DATA LABEL: Public

West Lothian Community Health and Care Partnership Board

Partnership Body to promote health and care in West Lothian

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

31 July 2014

A meeting of the **West Lothian Community Health and Care Partnership Board** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189 (a) West Main Street, Broxburn EH52 5LH** on **Tuesday 12 August 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.

4. Confirm Draft Minute of Meeting of the Board held on 27th May 2014 (herewith).

5. CHCP Running Action Note (herewith).

6. Note Minute of Meeting of the CHCP Sub-Committee held on 10th April 2014 (herewith).

7. West Lothian Health & Wellbeing Profile 2014 -

   (a) Presentation by Carol Bebbington, Primary Care Manager.

   (b) Report by Primary Care Manager, West Lothian CHCP (herewith).

8. Sensory Impairment Strategy - report by Head of Social Policy (herewith).

9. Health and Social Care Integration - report by CHCP Director (herewith).

10. Clinical Governance -

    (a) (i) Transition of Linlithgow Family Practice and (ii) Scottish Health & Care Experience Survey - report by Clinical Director (herewith).

11. Care Governance -

    (a) Care Inspectorate Inspection of Community Care Services 2013-14 - report by Head of Social Policy (herewith).

12. Financial Governance -

    (a) 2014/15 Revenue Budget - Monitoring Report as at 30 June 2014 - report by Head of Social Policy and Head of Health Services (herewith).

13. Staff Governance - report by Head of Social Policy and Head of Health Services (herewith).

14. Director's Report - report by CHCP Director (herewith).

NOTE **For further information please contact James Millar on 01506 281613 or e-mail james.millar@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN, EH52 5LH, on 27 MAY 2014.

Present – Frank Toner (Chair), Janet Campbell, Brian Houston, John McGinty, Anne McMillan, Ed Russell-Smith

Apologies – Jane Houston

Absent – Alison Mitchell

In Attendance – Jim Forrest (CHCP Director), Jennifer Scott (Head of Council Services), Gill Cottrell (Chief Nurse, NHS Lothian), Carol Mitchell (Assistant Director of Finance, NHS Lothian), Alan Bell (Senior Manager, CHCP), Carol Bebbington (Primary Care Manager, NHS Lothian) Alan Colquhoun (Project Manager, Blackburn Partnership Centre); John Richardson (PPF).

12. FINANCIAL GOVERNANCE

a) 2013/14 Revenue Budget - Monitoring Report as at 31st March 2014

The Board considered a report (copies of which had been circulated) by the Head of Social Policy and Head of Health Services providing a joint report on financial performance in respect of West Lothian Community Health and Care Partnership (WLCHCP) based on figures for the period 31st March 2014.

The report advised that the anticipated out-turn for the CHCP council services for the financial year had reported a £92,000 underspend and CHCP health services had report a breakeven position.

Decisions

1. To note the position in relation to the council services budget at 31st March 2014 and the forecast for an underspend of £92,000 at the end of the financial year.

2. To note the position in relation to the health services budget at 31st March 2014 and the forecast for it to break even at the end of the financial year.

3. To note that service managers were taking management action to address areas of financial pressure within their own service area to ensure spend was contained with the budget available.

1. DECLARATIONS OF INTEREST

Councillor Frank Toner declared a non-financial interest as he was the

council's appointment to the Board of NHS Lothian as Non-Executive Director.

2. MINUTE

The Board approved the minute of its meeting held on 25th March 2014 as a correct record.

3. CHCP RUNNING ACTION NOTE

The Board considered the Running Action Note (which had been circulated).

Decision

To note and agree the Running Action Note.

4. NOTE MINUTE OF MEETING OF THE PRIMARY CARE JOINT MANAGEMENT GROUP

The Board noted the minute of the Primary Care Joint Management Group meeting on 13th February 2014.

5. NOTE MINUTE OF MEETING OF THE PRIMARY CARE JOINT MANAGEMENT GROUP

The Board noted the minute of the Primary Care Joint Management Group meeting on 13th March 2014.

In relation to "GP Returners" (Paragraph 103), officers who attend the PCGMG meeting agreed to provide an update to Board members following the next consideration by the Group.

6. NOTE MINUTE OF MEETING OF THE CHCP SUB-COMMITTEE

The Board noted the minute of the CHCP Sub-Committee held on 6th February 2014.

7. BLACKBURN PARTNERSHIP CENTRE – OUTLINE BUSINESS CASE

The Board considered a report and presentation (copies of which had been circulated) by the CHCP Director on the progress with the Blackburn Partnership Centre project and advising of developments with the required Outline Business Case (OBC).

The report recalled the background to the development of the Blackburn Partnership Centre project and reminded the Board of the services which would be available in the new facility which would encourage joint

working, shared services, aligned resources and greater collaboration between agencies.

The report recalled the various development stages the project had progressed through to comply the Hubco process. In parallel with the Hubco development stages, NHS Lothian had to ensure that infrastructure projects were developed in accordance with the Scottish Government's Capital Investment Manual (SCIM). The SCIM provided that at this stage of the development, an Outline Business Case (OBC) had to be produced and approved through appropriate governance structures.

A single OBC covering the bundle of projects which included Blackburn Partnership Centre had been produced by NHS Lothian. The aims of the OBC were listed in the report, together with a list of the OBC proposals, which included a table demonstrating the milestones for delivery of the project. Information on the predicted capital and revenue costs of the development were provided as part of the presentation.

Formal approval of the OBC was being progressed through NHS Lothian's Capital Investment Group and Finance and Resources Committee. Thereafter, the OBC would be reported to the NHS Lothian Board and the Scottish Government's Capital Investment Group for final approval in June 2014.

Decision

1. To note the content of the informative presentation.

2. To note the contents of the report and support the way forward for the project, as proposed in the Outline Business Case.

8. RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the CHCP Director providing an update on the review of the CHCP risk register.

The purpose of the register was to provide a record of the high level risks which, should they occur, could threaten the ability of the CHCP to achieve its objectives. The recording of the risk register ensured management had identified and considered risks and were satisfied that they were either appropriately controlled or had planned actions in place to mitigate the risks. The risks were recorded in the council's Covalent system and on NHS Lothian's Datix system.

The CHCP risk register had been reviewed by the CHCP Senior Management Team in May 2014, which involved reviewing risks identified by previous reviews, scores and associated risk actions. The findings of the May 2014 review were summarised in the report. The updated CHCP risk register, including the progress for each risk action, were detailed in the appendix to the report, which was supplemented by more detailed risk information and the risk matrix used to score the risks, which

were also provided as appendices to the report.

Decision

To note the terms of the report and agree the updated CHCP risk register.

