated) by the Head of Health Services providing an update on the former Bangour Village Hospital site.

The Head of Health Services explained that NHS Lothian continued to provide 24/7 security at the site and carried out repairs, when necessary, caused by vandalism and theft to the properties. In addition the Church and Recreation Hall continued to be heated to mitigate the impact on the fabric of the buildings from the elements.

NHS Lothian had agreed with West Lothian Council that a condition

survey would be prepared for the Church, Recreation Hall and Nurse Home as this would provide information and recommendations on the works to be undertaken; this would be carried out within the next few months.

A Project Group had also been established, which consisted of a number of stakeholders including The Scottish Futures Trust, Historic Scotland and West Lothian Council to raise awareness of the site. Additionally a Steering Group had also been formed to map out the various agencies' expectations of the site and to agree a way forward regarding the master planning of the site and to submit a planning in principle application for the site's development.

The master plan would consider the town planning and development options in deciding the way forward. Funding had been secured via the Scottish Futures Trust to undertake a master plan for the site and a dedicated Project Development Manager had been engaged to take forward the project.

The Panel were asked to note the update in relation to the Bangour Hospital Site.

Decision

Noted the contents of the report

7. HEALTH AND CARE PDSP WORK PLAN

The Panel considered the contents of the Work Plan that had been prepared by the Depute Chief Executive, Community Health and Care Partnership which would form the basis of the Panel's work over the coming months.

Decision

Noted the contents of the Work Plan

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 27 November 2013 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Executive Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources and Organisational Development); Mr J Crombie (Director of Scheduled Care); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Mrs M Hornett (Director of Unscheduled Care and Executive Nurse Director) and Professor A K McCallum (Director of Public Health and Health Policy).

Non-Executive Directors: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mr J Brettell; Dr M Bryce; Councillor D Grant; Councillor R Henderson; Professor J Iredale; Mr P Johnston; Councillor C Johnstone; Mr A Joyce (Employee Director); Mrs A Meiklejohn; Mrs A Mitchell; Councillor F Toner; Mr G Walker; Mr G Warner; Dr R Williams and Mr R Wilson.

In Attendance: Mrs S Ballard-Smith (Nurse Director); Mr J Forrest (Director of West Lothian Community Health and Care Partnership); Professor A McMahon (Director of Strategic Planning, Performance Reporting and Information); Mrs E McHugh (Director of Health and Social Care Partnership Midlothian); Dr S Mackenzie (Medical Director for Quality Improvement for item 111); Mr J Paul (Management Trainee shadowing Mr Boyter); Mr D A Small (Director of Health and Social Care East Lothian); Mr D Weir (Corporate Services Manager); Mr N Wilson (Unscheduled Care Manager shadowing Mrs Hornett) and Mr S R Wilson (Director of Communications and Public Affairs).

Apologies for absence were received from Mrs K Blair, Mrs J McDowell and Mr G Warner. In an addition an apology from a non Board member was received from Mr P Gabbitas.

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

104. Welcome to Members of the Public and Press

104.1 The Chairman welcomed members of the public and press. He also welcomed Mr J Crombie, Director of Scheduled Care to his first formal Board meeting. The Chairman further welcomed Mr N Wilson, Unscheduled Care Manager who was shadowing Mrs Hornett and Mr J Paul, Management Trainee who was shadowing Mr Boyter to the meeting.

104.2 The Board welcomed a number of Health Administration students and teaching staff from Edinburgh Napier University who were in the public gallery.

105. Items for Approval

105.1 The Chairman advised the agenda for the current meeting had been circulated to Board members to scrutinise the papers and to advise whether any items should move from the approval to the discussion section of the agenda. It was noted that there had been no requests in this regard.

105.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the approval papers without further discussion: -

105.3 Minutes of the Previous Board Meeting held on 23 October 2013 – Approved.

105.4 Performance Management – The Board received the update on the current performance against a selection of 2013/14 Health, Efficiency and Treatment targets as set out in appendix 1. The Board noted that following discussion at its meeting on 25 September 2013, performance reporting to the Board and the Joint Management Team had been developed to improve alignment with the quality, Health Associated Infection, waiting times and Unscheduled Care Report, and to reduce duplication.

105.5 The Board noted that on a monthly basis the following HEAT targets and standards would be reported within the respective reports:

- Unscheduled Care
- HAI Report
- Quality Report
- Waiting Times Report
- Drug and Alcohol Waiting Times

105.6 The Board further noted that the NHS Lothian Internal Audit function had recently completed an audit of performance targets and reporting. The final report made recommendations to strengthen this report. The overall report had been marked 'satisfactory'.

105.7 Health Care Associated Infection Updated – The Board agreed the following recommendations:

- Acknowledge receipt of the HAI reporting template for October 2013.

- Noted there were 25 episodes of staphylococcus aureus bacteraemia during October 2013 giving a current rate of 0.30 per 1000 bed, and this reflects performance outwith projected aim of 0.24 per 1000 bed days by March 2015.

- Supported staff to improve the clinical management of invasive devices in accordance with NHS Lothian and patient safety standards.

- Noted there were 52 episodes of clostridium difficile infection during October 2013 giving a current rate of 0.56 per 1000 bed days, and this reflects performance outwith projected aim of 0.32 per 1000 bed days by March 2015.

- Support the antimicrobial team activities in relation to antimicrobial prescribing review and reduction of antimicrobials associated with clostridium difficile.

105.8 The Human Resources and Organisational Development Strategy Annual Report – The Board noted the position achieved in respect of the Human Resources Strategy (appendix 1) from November 2012 – 2013 and the key achievements.

105.9 Finance and Resources Committee – Minutes of the meeting held on 9 October 2013 – Approved.

105.10 Staff Governance Committee – Minutes of the meeting held on 30 October 2013 – Approved.

105.11 Strategic Planning Committee – Minutes of the meeting held on 23 October 2013 – Approved.

105.12 East Lothian Community Health Partnership Sub-Committee – Minutes of the meeting held on 5 September 2013 – Approved.

105.13 Edinburgh Shadow Health and Social Care Partnership – Minutes of the meeting held on 18 October 2013 – Approved.

105.14 Midlothian Community Health Partnership Sub-Committee – Minutes of the meeting held on 26 September 2013 – Approved.

105.15 West Lothian Health and Care Partnership Sub-Committee – Minutes of the meeting held on 17 October 2013 – Approved.

105.16 West Lothian Health and Care Partnership Board – Minutes of the meeting held on 8 October 2013 – Approved.

Items for Discussion

106. Chairman's Opening Remarks

106.1 The Chairman commented he had been reflecting on his first 6 months in post and it was noted during this period there had been changes to the Board meeting processes and the issuing of agendas. He commented the more familiar he had become with the context of the Board agenda the more he appreciated the high level of inter-dependence and inter-relationship around the topics discussed and this was sometimes not fully appreciated at the meeting.

106.2 The Chairman stressed the need for the Board to recognise the tight degree of hairline tolerance in place around the need to meet targets and crucially balance the books. In that respect it was important to take a holistic view of issues and avoid looking at individual separable areas. He felt such an approach would help

to avoid recurrence of previous errors of history. The Chairman stressed for the fundamentally crucial areas discussed at Board meetings the issue was not about marginal improvement but about making paradigm shifts.

107. Unscheduled Care / Winter Plan

107.1 The Director of Unscheduled Care commented the Board had undertaken a thorough discussion of this item at its previous meeting hence the verbal report. She commented however when the Board moved to bi-monthly meetings a formal written report would be submitted.

107.2 The Board noted during October 4 hour access compliance had been 94%. Stroke performance had improved to 84% and the delayed discharge position had worsened although it was anticipated there would be a slight improvement in November although this area still remained a major challenge.

107.3 The Board noted winter had arrived early and already there were outbreaks of norovirus. The Director of Unscheduled Care advised extra beds had been opened at short notice with a whole ward at the Royal Victoria Hospital having been opened in advance of the anticipated date. The Board were advised that the currently closed 10 orthopaedic beds at the Royal Infirmary of Edinburgh would be reopened the following week and this would improve the elective and unscheduled care position.

107.4 The Director of Unscheduled Care advised the winter planning process was on track and clarity was now in place in respect of the scheduled programme over the festive period. It was noted this work would include the availability of social work over the key festive days to ensure there was no avoidable dip in performance moving into the New Year. The Director of Unscheduled Care commented already discussions were in place about scaling down extra beds after the winter period to avoid downstream consequences around service provision and finances.

107.5 The Board noted in respect of delayed discharges the Edinburgh position continued to be the main pressure and direct leadership focus was being applied to this through weekly meetings with the Chief Executives of both NHS Lothian and the City of Edinburgh Council and other senior colleagues.

107.6 Mr Brettell commented the report had been reassuring and he would welcome a short written summary in future. He questioned what the biggest current concern was. The Director of Unscheduled Care advised managing the day to day bed capacity to balance scheduled and unscheduled care in order to get patients treated was the key issue.

107.7 The Board noted the update report on unscheduled care / winter planning.

108. Medical Workforce Risk Assessment

108.1 The Medical Director advised in respect of emergency medicine that clinical development fellows had been in post since August and there had been no

concerns about patient safety. There was evidence the service had been enhanced through the use of emergency nurse practitioners on a 24/7 basis and the availability of a consultant until 11pm. It was noted there had been no increase in patients transferred from St Johns Hospital. The Board noted further clinical development fellows would be appointed in August 2014 with the advertisements being posted in January 2014. The Medical Director advised that the model adopted to resolve issues in emergency medicine was being considered for use elsewhere. He drew the Boards attention to the Edinburgh Emergency Care Website which was being used to raise worldwide attention to vacancies and improve recruitment and again commented this approach might well be replicated for other service areas.

108.2 The Medical Director reported in respect of paediatrics the situation was slightly less stable than in the previous month and advised that 1 consultant was leaving his post with plans in place for his replacement. It was noted there was also an increase in sickness levels although the December rota was secure. The Medical Director advised the recommendations of the Tailored Workforce Support Team (TWST) report in respect of the use of advanced nurse practitioners continued to be progressed.

108.3 The Board noted the two successful candidates from Myanmar had now started in post and were undertaking local induction and orientation programmes. It was anticipated it would be 3 – 4 months before they were able to work to their full potential.

108.4 The Board noted in respect of obstetrics and gynaecology a Short Life Working Group had been established to address Lothian and regional issues with there being particular concerns around maternity gaps. In anaesthetics the Associate Medical Director was actively speaking to trainees to ensure they were aware of Lothian employment opportunities at the end of their 6 month training period.

108.5 The Medical Director advised for the first time Primary Care featured in the report although there had been challenges in obtaining data although he felt it was important to give an indication of direction of travel and the challenges needed to address issues.

108.6 The Board was advised Lothian continued to input into national debate around medical manpower and noted there had been a pause in the reduction in trainee numbers and in some instances trainee numbers had been increased in specialties experiencing specific difficulties. The Medical Director commented in the Board paper he had attempted to show the progress being made to make Edinburgh an attractive place for medical staff to work.

108.7 The Board noted of the 135 FY1 doctors in Lothian only 48% were Edinburgh graduates and this opened an interesting dynamic about how best to ensure young doctors stayed in Lothian. It was noted the Government response to the Greenaway Report was awaited although it was anticipated a working group would be established to take forward and implement its recommendations.

108.8 Councillor Toner commented he welcomed the positive progress report especially around emergency medicine. In response to Councillor Toner the Medical Director

reiterated details of work around the TWST Report recommendations particularly in respect of training advanced neonatal and nurse practitioners.

108.9 Dr Bryce commented she welcomed the comprehensive report which had addressed risk assessment although it would be useful to see this expanded into a multi factorial workforce risk assessment. She felt within the United Kingdom there was a perfect storm brewing in respect of medical recruitment and it would therefore be useful to look at alternative methods of providing cover across the system. She commented it was important to recognise the system was under pressure and it would be useful to obtain qualitative data to test staff stress levels particularly in demanding and pressurised areas. The Medical Director agreed commenting in the fullness of time the title of the paper might need to change to reflect issues like this and service redesign.

108.10 The Director of Human Resources and Organisational Development advised modern healthcare was delivered by teams and he and the Director of Unscheduled Care had started to undertake a risk analysis on other professions in order to look at the risk of clinical and other staff groupings. It was noted the national staff survey had been held in June and the data was currently being cleansed with the outcomes expected in December at which point they would be discussed with the Health Care Governance and Staff Governance Committee prior to being brought back to the Board.

108.11 Professor Iredale commented he felt the approach taken to resolving the emergency medicine position exemplified the points made by the Chairman in his introductory comments. He commented it would be important to move the organisation from a standard model to looking at safe effective models to deliver on patient outcomes and safety. He felt the flexibility of the model used in emergency medicine should be the approach adopted for future. Professor Iredale commented although the medical recruitment position was currently difficulty he felt that Edinburgh and the Lothian's had opportunities to recruit medical staff and available data suggested Lothian was still an attractive workplace.

108.12 Mr Walker commented in terms of learning experiences he would welcome information about redesign work across services particularly in respect of at risk areas. He advised he was aware consultant job plans were being reviewed. Mr Walker advised through the patient safety walkabouts a common theme was staff did not feel consulted and engaged with and people felt the service was done to them rather them being part of its development. He commented however he appreciated the good work being undertaken by the Medical Director.

108.13 Mrs Mitchell commented whilst much of the debate was around challenges at national / regional levels it would be important not to lose focus on factors that could be controlled locally. She commented she would welcome some comfort from management about what was being done on the ground around culture and values particularly in respect of obstetrics and gynaecology without waiting on the national approach.

108.14 The Chief Executive commented the establishment of the Short Life Working Group referred to by the Medical Director was about local actions with additional discussion being held on a regional basis. He commented in respect of complex

cases the main focus was around the Simpson Memorial Maternity Pavilion. He commented in respect of obstetrics there were three different rotas in place in Lothian and explained these to the Board. He commented Mr Walker at the previous meeting had talked about the need to avoid a two tier workforce in Lothian and he stressed that changing extant rota agreements for consultants would require agreement if changes were to be made. He commented part of work of the Short Life Working Group would be to address and entice the obstetrics workforce to adopt a flexible approach and rotate through the Simpson Memorial Maternity Pavilion. The Chief Executive commented as previously stated NHS Lothian would continue to influence the national debate and confirmed the point made by the Medical Director that the National Reshaping Medical Workforce Committee was proposing an increase in training posts in some areas. He felt success in the future would require voluntary shifts in peoples work patterns.

108.15 The Medical Director commented in his discussion with senior clinicians he had stressed to them they were best placed to advise on how to run the service and it was his firm intention to engage with frontline staff without imposing solutions upon them.

108.16 The Chairman commented he felt further consideration was needed around overall developments, staffing, culture and values and their impact on individual areas including service redesign. He asked for a future iteration of the Board paper to provide feedback on how to improve focus in these areas.

108.17 The Chief Executive commented reports to the Board still focussed on silos and referred back to the need to be aware of inter relationships and interdependencies as referred to in the Chairman's opening remarks. He commented the key priorities for the Board to address were around patient safety and experience; access to emergency care; access to elective care and meeting the treatment time guarantee; improving the culture and reinforcing values as well as meeting financial targets.

108.18 The Chief Executive advised a recent visit to the acute receiving ward at the Western General Hospital had highlighted to him issues around inter relationships and interdependencies and the fact changes in one area impacted elsewhere and this demonstrated the need for a multifactorial approach. He commented along with the Chairman and the Corporate Management Team he was considering how to address and report issues to the Board in a more holistic manner. He commented it was clear staff at the front door of the service were working under huge pressures and this potentially compromised the organisations values.

108.19 The Director of Unscheduled Care advised workforce redesign would develop through the clinical strategy and agreed with the need for this to be multi-factorial. The Director of Finance commented in future the focus of efficiency and productivity would be around service redesign and this would be picked up in the workshop seminar to be held following the Board meeting.

108.20 Dr Williams commented he was pleased to see reference to primary care although he felt there was a need to be cautious about the data as it only represented a percentage of practices. He commented primary care was experiencing the same demands and pressures as the acute sector and commented changes in pension

arrangements and seniority payments would mean a number of more senior general practitioners would leave the service and this required to be factored into workforce planning. The Board noted Dr Williams and Dr Bryce would be participating in a pilot patient safety walk around in a GP practice later in the week and it was hoped to roll out this approach.

108.21 Mr Ash commented he felt it was equally important to ensure a primary care strategy was developed in conjunction with Community Health Partnerships (CHPs). The Medical Director advised the development of the primary care strategy would feature in the February Board paper and would also discuss issues around CHP engagement.

108.22 The Board agreed the recommendations contained in the Medical Workforce Risk Assessment Report.

109. Waiting Times Performance, Progress and Elective Capacity Investment

109.1 The Medical Director advised the Board report compared the current position in respect of waiting times with that experienced 18 months previously. He advised in respect of inpatients and day cases good progress was being maintained. The Board noted the Director of Scheduled Care would be presenting NHS Lothian's plan to the Scottish Government Health Directorates in January and he would be responsible for presenting the Waiting Times Report to the Board in future.