9. PERFORMANCE MANAGEMENT IN THE CHCP

The Board considered a report (which had been circulated) by the CHCP Director providing an update on performance management within the CHCP.

The Board was reminded that the CHCP had developed an integrated approach to performance management over the last two years based on a broad suite of key operational performance indicators across activity within the CHCP. Although the approach was a positive development, it had limitations in terms of the spread and the relevance of the current suite of indicators. In part, the limitations were related to the state of development of the supporting information systems, particularly the transition from the CIS information system to the TRAK system. An appendix to the report provided the Board with an overview of the current suite of indicators where data was available.

The Public Bodies (Joint Working) (Scotland) Act 2014 would require health and social care integration authorities to prepare a strategic plan which had regard to national health and wellbeing outcomes and integration delivery principles. It had therefore been an appropriate time to review the CHCP's approach to performance management. It was proposed that the CHCP would adopt a balanced scorecard approach to translate priority outcomes into a comprehensive set of performance measures that would provide a framework for a strategic measurement and management system. The balanced scorecard would retain an emphasis on achieving financial objectives, whilst measuring the performance drivers of the financial objections. The scorecard would measure organisational performance across four balanced domains; financial, customer, internal processes and learning and growth.

The report explained that the process of developing a balanced scorecard would see performance indicators established against each domain. It would also map indicators to the strategic outcomes expected to be improved through the integration of health and social care within the Public Bodies (Joiny Working) (Scotland) Act which were fully listed in the report. The Board noted that the West Lothian Single Outcome Agreement had recently been reviewed and updated and that two of the draft outcomes for health and social care integration fitted in well with the SOA.

Decisions

1. To note the terms of the report and the continued commitment of the CHPC to an integrated approach to performance management.

2. To note the proposed development of a balanced scorecard approach using a suite of indicators at a strategic level.

10. CLINICAL GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Head of Health Services providing information on (a) the arrangements in place for the transition of the Linlithgow Family Practice and (b) progress being made to reduce drug related deaths in West Lothian.

The report explained that the Linlithgow Family Practice was currently a single-handed practice based in Linlithgow Health Centre with around 2100 patients. The majority of patients were resident in West Lothian although around 300 resided in other health board areas, principally Forth Valley.

The single handed practitioner was due to retire from the practice in June 2014. Following advice, and in collaboration with the Primary Care Contractors Organisations, the availability of the practice would be advertised in whole and in parts to attempt to secure a replacement. In the interim, the CHPC would take over the practice on a temporary basis from 1st July 2014 and a locum would be sought to provide continuity of care for patients. The existing practitioner had agreed to continue on a locum basis for a period of time whilst temporary/permanent replacement was sought.

Officers recognised that it could be difficult to secure a suitable replacement as single handed worker required particular skills for GPs. In addition, a practice which relied solely on one doctor was more vulnerable to disruption of business continuity and was considered high risk by the CHCP, so preference would be given to any proposal which involved more than one doctor, for example two doctors each working part-time.

If no permanent replacement was found within an acceptable time frame, an option would be to dissolve the practice and reallocate patients to other practices in their geographic location.

The report then moved on to provide the Board with information on Lothians Take Home Naloxone Programme which aimed to reduce drug-related deaths by training family members and others to administer naloxone promptly to drug users to reverse the effects of opiates in the case of overdose.

The programme had been running for 3 years and in the last year alone, there had been 67 known cases across Lothian where naloxone had been successfully administered. In West Lothian, where Substance Misuse Directorate (SMD) nurses had delivered the naloxone programme most effectively to patients, there had been year on year growth in the training and supply of take-home kits and a 75% reduction in drug-related deaths as demonstrated in the appendix to the report. Those results had yet to

be replicated throughout the rest of Lothian.

The Board noted that in addition to naloxone being supplied through the Addictions Services, GPs could now prescribed naloxone. A pilot was planned for Craigmillar Medical Practice in Edinburgh which, if successful, would be rolled out to other areas.

Decisions

1. To note the contents of the report.

2. To note that due process was being followed in the management of the transition of Linlithgow Family Practice and that appropriate clinical governance procedures were in place.

3. To agree to support progress being made to reduce drug-related deaths.

11. CARE GOVERNANCE

UPDATE ON ADULT PROTECTION AND CHILD PROTECTION

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing updates in relation to two care homes in West Lothian; Heatherfield Nursing Home, Armadale and Livingston Nursing Home, Livingston.

The report explained the history and background to the adoption of the National Care Home Contract for Older People Care Homes and its implementation in West Lothian and across Scotland. The aim of the Contract was to provide a consistent approach to the quality of care and a national fee for the provision of
Older People Care Home beds in the private sector. Later versions of the contract had incorporated a performance-related aspect, with a provision for a reduction in fees in the event of a final inspection QAF grade 2 or less in the "quality of care and support" category and an enhanced fee should a grade of 5 or 6 in "Quality of Care and Support" and a minimum of a 5 in any one other category. The contract also stipulated that as part of contract quality agenda, a reduction of £20 per resident per week would be deducted from the headline fee (for both nursing and residential care) where a grade 2 or less was awarded in the quality of care and support category.

In February 2014, Heatherfield Nursing Home was awarded grade 2 in the category Quality of Care and Support. Therefore, in line with the National Care Home Contract 2014/15, a reduction of £20 per resident per week had been applied.

The Board then noted that an improvement notice had been served on Livingston Nursing Home on 10th March 2014. The report advised that the terms of that notice had been complied with and that it was no longer

in force. The Inspection Report in support of the Improvement Notice being lifted was currently being drafted and once published, a further update would be provided to the Board.

Decisions

1. To note the terms of the report.

2. To note the application of a 50% reduction in the quality element of the National Care Home Contract fee to Heatherfield Nursing Home which had been awarded a grade 2 by the Care Inspectorate in the category of Quality and Care Support.

3. To note compliance with the terms of the Improvement Notice which was served on Livingston Nursing Home on 10th Marchy 2014.

13. STAFF GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy and the Head of Health Services providing an update on staff issues within the CHCP.

The report provided information on the findings of the council's 2013 Employee Survey. The survey had been conducted annually since 2009 and was one of the most important ways of finding out what employees thought about their work. Strong results were received in the Teamwork, Workforce Planning and Reward and Recognition categories, with more than 75% of respondents agreeing or strongly agreeing. Satisfaction with Leadership and Management had shown the biggest overall improvement with results increasing by 7% to 69%. Results in all of the seven key areas surveyed were at 65% and above in the strongly agree/agree categories. The overall response rate for the survey was 49%. A table within the report demonstrated the 2013 results compared to the 2012 outcomes.