109.2 The Medical Director advised the position in respect of outpatient waiting times was not showing the same positive reduction as for inpatients and day cases. He commented however significant and remarkable reductions had been made in neurology. The Board noted the recommendations of a previous internal audit report had been implemented and a significant number of staff had been trained in Standing Operating Procedures around waiting times.

109.3 The Board noted there had been improvements in diagnostic performance with further improvements expected in November in respect of surveillance endoscopy. It was noted provisional information suggested the reducing trend which was absent in the previous month had recommenced and would continue.

109.4 The Board noted in respect of Child and Adolescent Mental Health Services (CAMHS) and psychological therapies there continued to be challenges around CAMHS services which were not yet on target. In respect of psychological therapies there was a need for further work to be undertaken in respect of producing full data. A progress report on this would be provided to the February Board meeting.

109.5 The Director of Scheduled Care commented in terms of performance delivery it was clear to him people needed to work smarter and in a more focussed way. He advised he had a vision of what a sustainable recovery plan would look like with this being delivered on a phased basis to give assurance to both the Board and the Scottish Government Health Directorate about its sustainability.

109.6 Dr Bryce welcomed the comprehensive paper and noted the further advice around progress being made to improve psychological therapies and looked forward to the further update in the New Year. The Vice Chair commented she had noted the increase in referrals to the CAMHS service and commented the situation was deteriorating. She felt the February timeline was a long way off if people were waiting for referral to the service. She of was of the view the solution needed to be joined up with Medical Workforce and should also recognise pressures on GPs.

109.7 The Chief Executive commented for a number of years CAMHS and psychological therapy services had not had the same status as acute targets. He commented now the national target was in play it would be important to take a holistic approach to meeting the requirements which would include working with primary care to manage referrals as history proved when capacity became available then demand increased. It was noted the Director of West Lothian Community Health and Care Partnership was undertaking work around psychological therapies with a policy decision having been taken to treat long waiters in the first instance and this might have an adverse impact on the 18 week target until the tail of waiters had been addressed. It was noted primary care referral management and priorities would be important moving forward. It was noted once the initial tranche of work had been undertaken acute psychiatry and emergency admission patients would then become the priority.

109.8 The Director of West Lothian Community Health and Care Partnership provided the Board with a detailed explanation of the work he was undertaking in this important area. He commented he continued to meet with service leads on a monthly basis in order to ensure they were fully engaged in discussion around how best to redesign the service. He commented the most recent data which had not been available in time for inclusion in the Board paper showed performance improvement. He advised he would welcome raising the profile of this service within primary and community care.

109.9 The Board received the update on performance and progress on inpatient, outpatient and other waiting times.

110. Quality Report

110.1 The Medical Director reminded the Board of recent adverse media attention around theatre incidents and safety in theatres. He reassured the Board this issue had already been discussed at the Health Care Governance Committee. He commented this was a serious and major concern although he commented the system had demonstrated a willingness to escalate incidents and have these fully investigated. He advised 1200 theatre staff would be involved in Human Factors based training.

110.2 The Chairman commented he had been impressed at a meeting he had attended the previous week where one of the consultants involved had given a candid overview of his involvement in the incident referred to by the Medical Director and had openly shared his personal responsibility, distress and suffering around the incident. The consultant had fully endorsed rolling out training and for the issue to be discussed openly with colleagues.

110.3 Dr Mackenzie commented there had been considerable interest around Hospital Standardised Mortality Ratios (HSMR) data and more information would be included on this in the next Board report and at the Board Development Session in January.

110.4 The Board noted the Quality Report focussed on diabetes and this was a major health issue in respect of managing new cases as well as reducing the incidents of rates of rise of diabetes moving forward in conjunction with public health. The current performance in respect of managing blood pressure and blood glucose was explained to the Board although it was stressed this approach was not the best for everyone. It was noted NHS Lothian was behind trajectory in respect of meeting Scottish Intercollegiate Guidelines Network (SIGN Guidelines) which it was stressed were aspirational. Dr Mackenzie advised diabetologists were holding a national conference in order to discuss how better to manage the condition.

110.5 The Director of Public Health and Health Protection advised consideration of preventative spend was also important as was addressing societal issues. Dr Bryce commented this was a really important point and commented the links with obesity and type 2 diabetes were well known. The Director of Finance advised around £140m of resources was spent on people with a diabetes diagnosis.

110.6 Mr Brettell commented he was not sure what the take away message from the report was particularly in respect to references that although Lothian was not meeting targets it was no worse than elsewhere in Scotland. Dr Mackenzie commented whilst it was correct to state NHS Lothians performance was typical of the Scotland wide position the report did not intend to suggest this was a satisfactory position and it would be important not to be complacent. He commented however if more detailed analysis of the data was undertaken then there were a number of areas where Lothian performed well. Mr Brettell commented the current report suggested to him that diabetes was a red flag performance area.

110.7 The Director of Public Health and Health Policy commented almost all of the drivers of type 2 diabetes were preventable and were currently moving in the wrong direction from a societal perspective. She commented whilst maintaining the current position in the short term might be acceptable this would not be the case moving forward. She suggested this was an issue that might be addressed further through the finance seminar to be held later in the day.

110.8 Mr Walker welcomed the introduction of an inpatients survey to capture patient experience and requested this included a free text box where additional comments could be recorded. Dr Mackenzie advised this would be possible.

110.9 Professor Iredale commented he would like to reinforce the points raised by Mr Brettell. He felt it was vital the NHS Lothian approach remained highly aspirational and the challenge would be to benchmark against the best European and UK wide performance. He was of the opinion there was a need for a firm and immediate focus on prevention in respect of diabetes. The Director of Strategic Planning, Performance Reporting and Information advised a community planning seminar would be held the following week and diabetes featured as a significant agenda

item. He commented there was a need to ensure strategic thinking was aligned to include the diabetes agenda.

110.10 Dr Mackenzie provided the Board with details of HSMR data figures which had been released the previous day as well as information around trend over time based on a 2006/07 baseline. He advised whilst none of the values were statistically significantly different from the Scottish average this was again not a reason for complacency. He commented work was underway in respect of one particular trend which was not comparable and the outcome of this would be reported back to the Board once the full facts were known.

110.11 Dr Mackenzie commented whilst there was current publicity around HSMR it was important to be mindful this was just one measure and it should be regarded as a part of a suite of performance data.

110.12 The Chief Executive commented the Board development session in January would be led by Dr Mackenzie and others and would take Board members through how best to interpret and interrogate data systems. It was noted a report on Lanarkshire HSMR issues would publish in the near future. The Chief Executive commented Board papers would in future require to become more action focussed.

110.13 The Board agreed the recommendations contained in the Quality Report.

111. Financial Position to 31 October 2013

111.1 The Chairman reminded the Board further work was being undertaken to get behind the detail of recent National Resource Allocation Committee (NRAC) and other allocation changes. The Board development session on finance to be held following the Board meeting would also consider in further detail.

111.2 The Director of Finance acknowledged Board members would be concerned to see the significant in-month adverse movement which was largely due to supplies, equipment and facilities. There had also been a reduction in the rate of the pay underspend as a consequence of more people becoming live on the payroll.

111.3 The Director of Finance advised she was not as was her normal practice specifically predicting a breakeven position at the end of the financial year until she understood the reason for the change in trend in month. She commented increasing activity levels and bed numbers would be part of the problem with the appendix to the paper showing increases in activity resource both externally and internally. The early onset of winter and increases in delayed discharges meant that 100 extra beds were now open and this had not been anticipated at this point.

111.4 The Board noted it was anticipated the prescribing overspend would level out albeit not as quickly as desired. The Director of Finance commented in respect of the facilities overspend a significant part of this related to increasing energy costs which would need to be reflected in the financial plan. The Board were advised the energy contract was negotiated and procured through national procurement. The Chief Executive commented there was a need for an energy awareness campaign in order to remind staff about the importance of basic housekeeping measures like

switching off lights and computers when not in use. The Board noted the Communications Team had recently won an award for their Power Pact Initiative. Dr Williams suggested lessons could also be learned from the Royal College of General Practitioners Scheme around environmentally friendly practices.

111.5 The Director of Public Health and Health Policy reported on national work to reduce carbon emissions and preliminary work looking at efficiency and productivity. It was noted the Director of West Lothian Community Health and Care Partnership was undertaking work from a community dental service perspective. Lessons would also be learned from Fife pilot work which had suggested that new buildings were not necessarily the most energy efficient. The Director of Finance commented in some instances spend to save schemes would be the way forward.

111.6 The Board noted there had been a slight improvement on LRP delivery with the year end forecast improving slightly in respect of slippage. The Director of Finance advised that finance managers were working with staff to look at opportunities to pull back spend whilst still supporting the service. A further update report would be discussed at the Finance and Resources Committee in December with finance being a major topic for discussion at the December Joint Management Team meeting.

111.7 Mr Wilson questioned whether it was intended to impose any recruitment constraints and whether there were opportunities to vire between capital and revenue. The Director of Finance advised the system was loosening up the recruitment process for existing posts. New posts however needed to come through an appropriate authority level. The Director of Finance felt there might be a need to have a more rigid approach around corporate posts. The Board noted there was potential for some virement around capital and consideration was being given to looking at planned maintenance spend although this work had yet to conclude and the benefit was not anticipated to be material.

111.8 The Board noted the Director of Finance's report on the financial position and the further work that was being undertaken to understand the reasons for the in-month variation in trend.

112. Corporate Objectives Update

112.1 The Director of Strategic Planning, Performance Reporting and Information advised the paper reflected the mid year position against the corporate objectives. He commented 16 of the objectives were red with many of the issues having been discussed earlier in the meeting. It was noted in respect of the green achievements there was an element of subjectivity given the paper did not report on amber status objectives.

112.2 The Board noted the Corporate Management Team considered the corporate objectives on a monthly basis and ensured actions were in place to mitigate performance where necessary. It was noted the corporate objectives were considered at the Risk Management Steering Group chaired by the Chief Executive and where appropriate featured in the Corporate Risk Register.

112.3 Mrs Meiklejohn commented in respect of the reduction in staff assaults improvements were behind trajectory and she was aware of a recent Health and Safety Enforcement Notice. The Director of Human Resources and Organisational Development provided detailed background to the reasons for the enforcement notice having been issued advising that following an agreed 1 month extension to the timescale it had been confirmed back to the Health and Safety Executive that all actions had been completed. It was anticipated a follow up inspection would be made.

112.4 The Director of Human Resources and Organisational Development in respect of violence and aggression towards staff in general advised this was one of the main health and safety issues. It was noted in conjunction with the Director of Occupational Health revamped arrangements had been put in place to reduce such incidents and this was appropriate given one of the Boards corporate objectives was to reduce harm to staff.

112.5 The Nurse Director commended the work of the Violence and Aggression Team and their efforts and support in organising training on a flexible and often bespoke basis.

112.6 The Vice Chair reminded the Board of the importance of recognising the many examples of good practice already in place. She advised the Cabinet Secretary at a recent discussion around the 2020 vision had referenced the positive work undertaken by Lothian around the development of the toolkit.

112.7 The Board agreed the recommendations in the circulated report.

113. Any Other Competent Business

113.1 Celebrating Success – The Chairman commented had been an excellent event and it had been a privilege to spend time with the nominees and winners. He advised it had struck him how significant an impact event such as this had and he felt there would be benefit in considering further similar events.

113.2 It was noted a primary care practice in Muirieston, West Lothian had received a Royal College of General Practitioners award and it would be important to recognise such achievements and other examples of best practice.

113.3 The Director of Human Resources and Organisational Development commended the team who had arranged the Celebrating Awards event and advised he along with colleagues was looking at ways of augmenting such recognition events and details of this would be brought back to the Staff Governance Committee.

114. Date and Time and Next Meeting

114.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 5 February 2014 in the Boardroom, Waverley Gate, 2-4 Waterloo Place Edinburgh.

115. Invoking Standing Order 15.2

115.1 The Chairman sought permission to invoke Standing Order 15.2 to allow a meeting of NHS Lothian to be held in private. The Board agreed to invoke Standing Order 15.2.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NATIONAL DENTAL INSPECTION PROGRAMME REPORT: DETAILED PRIMARY SEVEN AND BASIC PRIMARY ONE AND SEVEN

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

The purpose of this report is to inform the Panel of the recently published national report into the dental health of Primary 1 and Primary 7 children in Scotland. A detailed inspection of a random selection of P7 children was carried out. This shows that the proportion of P7 children in Lothian with no obvious tooth decay has increased from 72% in 2011 to 77% in 2013. The national target for this age group was that 60% of primary seven children should have no obvious dental decay by 2010. Inequalities in dental health for this age group still exist across Lothian – those children with dental decay (23%) have on average two out of four first permanent molars affected. Information gathered as a result of the basic dental inspection of all Primary 1 and 7 children shows that the oral health of children in West Lothian is poorer than the oral health of children across Lothian as a whole.

B. RECOMMENDATION

The PDSP is asked to note the paper and continue to support the Childsmile Programme in Nurseries and Schools in West Lothian.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs Providing equality of opportunities Developing employees Making best use of our resources Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	NDIP is important in monitoring the dental health of Lothian schoolchildren, tracking progress towards nationally set targets and identifying inequalities in dental health and how well preventive programmes are succeeding in reducing these inequalities
III	**Implications for Scheme of Delegations to Officers**	None.

IV	**Impact on performance and performance Indicators**	Continue efforts to improve the oral health of children in West Lothian.
V	**Relevance to Single Outcome Agreement**	SOA6 We live longer healthier lives and have reduced health inequalities.
VI	**Resources - (Financial, Staffing and Property)**	Childsmile and the National Dental Inspection Programme is funded through the Scottish Government Dental Action Plan.
VII	**Consideration at PDSP**	NDIP was considered by PDSP in January 2013.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

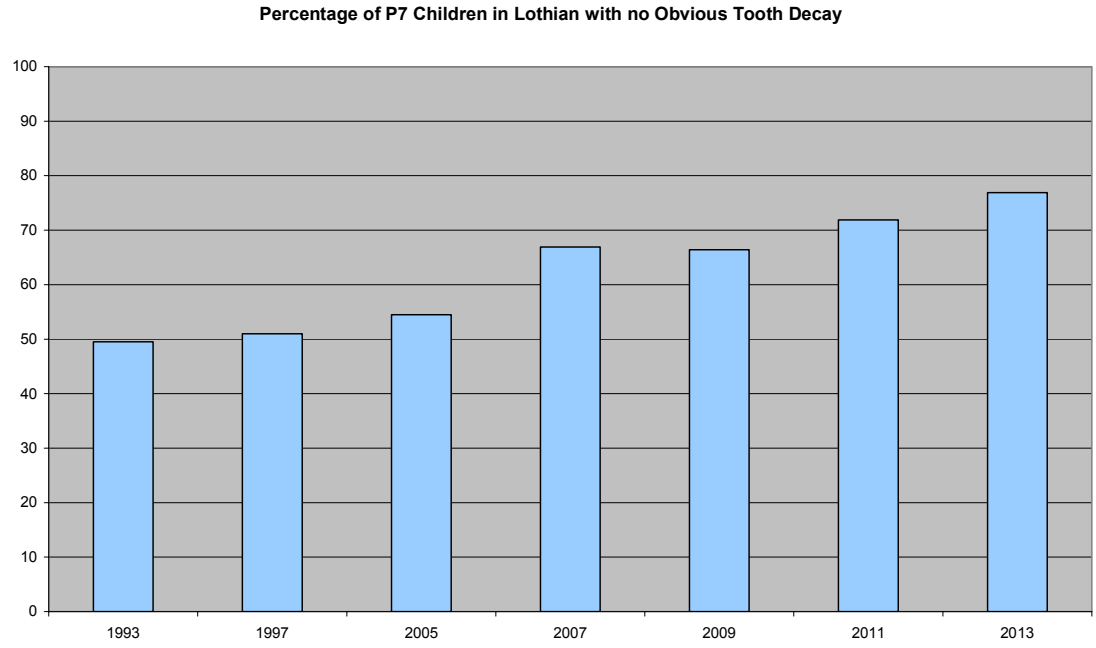
DETAILED PRIMARY 7 INSPECTION RESULTS

Detailed dental inspections of children are carried out in state schools across Scotland annually, alternating between children in primary 1 and primary 7 classes. In Lothian 9.5% of Primary 7 children are in private education, and these children do not receive a dental inspection. It is likely that if these children were included in the inspection the proportion of children without obvious decay would be higher.

Information gathered at these inspections is used to

a. monitor dental health of schoolchildren over time
b. Inform parents of their child's dental health status and promote regular attendance at the dentist
c. Inform local Health and Education authorities of the dental health of children in their area.

One of the basic measures in the survey is the proportion of children who "have no obvious decay experience". This means that the inspecting dentist can see no obvious cavities, fillings or evidence of teeth being extracted due to dental decay. The inspection is carried out in school, no radiographs are taken, and the teeth are not air-dried prior to inspection. Only permanent teeth are counted in the inspection. By P7 children would normally have eight permanent incisor teeth at the front of the mouth and four permanent molars at the back of the mouth. The chart below shows the trend since 1993.