The report then advised that NHS Lothian had launched it's draft strategic plan – Our Health, Our Care, Our Future on 21st April 2014. Over the summer, the need for change and the propositions set out in the plan would be discussed with staff, patients, communities and other stakeholders. The feedback from consultation and engagement would be used to shape the final version of the plan which would be presented to the Board in October 2014.

The report concluded with information on the NHS Lothian's Gender Based Violence Policy and Procedure that had been developed to promote the welfare of staff affected by current or previous experience of Gender Based Violence. The policy further aimed to ensure that organisations responded effectively to staff members who may be perpetrators of such abuse and a list of the aims of the explicit policy were included in the report.

Decisions

1. To note the terms of the report.

2. To note the findings of the council's annual Employee Survey.

3. To note the Our Health Our Care Our Future NHS Lothian Strategic Plan 2014-2024.

4. To note the introduction of the Gender Based Violence Policy and Procedure.

14. DIRECTOR'S REPORT

The Board heard a report by the CHCP Director providing an update on key areas of work in which the partnership had been involved in since the last meeting of the Board.

Decision

To note the information and work undertaken in relation to:-

a) Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014.

b) Glasgow Commonwealth Games Baton Relay.

c) Pathways Service – Healthy Living Award.

b) Resource Transfer Monitoring Report to 31st March 2014

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing details of phased expenditure incurred in the period to 31st March 2014.

The Board was advised that the CHCP had invested £6.52 million of the total £6.52 million resource transfer monies to the end of March 2014 and had maintained a zero delayed discharge position in the first nine months of the financial year. There had been a number of delayed discharges in recent months due to lack of capacity in the market.

Decisions

1. To note the terms of the report.

2. To note that the West Lothian CHCP had invested £6.52 million of the total £6.52 million resource transfer monies to the end of March 2014.

3. To note that while the CHCP had maintained a zero delayed discharge position in the first nine months of the financial year there had been a number of delayed discharges in recent months due to lack of capacity in the market.

West Lothian Council

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Community **H**ealth and **C**are **P**artnership

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Running Action Note for West Lothian CHCP Board meetings 2014

Number	Minute reference	Matter arising and responsible officer	Action taken	Outcome
1	**Action Note 8/10/13** 12a)	Clinical Governance – Equipment Maintenance 2. To agree to develop and establish a process for streamlined and consistent audit and review of equipment maintenance which would include community dentistry. **Action: James McCallum**	Noted.	In progress.
2	**Action Note 26/11/13** 005	CHCP Board Running Action Note 2. Item 2 – to agree that a report be brought to Board in the New Year in relation to staff awareness of the health and social care integration agenda. **Action: Jennifer Scott/Marion Christie**	Report deferred until Regulations consultation complete.	In progress.
3	**Action Note 27/5/14** 007	Note Minute of Meeting of the Primary Care Joint Management Group held on 13th March 2014 2. In relation to 'GP Returners' (paragraph 103), agreed that officers who attend would provide an update to Board members following the next consideration by PCJMG. **Action: Marion Christie / Elaine Duncan**	Noted.	In progress.

06 August 2014

West Lothian Council

NHS Lothian

West Lothian
Community Health and Care Partnership

Meeting of
12 August 2014

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DRAFT

Minutes of the West Lothian Sub Committee held on 10th April 2014, 1400 – 1600, Strathbrock P Centre.

Present	Frank Toner (FT)	Chair, West Lothian CHCP
	Jim Forrest (JF)	Director, West Lothian CHCP
	Marion Christie (MC)	Head of Health / General Manager, WLCHCP
	Jennifer Scott (JS)	Head of Social Policy, WLC
	Mary-Denise McKernan (MMc)	Manager, Carers of West Lothian
	Andreas Kelch (AK)	GP PCCF Rep
	Jane Kellock (JK)	Senior Manager, Children & Early Intervention
	Alan Bell (AB)	Senior Manager, Community Care Support & Services
	Lindsay Seywright (LS)	West Lothian College
	Alison Mitchell (AM)	Non-Executive Member, NHS Lothian
	Marsha Scott (MS)	E I Team
	Mike Massaro-Mallison (MM)	Strategic Programme Manager
	Julie Cassidy (JC)	Public Involvement Co-ordinator
	Paula Huddart (PH)	Group Manager EY and EI Service
Apologies	Gill Cottrell (GC)	Chief Nurse
	Chris Stirling (CS)	SJH Site Director
	Lorraine Gillies (LG)	Community Planning Development Manager
	Jane Houston (JH)	Partnership Lead
	John Richardson (JR)	Public Partnership Forum Rep
	Moira Niven (MN)	Deputy Chief Executive
In Attendance	Marjory Brisbane	Admin Manager (Minutes)
	Corrinne Forsyth	Community Planning Partnership Audit Team

1. APOLOGIES
As above.

2. ORDER OF BUSINESS INCLUDING NOTICE OF URGENT BUSINESS
As agenda

3. ANY OTHER BUSINESS FOR TODAY
No other business notified.

4. DECLARATION OF INTEREST
FT declared he is chair of the CHCP and non executive member of NHS Lothian.

5. DRAFT MINUTE OF WEST LOTHIAN CHCP SUB COMMITTEE
The minutes of the meeting held on 6th February 2014 were approved as being an accurate record.

		ACTION
6.	**CONFIRMATION OF ACTION POINTS** Action points confirmed	
7.	**MINUTES OF WEST LOTHIAN PUBLIC PARTNERSHIP FORUM FOR HEALTH CARE (WLPPFHC) MEETING** The Future of Public Involvement discussion paper was discussed. With the integration of health and social care there is a need to re address the engagement of the public as the PPF will cease to exist. The Scottish Health Council has recognised that there is a need to carry this out differently. AK commented this was an excellent paper and felt that it would be useful to engage with the public through focus groups in particular for special projects. JF stated the paper was helpful highlighting what has been recommended and how we take engagement forward through integration. MS suggested making links with younger people. MS and JC to discuss this further. MC felt it would be useful to provide training and development for the public involved and West Lothian College would be happy to provide this support. The Scottish Health council are holding a workshop for management and public. Leave on agenda for further discussion.	**MS/JC**
8.	**MINUTES OF PRIMARY CARE JOINT MANAGEMENT GROUP** Noted minutes of 09/01/2014 and 13/02/2014.	
9.	**MINUTES OF CHILDREN AND FAMILIES MANAGEMENT GROUP AND SUB GROUPS REPORT** Noted minutes of 26/11/2014 and 14/02/2014. The format of the minutes of the CFMG have changed from a minute to an action note.	
10.	**MINUTES OF COMMUNITY PLANNING STEERING GROUP** Noted minutes of 20/01/2014.	
11.	**SOA OUTCOME – OUR CHILDREN HAVE THE BEST START IN LIFE AND ARE READY TO SUCEED.** JK talked to a presentation giving the back ground of the themed agendas**.** The presentation provided a set of performance indicators providing a measurement of the effectiveness of the services. Areas which were highlighted as a positive impact include the Family Nurse Partnership (FNP) support which has resulted in a decrease in referrals to Surestart. Peer breast feeding support now has access to maternity wards with baby friendly status being actively focused on. Areas highlighted which require input for improvement includes 10% of children not attending nursery and a faster process for Looked after Children (LAC) in permanent placements. There is also an increasing trend in overweight children and work around understanding the reason behind this is required to be undertaken. MC commented on the increase in still birth. JK felt this could be down to the increase in birth rates and the increase trend of older mothers. Breast feeding rates has also reduced in the last year. Comments around education earlier in schools and the influence of partners were discussed. The Sub Committee noted the presentation.	