A steady improvement can be seen from 2005, reflecting the benefits of both the nursery and school toothbrushing programmes. 99% (target 100%) of Lothian nurseries now participate in toothbrushing programmes and 36% (target 20%) of primary schools. Distribution of free toothbrushes and toothpaste to pre-school children began in 2005. Childsmile fluoride varnish programmes are in place for 22% of nurseries (target 20%) and 25% of primary schools (target 20%).

However inequalities in dental health for this age group still exist across Lothian – those children with dental decay (23%) have on average two out of four first permanent molars affected by dental disease.

BASIC PRIMARY 1 AND PRIMARY 7 INSPECTION RESULTS

Basic dental inspections of all children in primary 1 and primary 7 classes are carried out in state schools across Scotland annually. Following these inspections parents receive a letter from the inspecting dentist advising of the risk of future dental disease, and advising on the need to continue visiting the dentist regularly. If the dentist sees a dental problem that should receive immediate attention the parent is advised of this in the letter. The three possible types of letter are:

Letter A - should seek immediate dental care on account of severe decay or abscess.
Letter B - should seek dental care in the near future due to one or more of the following: history of tooth decay, a broken or damaged front tooth, tooth wear, poor oral hygiene or may require orthodontics.
Letter C - no obvious decay experience but should continue to see the family dentist on a regular basis.

Using anonymised aggregated data it is possible to see how the oral health of West Lothian children compares to Lothian as a whole. The table below shows data for P1 and P7.

PRIMARY ONE				
	Total Letters Issued	% Letter A	% Letter B	% Letter C
Lothian	8131	8.0%	22.3%	69.8%
West Lothian	2075	10.5%	25.8%	63.7%
PRIMARY SEVEN				
	Total Letters Issued	% Letter A	% Letter B	% Letter C
Lothian	6619	1.9%	27.4%	85.7%
West Lothian	1831	2.4%	29.3%	72.2%

Childsmile Dental Health Support Workers offer parents or carers of children who receive an A letter support to find a dentist and make an urgent appointment. It is likely that children who receive an A letter will be suffering from dental pain. On occasion the Dental Health Support Worker will involve social care professionals or health professionals so that the child receives prompt dental care.

TOOTHBRUSHING ECONOMIC IMPACT

A study carried out by the University of Glasgow and published by Scottish Government in November 2013 showed that for the year 2009/10 an investment of £1.8m in providing Childsmile toothbrushing programmes across Scotland avoided just over £6m of cost in providing dental treatments to children. Although this is good economic news, the major benefit is that a great many Scottish children have avoided pain, and not had to undergo fillings, extractions and general anaesthetics for dental problems.

E. CONCLUSION

The recently published national report into the dental health of Primary 1 and 7 children in Scotland shows that children's oral health in Lothian continues to improve, and is the best it has been since surveys began. However for the small proportion of children who do have dental disease there has been little improvement, and the need for Childsmile dental preventive programmes remains imperative.

F. BACKGROUND REFERENCES

The full NDIP Report may be accessed via this link.

https://isdscotland.scot.nhs.uk/Health-Topics/Dental-Care/Publications/2013-10-29/2013-10-29-NDIP-Report.pdf

Appendices/Attachments: None.

Contact Person: Robert Naysmith, Clinical Director, Public Dental Service

0131 667 7114

robert.naysmith@nhslothian.scot.nhs.uk

Jim Forrest, Depute Chief Executive, CHCP

Date: 17 April 2014

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

HEALTHY WORKING LIVES

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To inform the Panel of the current actions to influence and protect the health of staff within the CHCP and in particular the actions of West Lothian Healthy Working Lives Groups and the Tobacco Free Generation Strategy Group activities.

B. RECOMMENDATION

It is recommended that the Panel support

1. staff with specific roles and responsibilities for Healthy Working Lives
2. the work of West Lothian Healthy Working Lives Groups
3. the work of the Tobacco Free Generation Strategy Group.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Being honest, open and accountable • Providing equality of opportunities • Developing employees • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	None.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Positive impact on sickness absence rates.
V	**Relevance to Single Outcome Agreement**	None.
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources.

VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	There are regular discussions with the Trade Unions in relation to employee health issues and sickness absence management.

D. TERMS OF REPORT

There are currently three Healthy Working Lives (HWL) Groups working to promote West Lothian's Council and NHS staff's health and well-being. These are West Lothian Council, CHCP and St John's and all have representation from staff from all levels of their organisations including occupational health and safety, human resources and partnership/trade unions.

Currently West Lothian Council and St John's HWL Groups hold Gold HWL Awards and the CHCP hold Silver HWL Award.

HWL Groups are required to evidence that their organisation plan and record staff training in relation to occupational health and safety and provide evidence that respective staff governance frameworks ensure that the workforce is well informed and appropriately trained.

The HWL Groups contribute to assessing Safety and Health Needs in the workplace by undertake regular staff surveys. These address, lifestyle factors including alcohol, tobacco, healthy eating, physical activity and stress. They also include questions on mental health, health and safety and staff knowledge regarding policies and procedures. Analysis of these surveys highlight areas requiring improvement and help the organisations increase their awareness of and address health inequalities in their organisation. They also inform the development of each HWL Group's three year action plan.

All three HWL Groups regularly disseminate health information as well as provide and promote services to their respective staff groups through existing communication cascades and local intranet dedicated pages.

Topics and activities include

Tobacco

- Provision of stop smoking support available to staff in their workplace
- National No Smoking Day displays in local workplaces

Alcohol

- Information on safe alcohol limits
- Promotion of local services for those with concerns about their own or others drinking

Promotion of healthy eating

- Provision of fresh, affordable fruit and vegetables on sale on site every week with local produce available when in season.
- Healthy meal ideas for those bringing packed lunches

Promotion of physical activity

- Spin class for staff in Strathbrock Partnership Centre
- Reduced gym membership fees,
- Promotion of Put Your West Foot Forward including 'Wee Walk' (never more than 30 minutes), 'Well Walking Group' and 'West Lothian Young Walkers'
- Promote Charity events e.g. Walk for Epilepsy 5k/10k Sponsored walk around Arthur's Seat

Promoting attendance at work

- Promoting staff counselling service, stress management and mindfulness training

Raising awareness around mental health and wellbeing issues

- Offering Mentally Healthy Workplace Training for managers
- Promoting an annual event each year at Strathbrock Partnership Centre supporting World Mental Health Day
- Promoting staff counselling service, stress management and mindfulness training
- Providing employee benefit schemes including free family passes to Edinburgh Zoo and Dynamic Earth as well as a 10% at McArthur Glen Designer Outlet on production of their NHS or Council pass

Providing Lifestyle Checks

- Including Blood Pressure, BMI and cholesterol measurement and a review of lifestyle behaviour e.g. smoking, alcohol etc. All results are treated confidentially and attendees information is passed on to their GP and/or referral made to services only if they give consent.

The CHCP and St John's HWL Groups intend combining in the future. This will avoid duplication of effort and maximise resources.

In addition to the work of the HWL Groups there is also progress being made in protecting staff from the harms of second hand smoke. The Scottish Government's current National Tobacco Strategy requires NHS Boards and Local Authorities to have completely smoke free grounds by 2015 (with the exception of mental health facilities).

Actions to achieve this and the other actions in the strategy in West Lothian are being coordinated by the Tobacco Free Generation Strategy Group. This multi-agency group is chaired by Gill Cottrell and will drive the implementation of Smoke-free Policies which will be clear that smoking is no longer acceptable, not only inside any NHS and Local Authority buildings but also at their entrances, doorways, grounds and car parks, in their vehicles and in clients/patients homes while staff are delivering care. This will ensure that procedures and guidance are in place and communicated to staff to ensure they are not exposed to second hand smoke in the course of carrying out their work duties.

<u>West Lothian Council</u>

The council promotes active health initiatives and encourages effective management and support of employees who are experiencing ill health. The council also invests significant resources in supporting attendance management and promoting a healthy workforce as highlighted by:

- Having a dedicated sickness absence management team located within Human Resources
- A sickness absence policy that provides a range of support measures including disregarded absences for specific health issues, the opportunity for employees to proactively raise health concerns, as well as provisions for making reasonable adjustments.
- The provision of subsidised physiotherapy and free, confidential counselling services that can be accessed by management referral or by self referral.
- A range of HR policies that provide support for employees in relation to flexible working, family care and attending medical appointments

- An Active Health @Work Group with service representatives who organise events and raise awareness.
- An employee benefit scheme that provides significant discounts for local gym membership through West Lothian Leisure and purchasing bikes for employees who wish to cycle to work.
- Corporate training events are organised through HR and provided to council staff on relevant topics such as managing stress and assertiveness.

The council also engages with the wider health agenda by working with the Health Improvement Team, NHS and other interested organisations to appropriately support and promote good health to its workforce.

The council is delivering a range of actions progressing to encourage employees to adopt healthier lifestyles:

- Working towards achieving a Healthy Living Award for the Civic Centre cafe. Facilities Management will be working with support from the Health Improvement Team to develop an action plan for achieving this standard.
- As part of the planned Active Health @Work programme an employee health week is being organised for 9th -15th June 2014 which will promote key health themes such as healthy eating, physical activity and mental health. The offer of employee health checks is also planned as part of this week. This week is being organised by service Active Health reps who are developing a programme to address health issues within their services and in general. The development of these roles will be important to support the creation of a Service Profile and service specific action plans.
- The Health Improvement Team have a rolling programme of events that are offered to all employees and the public free of charge. These cover mental wellbeing, healthy eating and physical activity and are advertised on the councils intranet, publications and noticeboards. The latest brochure of events can be found at the link below

  http://webwest1.app.westlothian.gov.uk/promotions/HITs%20training%20leaflet.pdf

E. CONCLUSION

The CHCP has established a good framework for supporting employee health in the workplace as evidenced by the Healthy Working Lives Awards.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: None.

Contact Person: Helena Connelly
01506 651827
Helena.Connelly@nhslothian.scot.nhs.uk

Jennifer Scott
Head of Social Policy

Date of meeting: 17 April 2014

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

MATERNAL AND INFANT NUTRITION

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To inform the Panel of the local implementation of 'Improving Maternal and Infant Nutrition: a Framework for Action'.

B. RECOMMENDATION

That the Panel supports the ongoing work required to implement this strategy.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	None.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Implementation of this strategy will have a positive impact on health and wellbeing indicators.
V	**Relevance to Single Outcome Agreement**	SOA 2, 3, 4 We are better educated and have access to increased and better quality learning and employment opportunities. SOA 5 Our children have the best start in life and are ready to succeed. SOA 6 We live longer, healthier lives and have reduced health inequalities.
VI	**Resources - (Financial,**	Within current resources.

Staffing and Property)

VII	**Consideration at PDSP**	Reported to Health and Care PDSP annually.
VIII	**Other consultations**	None.

TERMS OF REPORT

Background and key facts

Good nutrition is essential for good parental health. Pre-conception is a particularly important time given that 50% of pregnancies are unplanned and during that period there is an increased requirement for a number of micronutrients (vitamin D, folate, iron and calcium) during pregnancy and breastfeeding.

The risks associated with maternal obesity such as increased risk of developing type 2 diabetes, impaired glucose tolerance and gestational diabetes during pregnancy are a cause for great concern, particularly since over one-half (52%) of women aged 16–44 years are overweight or obese (Scottish Health Survey, 2008).

Breast milk is made up of 75% nutritional and 25% growth and developmental factors and therefore provides a complete source of nutrition for the first six months of life. Breast milk contains a wide range of bioactive substances including transfer factors such as lactoferrin, enzymes, hormones, immunoglobulins, leucocytes and anti-inflammatory molecules, all of which support the development of the digestive and immune systems of the growing infant. None of these bioactive substances can be replicate, therefore none are present in infant formula.

Breast milk changes at each feed to meet the development and growing needs of the baby and recent research demonstrates that breast milk is different depending on whether the baby is male or female. Infants who are breastfed are at reduced risk of ear, respiratory, gastro-intestinal and urinary tract infections, allergic disease (eczema, asthma and wheezing), type 1 diabetes, and are less likely to be overweight later in childhood. Furthermore, infants who are breastfed are less at risk of childhood leukaemia and sudden unexplained infant death, and there may also be an association with improved cognitive development. For several of these conditions the longer an infant is breastfed the greater the protection gained or the more positive the impact on long-term health. Pre-term babies that are breastfed are likely to have better eyesight and brain development than those who are not and have a reduced risk of necrotising enterocolitis.

Women who have breastfed are at lower risk of breast and ovarian cancer, hip fracture later in life as a result of osteoporosis and there is some evidence to suggest they are more likely to return to their pre-pregnancy weight.

Timely (at around 6 months) and appropriate weaning is important. Early weaning increases the risk of dehydration, allergies and infections and may not allow adequate absorption of nutrients from the infant's milk.

It is important that babies have the neuromuscular co-ordination to safely cope with solid foods. Weaning late can increase the risk of nutrient and energy deficiencies and lead to problems e.g. iron deficiency anaemia, rickets (vitamin D deficiency). Weaning at the right time leads to less food refusal/ fussy eating and learning to chew helps ensure that speech muscles are developed. Although the pattern is improving, in 2010 74% of Scottish babies had been introduced to solids by 5 months, with mothers in the least deprived areas in Scotland being more likely to introduce solids later than those in the most deprived areas.

'Improving Maternal and Infant Nutrition: a Framework for Action'

'Improving Maternal and Infant Nutrition: a Framework for Action' sets out numerous actions for health boards, local authorities and others which aim to improve the diet and nutritional status of women before, during and after pregnancy and support and promote the benefits of breastfeeding and the importance of a healthy diet throughout early childhood, all of which contribute significantly to the long term health of the population namely

- Women entering pregnancy are a healthy weight, in good nutritional health and that this continues throughout their pregnancy and beyond.
- All parents receive full information they can understand on infant feeding to enable them to make an informed choice on how they will feed their infant.
- All women receive the support they need to initiate and continue breastfeeding for as long as they wish.
- Infants are given appropriate and timely complementary foods and continue to have a wide and varied healthy diet throughout early childhood.

Local Implementation

NHS Lothian has developed an overarching Maternal and Infant Nutrition implementation plan that will be delivered in West Lothian via two working groups with separate and complementary action plans covering Baby Friendly and Maternal Nutrition respectively.

NHS Lothian's Maternal and Infant Feeding leads group established a maternal nutrition group in 2013 to focus on the nutritional needs of pregnant women. While supporting pregnant women there has been recognition that this agenda is much wider than the reach of the NHS if women entering pregnancy are to be of the optimum weight. Work within schools around food and health will go some way to addressing these needs.

Education, training & practice development

The Health Improvement Team and the Infant Feeding Team provide multidisciplinary breastfeeding and infant nutrition training, including optimum weaning practices for NHS staff, CHCP staff, local authority staff and voluntary organisations who have contact with pregnant women, new mothers and families at an appropriate level for each staff group.

Examples include breastfeeding and relationship building training, weaning training, breastfeeding and Snack in the Nursery environment training and Breastfeeding Friendly Award training. Eatwell plate training in schools also takes place to ensure a general understanding of a balanced diet plus childminder, nursery and third sector training, policy development support and virtual network (Nutritional guidance for preconception to 5 years).

UNICEF Baby Friendly Initiative (BFI)

This framework requires that all Community Health Partnerships achieve and maintain Baby Friendly accreditation as a minimum standard by 2015/16.

The Baby Friendly standards ensure that pregnant women and new parents receive a certain level of healthcare from Hospitals, Health Centres, GP surgeries and CHCPs. The common principles of these are:

- Routine practices in the hospital that help successful breastfeeding,
- Ensuring that parents receive accurate, timely and effective information about successful breastfeeding during their antenatal and postnatal care to enable them to make informed choices.
- Ensuring that all staff who have contact with pregnant mothers and new parents are trained in the skills they need to support successful breastfeeding, appropriate to their role.
- Ensuring that staff will provide the same degree of care and support to parents who decide to bottle feed their baby.

<u>The seven point plan for sustaining breastfeeding in the community defines how this is done in practice:</u>

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.

2. Train all staff involved in the care of mothers and babies in the skills necessary to implement the policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Support mothers to initiate and maintain breastfeeding.

5. Encourage exclusive and continued breastfeeding, with appropriately-timed introduction of complementary foods.

6. Provide a welcoming atmosphere for breastfeeding families.

7. Promote co-operation between healthcare staff, breastfeeding support groups and the local community.

To support the implementation of the BFI, there will be two additional members of staff employed through NHS Lothian to support this work in West Lothian along with the current 0.6 FTE and 0.4 FTE Infant Feeding Team.

To complement these changes and to support wider community awareness, a local Breast Feeding Award has been developed. This award promotes breastfeeding in a number of ways and is intended to challenge the cultural attitudes around breast feeding in public as well as to raise information about what the benefits of breast feeding and breast milk are over formula feeding. Altogether over 50 settings have gained the award including all libraries, Excite West Lothian and some cafes in The Centre Livingston. All CIS (Council Information Service) staff have also completed a training programme to support and welcome breastfeeding mothers.