DRAFT

ACTION

12. EARLY YEARS COLLABORATIVE –PRESENTATION

MS talked to the presentation stating the Early Years Collaborative is a national initiative by the Scottish Government. The aims include reducing stillbirth and infant mortality, by 2016 85% of 27 to 30 months old attain their development milestones, by 2017 90% of 5 year olds meet their development milestones and by 2018 90% of all 8 year olds reach their development milestones. There are 5 key change areas including maximising income, screening for domestic and sexual violence, addressing problematic substance use, assessing and improving attachment and improving transition from nursery to primary.

All mothers under the age of 20 will have input from this programme or Family Nurse Partnership.

The Sub Committee approved the report and supports the development of the Early Years Collaborative.

13. PSYCHOLOGY OF PARENTING PROJECT (POPP)

JK and PH talked to the paper providing an update on the West Lothian CHCP Psychology of Parenting Project (POPP). West Lothian has been implementing POPP as a Wave 1 Implementer Site including a difficult and challenging behaviour (3 – 4 year old) programme. The aim was to reach 450 children in the first year. 111 were reached in the first run with 98 in the second run; the target therefore will not be reached. NES is supporting the roll-out during year 1 of the project with £44,500 of funding. West Lothian is committed to cover roll-out costs for year 2 and 3 of the project (estimated at £20-25K per annum).

The Sub Committee noted the paper.

14. REDESIGN IN DOMESTIC ABUSE SERVICES – UPDATE

MS talked to the paper providing an update on the progress of the re-design development and delivery of critical domestic abuse services. The new model moves from provision away from crisis to early intervention keeping woman and children safe in their own home. The newly design service is called LISA (Living in Safe Accommodation). A housing officer has been seconded to the team and has so far dealt with 196 cases avoiding a high number of homeless families.

The service is supported by the CEDAR project providing a 12 week programme to build resilience and repair damage to attachment and the mother-child bond following their experience of domestic abuse. This also supports woman in training and employability. It has been identified through the CEDAR project that there is a requirement for appropriate intervention for troubled young men. Work is underway by a small multi-agency group scoping the service gap and constructing options for intervention.

The Sub Committee noted the report.

15. SERVICE DEVELOPMENTS FOR YOUNG MOTHERS – INTENSIVE KEY WORKING INITIATIVE AND FAMILY NURSE PARTNERSHIP (FNP)

JK and PH talked to the paper advising the Sub Committee of the progress in the delivery of two key programmes for young mothers.

FNP supports young mothers under the age of 20 with a structured programme of visits and topics. Working relationships have been established between FNP and the Key Working Initiative through regular meetings and frequent collaboration as required over specific young woman. Key Working Initiative extends to any young women not meeting the FNP criteria; refusing or not engaging with FNP.

FNP has supported 88 young women and their families with an uptake rate of 86.9%.

ACTION

The Sub Committee note the progress of the two projects.

16. THE NHS LOTHIAN CHILDREN AND YOUNG PEOPLE STRATEGY 2014 – 2020

MM talked to the report to invite the CHCP Sub Committee to note, in line with the Strategic Plan the NHS Lothian Children and Young people's Strategy.
The Strategy was approved for public consultation and subsequently took place from October 2013 for three months. 170 adult responses were received and 315 responses from children and young adults between the age of 3 and 25.

Through the consultation concerns were raised regarding the workforce capacity of health visitors in particular as the named person. A programme of work is being led by the nurse director to increase the capacity of health visitors. A detailed plan is required in response to the national review of Health Visiting which will take in to account the implications of the Children and Young People's Bill.

The main theme that came out of the consultation with children and young adults was better engagement with the individual rather than parents and improved access on health information. The children's parliament have agreed to write up a more in depth report this will be launched at a Children's and Young People's conference in September.

The updated strategy will include Children and Adults Mental Health (CAMHS) and a section on GP's.

The strategy was approved at the Board on the 2nd April along with a draft action plan for implementation. Comments were made around the measurements being used questioning if they were the most appropriate.

JK commented on the use of the Life Stages and the synergies being achieved and also the alignment with the work being carried out in West Lothian.

The Sub Committee noted the paper.

17. ANY OTHER COMPETENT BUSINESS

MB to circulate the two presentations to the Sub committee for information — **MB**

DATE, TIME OF NEXT MEETINGS

CHCP Sub Committee meetings at 2pm – 4pm in Strathbrock Partnership Centre.

06.02.2014
10.04.2014
05.06.2014

Meeting closed at 4pm.

.

DRAFT

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WEST LOTHIAN HEALTH & WELL BEING PROFILE

REPORT BY CHCP DIRECTOR

Meeting of
12 August 2014

Agenda Item
[7b]

SUMMARY

The purpose of this report is to update the Board on the Health & Well Being Profile of West Lothian's population and highlight the future challenges for the CHCP in tackling health inequalities.

RECOMMENDATION

Board is asked to

1. Note the updated profile
2. Acknowledge the challenges and discuss the priorities for the future.

BACKGROUND

One of the key aims of the Community Health & Care Partnership is

"To promote the health and well being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian"

In order to gauge our progress towards achieving this aim the CHCP have updated the Health & Well Being Profile (Appendix 1) which enables the tracking of progress and identification of key priorities for further action.

The report is compiled from published statistics reflecting the most up to date figures available at 1st August 2014.

Key Points

- There is continued improvement in life expectancy with male life expectancy increasing faster than female life expectancy.
- Health inequalities persist with significant differences across the SIMD quintiles in West Lothian which are consistent with trends in Lothian and Scotland
- Long term conditions and lifestyle factors continue to have a significant impact

The Health & Well Being Profile demonstrates the main challenges continue to be the aging population, persistent health inequalities, the growth in number of people affected by long term conditions and those with multiple conditions and complex needs.

In order to improve health and well-being our focus is centred on

- Prevention, early intervention, & collaborative working
- Ensuring services are planned, co-ordinated and evaluated on the delivery of outcomes
- Ensuring resources are targeted to achieve the greatest impact on those most in need.

The West Lothian Health Improvement and Health Inequalities Alliance (HIHIA) leads on actions to improve the health and well-being of those who live and work in West Lothian and to reduce the gap between those with the best health outcomes and those with the poorest health outcomes through appropriate targeting of health and social care.

CONCLUSION

The positive changes in life expectancy and population increase, particularly in the older population, point towards the need for local services to respond to demographic change by supporting people to lead more active and independent lives to ensure good health in later life

Health inequalities activities encompass proportionate targeting of health and social care to match needs as well as actions seeking to address the underlying causes of inequality.

The CHCP has an important role in supporting key activities and working with partners to ensure strategies are focussed on reducing health inequalities and improving health and well being.

PREVIOUS CONSIDERATION BY THE BOARD

Board Meeting 16 August 2011 Agenda Item 11

Board Meeting 2 October 2012 Agenda Item 10

Board Meeting 20 November 2012 Agenda Item 14

Board Meeting 26 November 2013

IMPLICATIONS

Equality/Health	Tackling Health Inequalities is explicit within the report.
Financial/Resource	Through existing staff and financial resources.

Legal	None.
Risk Register ID No	CHCP013

REFERENCES

None.

APPENDICES

West Lothian Health & Well Being Profile August 2014

CONTACT/DATE OF REPORT

Carol Bebbington, Primary Care Manager
01506 281017
Carol.Bebbington@nhslothian.scot.nhs.uk

12 August 2014

West Lothian Council

NHS Lothian

West Lothian
Community Health and Care Partnership

Health and Well Being Profile

"To promote the health and well-being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian"

August 2014
Carol Bebbington

Introduction

It is the stated aim of the Community Health and Care Partnership "To promote the health and well-being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian"

The widely used and quoted World Health Organisation (WHO) definition of health is: "*A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."*

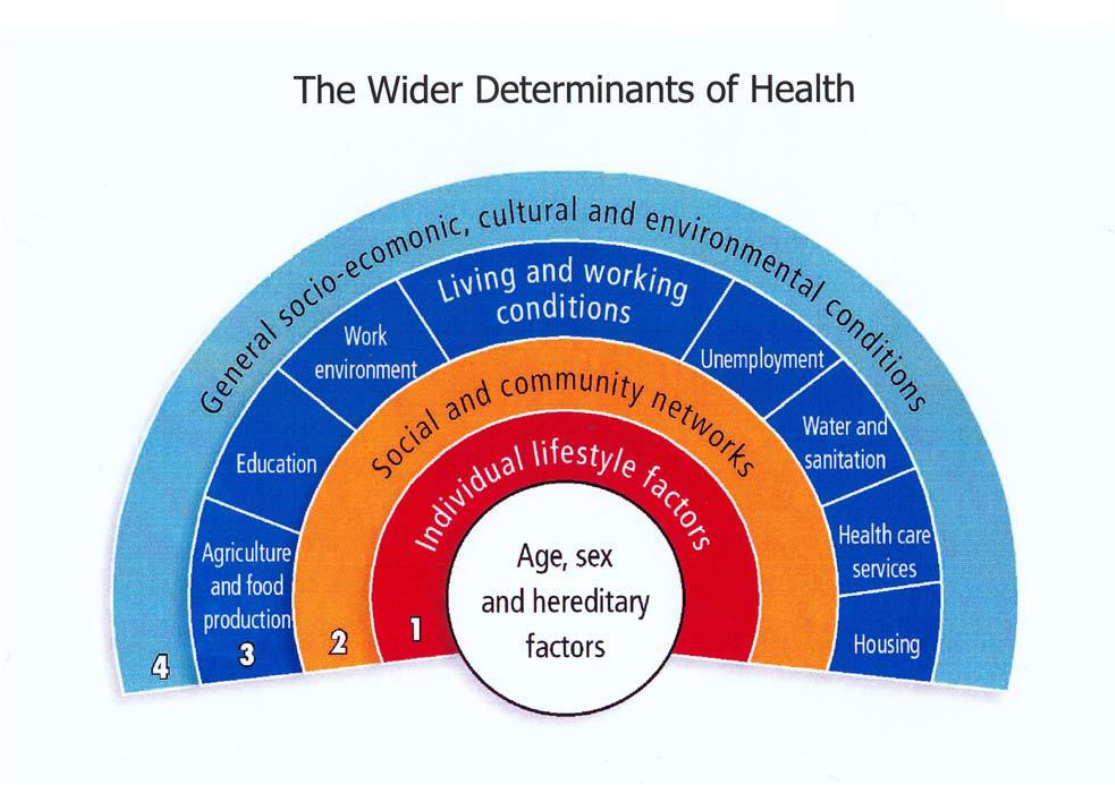
This definition acknowledges many of the factors that are associated with someone who enjoys "good health".

The World Health Organization describes a state of well-being as one in which *"the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".*

Determinants of Health

A person's state of health and well-being is determined by a wide range factors. Some such as age and genetic makeup are fixed, and there is little that can be done to change them. Other determinants such as lifestyle, employment and living conditions can be changed and, depending on how they change, can have a good or a bad influence on a person's health.

The way in which the determinants of health and well-being are inter-related is illustrated below. This illustration identifies the key determinants; and shows which determinants are beyond the control of the individual.



Determinants of Health and Well-being (Source: Dalgren and Whitehead)

The illustration demonstrates that an individual has most control over their lifestyle choices, but that they have progressively less power to influence the health determinants that make up bands 2, 3 and 4. Whilst there is little an individual can do to improve the determinants in bands 3 and 4, the Local Government Act 2000 specifically requires that Councils respond to the needs of their local communities by using their powers to improve and promote the economic, social and environmental well-being of their areas.

Health and Well-being Profile of West Lothian

This Health and Well-being Profile presents information about the population living in the geographical area of West Lothian. This profile covers residents of all ages and contains information concerning health, the determinants of health and the use of health services from a range of sources which relates to local and national priorities for improving health and well-being and reducing health inequalities.

The information has been drawn from a variety of published sources including

- Information and Statistics Division, NHS Scotland
- General Register Office (Scotland)
- Quality Outcomes Framework disease registers
- Scottish Neighbourhood Statistics
- Scottish Public Health Observatory
- West Lothian Council
- NHS Lothian

West Lothian's Population

The 2013 population for West Lothian is 176,140; an increase of 0.1 per cent from 175,990 in 2012. The population of West Lothian accounts for 3.3 per cent of the total population of Scotland.

In West Lothian, 16.9 per cent of the population are aged 16 to 29 years compared to 18.3% in Scotland and persons aged 60 and over make up 20.5 per cent of West Lothian, 23.7% of Scotland's population are aged 60 and over.