Work is on-going across other settings e.g. nurseries, early years centres, family centres and libraries. For example, new breastfeeding materials within the Curriculum for Excellence have been piloted in some schools and information is now available for all schools on the GLOW website. Training will be delivered for schools to support this in May and September, and additional resources will be made available for classroom implementation. The Health Improvement Team have a dedicated school food post of which 10 hours per week is being committed to developing this work, in partnership with the Infant feeding team.

Policy support

In 2013 NHS Lothian committed to becoming Baby Friendly. The breastfeeding policy has been updated to reflect UNICEF's most recent Standard. Breastfeeding and lactation management training has been modified to reflect these changes (now Breastfeeding and Relationship Building) and a training plan has been developed primarily aimed at relevant NHS staff. Information for parents has also been updated. West Lothian Council is undertaking the development of a Food Policy. It is anticipated that from the current partnership work (defined above in Improving Maternal and Infant Nutrition)) that a co-ordinated programme will be developed that will adopt the relevant aspects of the seven point plan for sustaining breastfeeding in the community and mirror this approach for West Lothian Council and community settings.

Practical support for parents and carers

<u>Peer support</u>

West Lothian has had a programme of local breastfeeding peer supporters since 2008. This is where local mums are trained to help other local mums to sustain their breastfeeding. To date in total 49 peer supporters have been recruited, trained, supported and developed via NHS Lothian volunteer programme. The peer supporters also attend the wards in St John's where evidence suggests that the hospital contact leads to increased use of the peer supporters and sustained breastfeeding. The volunteers are trained to an appropriate level in breastfeeding and know when to signpost women back to their health professional should any problems arise. In addition the skills, confidence and knowledge peer supporters develop have enabled many to go on to paid employment or to take up further education. Three women have gone on to do midwifery training.

Breastfeeding Support

Several breastfeeding support groups run across West Lothian offering women the opportunity to have helpful friendly advice from health professionals and each other.

Specialist breastfeeding clinics are available to support Mums who have developed problems with feeding to enable them to overcome any problems and to continue feeding.

Weaning

An evaluation of weaning practices has been carried out by the Health Improvement Team. This has resulted in the development of weaning training and toolkits for staff to deliver practical activities. Training and resources are also under development for parents. As a result of this work additional funding has been received.

Cooking on a budget

There are ongoing practical Weaning and Cookery Groups for parents across West Lothian, particularly targeted at SIMD (Scottish Index of Multiple Deprivation) areas and aligned to local Early Years action groups.

Maternal Obesity

Work with the Early Years collaborative suggests that women who are overweight or obese in pregnancy have poorer outcomes. Work is already underway to scope out the scale of this issue in West Lothian with estimates around 50 – 60% of women at booking being in this category. Whist a few will need specialist input many will need support to be able to maintain their current weight and eat a healthier diet and courses such as Counterweight may be adapted for this locally to meet need. In addition Aqua fit classes can be accessed at no charge through the First Steps to Health exercise referral programme.

Healthy Start

Healthy Start provides free vouchers every week to spend on milk, plain, fresh and frozen fruit and vegetables, and infant formula milk for women who are pregnant or have children under the age of four who qualify for certain benefits, or if pregnant and under 18. The scheme also provides vitamins. Current uptake *and use* of vouchers is approximately 66%, with uptake of vitamins at 1% across Lothian. In addition to Health professional promotion, Healthy Start is being included in the Anti Poverty strategy, Advice Shop general welfare advice and CAB advice within Early Years settings. An Early Years Collaborative test of change is being carried out locally, with a vitamin distribution and bottle swap pilot at Family Centres. Information has been incorporated into parent and staff resources, staff training and swimming bags and is promoted in weaning and cookery groups.

E. CONCLUSION

A wide range of activities is ongoing to help prevent poor nutrition during critical developmental stages which can lead to impaired cognitive, physical and economic capacity that cannot subsequently be restored. Maternal obesity increases the risk of complications for both the mother and the infant during pregnancy and birth, and influences long term health. A poor diet during pregnancy and early life has been linked to a range of conditions in adulthood including cardiovascular disease, insulin

resistance, type 2 diabetes and obesity. The resource for maternal and infant nutrition has been increased and we welcome support to drive forward further activity. Implementing these frameworks will go some way to addressing health inequalities in West Lothian.

F. BACKGROUND REFERENCES

Improving Maternal and Infant Nutrition: A Framework for Action, Scottish Government, January 2011

(http://www.maternityservices.scot.nhs.uk/wp-content/uploads/Improving-Maternal-and-Infant-Nutrition-A-Framework.doc)

http://www.eatwell.gov.uk/

Appendices/Attachments: None.

Contact Person: Gill Cottrrell, Chief Nurse West Lothian CHCP
01506 281003
gill.cottrell@nhslothian.scot.nhs.uk

Jim Forrest, Depute Chief Executive, CHCP

Date of meeting: 17 April 2014

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CONSULTATION ON DRAFT PROPOSALS FOR A MENTAL HEALTH (SCOTLAND) BILL – WEST LOTHIAN COUNCIL RESPONSE

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the Panel of the consultation relating to the consultation on draft proposals for a Mental Health (Scotland) Bill.

B. RECOMMENDATION

It is recommended that the Panel

1. Notes the consultation
2. Considers the draft response
3. Recommends the draft response for approval by the Executive.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Being honest, open and accountable • Providing equality of opportunities • Developing employees • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Mental Health (Care and Treatment) (Scotland) Act 2003
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The proposals aim to improve outcomes for service users.
V	**Relevance to Single Outcome Agreement**	SOA 8 People most at risk are protected and supported to achieve improved life chances.
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources.

VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	West Lothian Mental Health Officers

D. TERMS OF REPORT

This consultation paper (see Appendix) seeks views on proposals for a draft Mental Health Bill. This draft Bill brings forward changes to improve the operation of the 2003 Act – notably in relation to named persons, advance statements, medical matters and suspension of detention. In addition the draft Bill makes provision for a Victim Notification Scheme for victims of Mentally Disordered Offenders.

E. CONCLUSION

West Lothian Council welcomes the opportunity to respond to the consultation on draft proposals for a Mental Health (Scotland) Bill following the earlier limited review of the Mental Health (Care and Treatment) (Scotland) Act 2003. The Bill proposes a number of amendments to the current 2003 Act and which are generally positive and reflect current good practice. However, a number of the measures will place additional demands and duties upon Mental Health Officers who are already under significant strain and therefore we would suggest that in conjunction with the Bill a more comprehensive review of Mental Health Officer services is required as a matter of urgency to ensure that local authorities are sufficiently resourced to enable them to fulfil their statutory functions in these areas.

F. BACKGROUND REFERENCES

Link to Scottish Government consultation

http://www.scotland.gov.uk/Resource/0044/00441187.pdf

Appendices/Attachments: Appendix A – Draft Consultation Response

Contact Person: Duncan Charles, Adults with Incapacity and Mental Health Officer, Team Manager
01506 771887
Duncan.Charles@westlothian.gov.uk

Jennifer Scott
Head of Social Policy

Date of meeting: 17 April 2014

Consultation on draft proposals for a Mental Health (Scotland) Bill

West Lothian Council Response

Introduction

West Lothian Council welcome the opportunity to respond to the consultation on draft proposals for a Mental Health (Scotland) Bill following the earlier limited review of the Mental Health (Care and Treatment) (Scotland) Act 2003. The Bill proposes a number of amendments to the current 2003 Act and which are generally positive and reflect current good practice. However, a number of the measures will place additional demands and duties upon Mental Health Officers who are already under significant strain and therefore we would suggest that in conjunction with the Bill a more comprehensive review of Mental Health Officer services is required as a matter of urgency to ensure that local authorities are sufficiently resourced to enable them to fulfil their statutory functions in these areas.

Question 1 Do you have any comments on the proposed amendments to the Advance Statement provisions?

Agree with proposed amendments. In the draft bill (sec 276C) do Scottish Ministers also need to be included in 2(c) in respect of restricted patients?

Question 2 Do you have any comments on the proposed amendments to the Named Person provisions?

The consultation talks about a service user only have a Named Person if they wish to have one which suggests someone having to opt in. However, the draft bill talks about an "opt out". Given some of the difficulties around identifying a Named person and the fact that a number of service users do not wish anyone acting in this role, we agree that a service user should be able to choose not to have a Named Person. It also makes sense that the Named Person should have to agree to this. However, an opt in position (where a patient only has a Named Person if one is nominated) appears more in keeping with protecting patients rights and their confidentiality.

Note that it is proposed the Named Person would require to give written consent to acting in this role and that this should be witnessed. Consideration would need to be given to the practicalities of this. For example, who can be witness? (Assuming this may be the same as who can witness a declaration made by the patient). This may cause difficulties if Named Person does not live in local area and may not take necessary steps to get a statement signed.