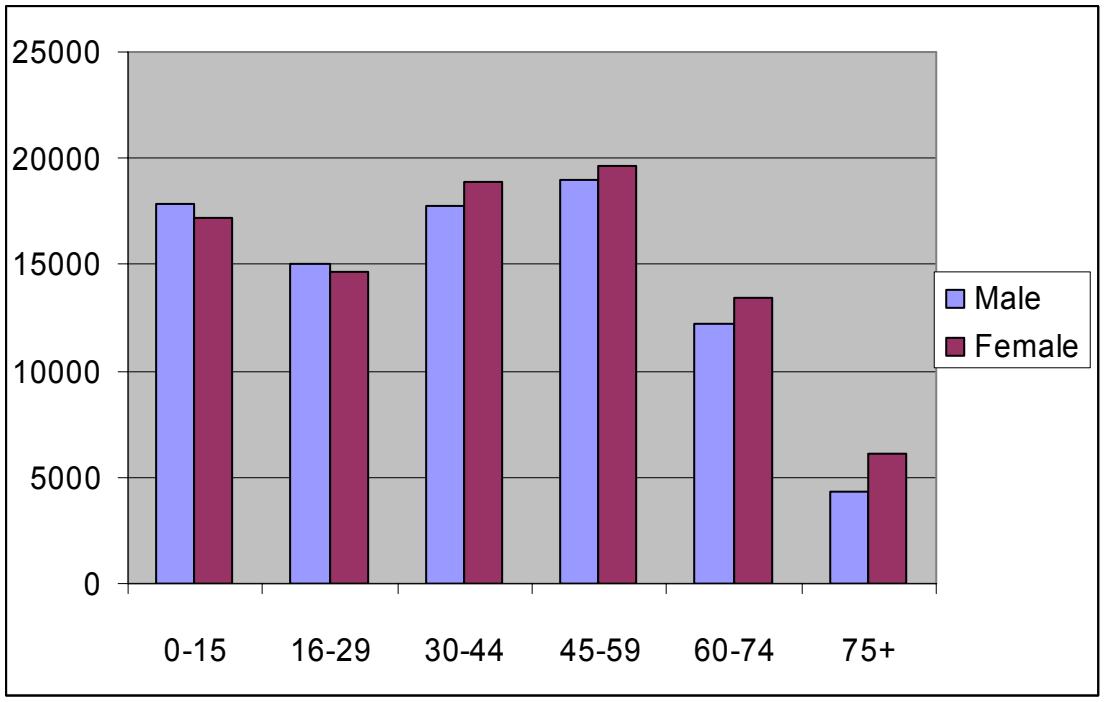


Figure 1 West Lothian Population 2013[1]

By 2037 the population of West Lothian is projected to be 196,664, an increase of 11.7 per cent compared to the population in 2012. The population of Scotland is projected to increase by 8.8 per cent in the same period.

Over this 25 year period, the 75+ age group is projected to increase the most in size; by 140% and the 30-59 years population is projected to decrease by -7.7 per cent. The projected change is set out below by age group (Figure 2)

- 7.7% increase in the 0-15 years population
- 6.3% increase in 16-29 years population
- -7.4% decrease in 30-44 years population
- -8.3% decrease in over 45-59 years population
- 57.1% increase in 60-74 years population
- 140.2% increase in over 75 years population

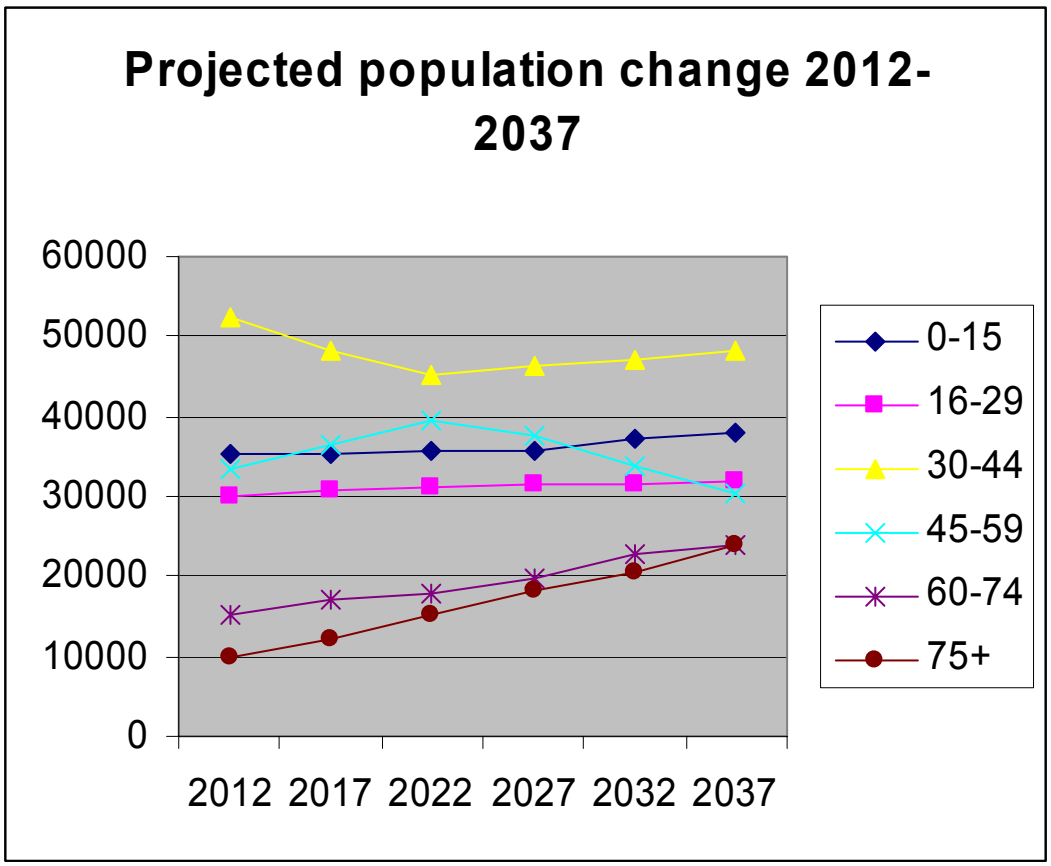


Figure 2 Projected Population Change 2012-2037[1]

Our children have the best start in life and are ready to succeed

West Lothian CHCP provides a universal health promotion programme to all children and their families known as the child health programme. This programme includes various elements such as formal screening for specific medical problems, routine childhood immunisations, and a structured programme of needs assessment, health promotion, and parenting support provided through regular scheduled contacts with health visitors, school nurses and other health professionals.

Between 2011 and 2012 West Lothian experienced a 2.3 per cent decrease in the number of births, dropping from 2,134 in 2011, to 2,085 in 2012. The number of births in Scotland fell by 1.0 per cent. The birth rate in West Lothian remains higher than the Scottish rate (Figure 3) and the number of births in West Lothian has averaged at 2129 over the past 3 years.

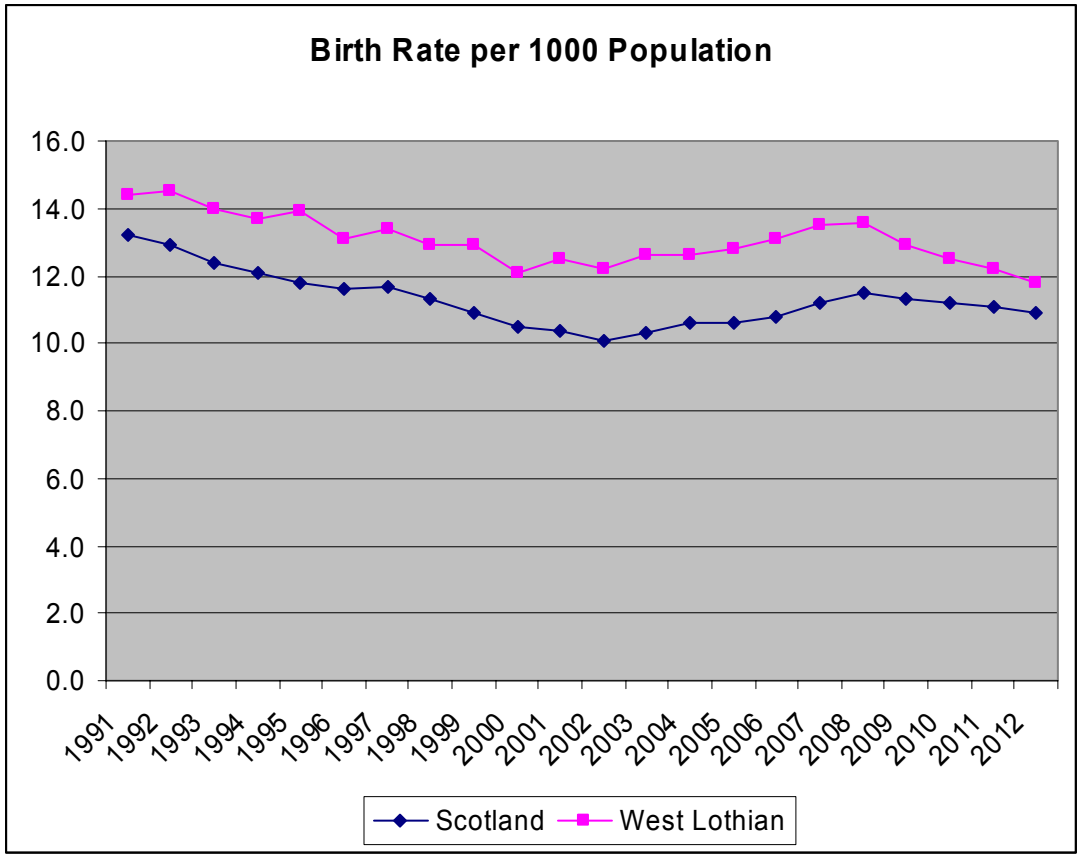


Figure 3 Birth Rate per 1000 Population (GRO Scotland[1])

Low Birth Weight

Low birth weight is a major determinant of infant mortality and morbidity. In addition, as it is associated with a variety of social and environmental factors, it is often used as a health status indicator. Low birth weight may result from being born too soon (i.e. a preterm birth), from poor intrauterine growth or from a combination of the two.
A number of factors have been shown to be associated with low birth weight and/or preterm births. These include maternal smoking, maternal age, deprivation, previous obstetric history, low pre-pregnancy maternal weight, drug/alcohol use, and hypertension.

In 2012 3.4% of babies were born with a low birth weight, which is higher than both Scottish and Lothian average at 2.4% and 2.5% respectively. As shown in Figure 4 there has been an overall increase in low birth weight between 2008 and 2012 in West Lothian.

[1] General Register Office for Scotland Birth Time Series Data 2013

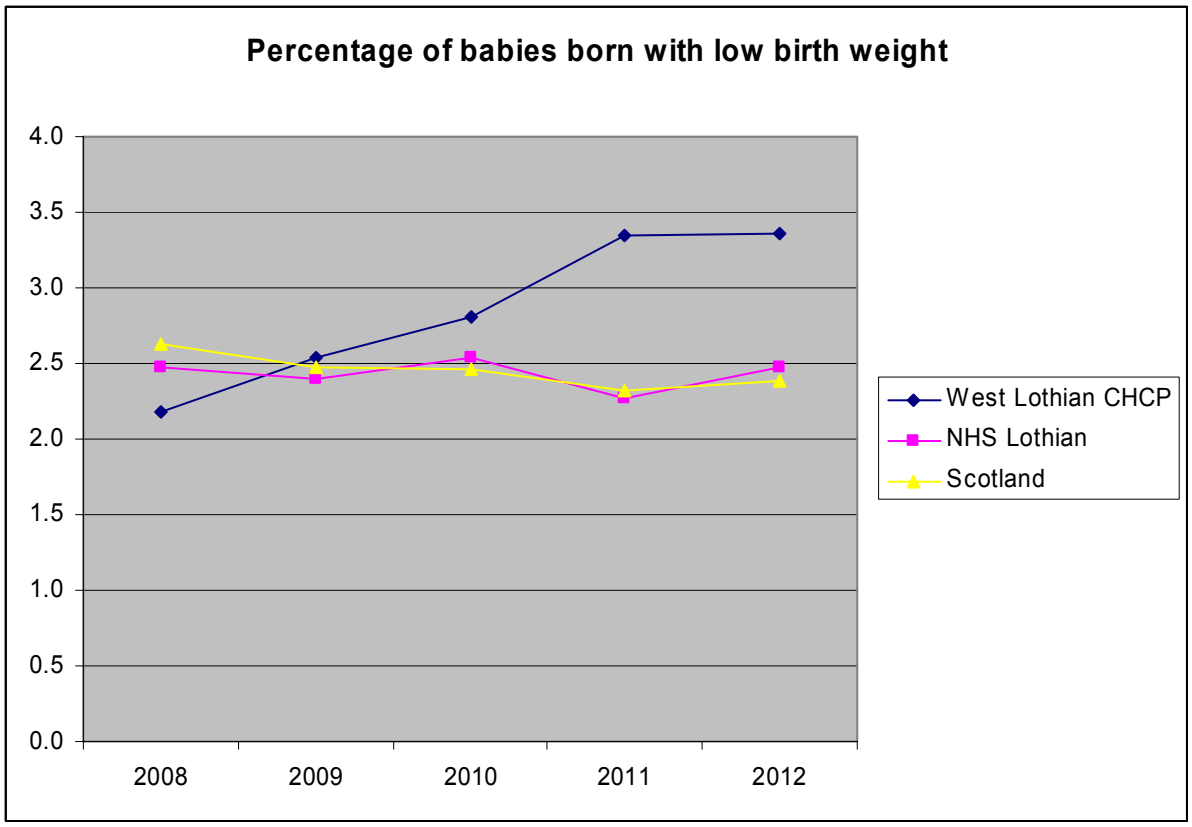


Figure 4: Percentage of babies born with low birth weight[2]