Also, note it states that the Named Person should have to seek leave from the Tribunal to make certain applications. We are not clear as to why this is being proposed. Would be useful to have clarity on this proposal and under what circumstances the Tribunal would/would not grant leave to make an application.

Also, proposed is that the MHO would be best placed to provide the Tribunal with information that would assist them in coming to a decision under Section 257 (Named Person: Tribunal Powers). The MHO would appear to be best placed to assist with this. However, this measure is likely to create a considerable amount of work for MHO's as the amendment is broader then simply commenting on

the suitability of the person proposed and could mean seeking out views of friends and family members regarding and individuals suitability.

Question 3. Do you have any comments on the proposed amendments to the medical examination and compulsory treatment order provisions?

The wording in the consultation document and that in the draft bill are not entirely consistent with each other leading to some confusion. Suggestions that the GP will "be able to offer" a second report are vague and lack clarity. Nevertheless, we understand the SG's desire to move towards a single medical report in relation to CTO applications and that such a report would be provided by the AMP. We are aware there are many circumstances where the GP being asked to provide a medical report does not know the patient and has perhaps never even previously met the patient and so we are broadly supportive of such a move. However, the draft bill introduces a new Section (57a) and which appears to suggest that the mental health officer "must obtain a general practitioner's report" before making a CTO application. Quite apart from this appearing to contradict the proposal of only requiring one medical report GP's are already often reluctant about providing medical reports for a patient they may not know well and are unlikely to be persuaded any more so if the request for a report comes from the MHO. We do not support this aspect of the amendments. It has not previously been the practice for MHOs to obtain the medical reports for CTO applications and so this suggestion represents a significant change to practice. Whilst the application itself is the MHOs application further clarity is required about who is responsible for obtaining the medical reports and also who would fund this?

The consultation document goes on to suggest that in circumstances where only 1 medical report (by an AMP) has been provided the Tribunal could instruct an independent medical report using existing powers. West Lothian Council would have concerns that such procedures would jeopardise and interfere with the independence and impartiality of the Tribunal.

Question 4 Do you have any comments on the proposed amendments to the suspension of detention provisions?

The Mental Health (Patients in the Community) Act restricted Leave of Absence to a maximum of twelve months. This was in the context of the legality of "long term" suspension of detention being open to legal challenge (AB and CB v E 1987), the sheriff noting that detention for some inpatient treatment had to be "actually appropriate and actually necessary". It is therefore questionable that re-introducing long term suspension of detention would not be open to the same challenge.

Agree with amendments that allow attendance at court or necessary medical treatment without consent of the Scottish Ministers.

Question 5 Do you have any comments on the proposed amendment requiring a MHO to submit a written report to the Mental Health Tribunal?

In West Lothian this is normal practice and the MHO will always submit a written report to the Mental Health Tribunal to accompany any determination to extend or vary an order once notified by the RMO. Nevertheless, we do agree this reflects good practice and as such we would agree with these proposals.

Question 6 Do you have any comments on the proposed changes to the emergency, short terms and temporary steps provisions?

These amendments are viewed positively and make logical sense. It is important they cover those patients subject to compulsion Orders too. We fully agree with the amendments.

Question 7 Do you have any comments on the proposed changes to the suspension of certain orders etc, provisions?

Agree with amendments.

Question 8 Do you have any comments on the proposed amendments to the removal and detention of patients provisions?

Agree with amendments.

Question 9 Do you have any comments on the proposed amendments to the timescales for referrals and disposals provisions?

Agree with amendments to substitute “made to” with “determined by”.

I do not see in the draft Bill (sec 13 (3)) any reference to “certain specified circumstances”.

Agree with amendment in principle (i.e. that timescales should be set and that the Tribunal should be required to record reasons if timescales not met). The timescale of 28 days is irrelevant in relation to Sections 50, 114 and 115 as these certificates only last for 28 days. In relation to Section 50 there will have been no overview of the reasons for the granting of the certificate and currently the Tribunal aims to arrange a hearing within five working days. Under Section 291 (unlawful detention) timescale needs to be shorter as again there has been no independent overview of the patient’s circumstances.

Question 10 Do you agree with the proposed amendments to the support and services provisions? If you disagree please explain the reasons why?

This relates to the provision of assistance to those with communication difficulties, to extend to those for whom an application is being made for a CTO, not just the provision at a Tribunal Hearing.

We do not object to this proposal and already arrange this.

The *commissioning* of such a service should be clear (be it Interpretation service or Deaf/ Blind / other communication support services) , i.e. who pays for the service when the patient is an inpatient / living in community

Currently NHS Lothian pay for Interpretation services for those who are in-patients and it is likely that the LA would commission a service for someone in the community.

Question 11 Do you agree with the proposed amendments to the arrangements for treatment of prisoners and cross border-and- absconding patients provisions? If you disagree please explain the reasons?

The draft Bill states that the Scottish Ministers should be notified where someone is subject to a Transfer for Treatment Direction and a CTO application is being made. We fully agree this appears to make sense that Scottish Ministers should be advised of this. We also agree that the Convener for a CTO application should not be limited to the President or a Convener from the Shrieval List. We agree this change will represent cost savings and lead to efficiencies in the scheduling of Hearings.

MHO's are not currently consulted when Prisoners are being transferred to hospital under the terms of a TTD. It is proposed that the involvement of an MHO in this process would be beneficial. The draft Bill states that a TTD will only be made if a MHO agrees. Will this mean that it operates similar to process for short term detention certificate? As MHO's are involved in other similar contexts this would appear to be appropriate but we have some reservations that this will add further to the workload of MHO's and about the practical implications for MHO's where prisoners requiring assessment are in prisons out with the patient's home authority.

Cross border and absconding patients. These provisions appear to make sense and we fully agree with the proposals although it would be helpful to provide MHOs with additional guidance on these provisions.

Question 12 Do you have any comments on any of the proposed amendments relating to the "making and effect of orders" provisions?

Agree with amendments.

Question 13 Do you have any comments on the proposed amendments to the "variation of certain orders" provisions?

Agree with amendments.

Question 14 Do you agree with the proposed approach for the notification element of this VNS? If not, please explain why not and please outline what your preferred approach would be.

We agree with the approach and fully accept the proposal to extend the Criminal justice Victim Notification Scheme to the victims of mentally disordered offenders . MDO's to be considered alongside the current VNS that already operates within Criminal proceedings as operated by the Scottish Prison Service. Whilst the numbers of prisoners who move to hospital due to mental disorder is not huge a single approach covering all instances is welcomed.

Question 15 Do you agree that victims should be prevented from making representations under the existing mental health legislative provisions once they have the right to do so under the proposed Victim Notification Scheme?

We agree with the proposed amendments and accept that a simplified approach of making representations under one scheme is both sensible and logical.

Question 16 Do you agree with the proposed approach for the representation element of a Victim Notification Scheme relating to Mentally Disordered Offenders? If not please explain why not and please outline what your preferred approach would be?

Agree with the proposed amendments

Question 17 Please tell us about any potential impacts, either positive or negative, you feel any of the proposals for the Bill may have on particular groups of people, with reference to the "protected characteristics" listed above.

In general we feel the proposals are positive and are not aware they will discriminate against any particular group.

Question 18 Please tell us about any potential costs or savings that may occur as a result of the proposals for the Bill, and any increase or reduction of burden of regulation for any sector.

Many of the proposed amendments are to be welcomed and represent good practice and further extend the safeguarding of those with mental disorder. Nevertheless it is important to consider the Bill does propose to place further increases to the duties and responsibilities for Mental Health Officers in particular. There is widespread recognition from Scottish Government, Mental Welfare Commission and the ADSW of the year on year increases on MHO workload demand without any increase in the MHO infrastructure and so consideration must be given to the impact of the amendments to the Bill upon the MHO workforce nationally. The additional roles and responsibilities for MHO will have impact and further increase costs upon local authorities. For instance if the MHO is to be responsible for the obtaining of any GP report in submission of a CTO.

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – APRIL 2014

	ISSUE	LEAD OFFICER	PDSP DATE
1	Health Inequalities Policy Review & Equally Well Ministerial Review	Jane Kellock	29/5/14
2	Autism Strategy	Tim Ward	21/8/14
3	West Lothian on the Move (Health Improvement Fund report) 2011-14	Jane Kellock / Linda Middlemist	TBC
4	Eat Right West Lothian (Health Improvement Fund report) 2011-14	Jane Kellock / Kate Marshall	TBC
5	Food Policy Paper	Jane Kellock / Kate Marshall	TBC
6	Good Places Better Health	Jane Kellock / Kate Marshall / Linda Middlemist	TBC
7	Frail Elderly Assessment and Management Model	Carol Bebbington	TBC
8	Together for Health (T4H)	Marion Christie	TBC