Breast feeding

Encouraging and supporting breastfeeding is recognised as an important public health activity. There is good evidence that breastfeeding in infancy has a protective effect against many childhood illnesses. Breastfed infants are likely to have a reduced risk of infection, particularly those affecting the ear, respiratory tract and gastro-intestinal tract. This protective effect is particularly marked in low birth weight infants. There is evidence that women who breastfeed have lower risks of breast cancer, epithelial ovarian cancer and hip fracture later in life.

In 2012/13, 24% of babies were exclusively breastfed at the 6-8 week review. Across West Lothian the highest percentage of babies exclusively breastfed at the 6-8 week review is in Linlithgow at 45.6% and lowest rate in Fauldhouse and Breich Valley at 13.9%

[2] Data Source: SMR02 (ISD dataset for all obstetric episodes); ISD Publication: Births in Scotland

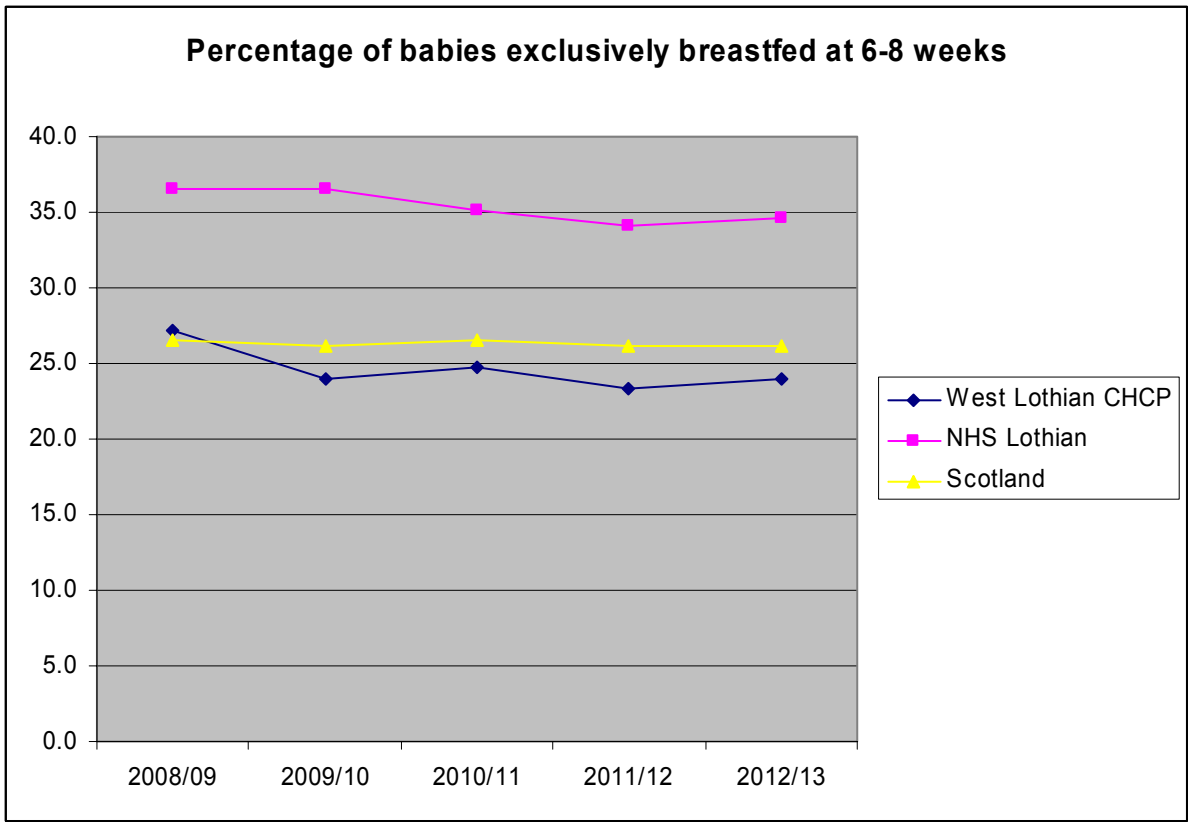


Figure 5 Percentage of Babies exclusively breastfed at 6-8 weeks[3]

Childhood Immunisation

Children in Scotland are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population. As a public health measure, immunisations have been hugely effective in reducing the burden of disease.

In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), Meningococcal group C (MenC) and Pneumococcal Conjugate Vaccine (PCV). An additional national target of 95% uptake of one dose of the Measles, Mumps and Rubella (MMR) vaccine by five years of age (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school.

In West Lothian uptake rates of all primary and booster courses remains high and stable at an average of 98% uptake for all primary courses of immunisations at 24 months exceeding the target of 95%[4] . Annual uptake of the first dose of MMR vaccine by 24 months is 96.7% compared to 95.4% nationally.

[3] ISD Breastfeeding Statistics 2013
[4] ISD Childhood Immunisation Statistics Publication (June 2014)

The HPV Immunisation Programme in Scotland started on 1 September 2008. The programme aims to help protect girls against developing cervical cancer later in life by routinely immunising them at around 12-13 years of age, in second year of secondary school (S2), through a school-based programme. The uptake of all three doses is high at 93.4% and compares favourably with Scotland as a whole at 91.4%[5].

Dental Health

It is important to assess a child's dental wellbeing so that children and their parents/carers can maintain oral health and take necessary steps to remedy any problems that may arise.

The National Dental Inspection Programme is undertaken every two years which involves a comprehensive assessment of the mouth of each child and records the status of each surface of each tooth in accordance with international epidemiological conventions.

Monitoring children's dental health at national and regional levels provides reliable oral health information for planning and evaluating initiatives directed towards health improvements.

In 2012 the NDIP results indicate 65.7% of Primary 1 children in West Lothian had no obvious dental decay compared to 67% in Scotland as a whole.

Child Healthy Weight

Children's weight and growth is an important marker of their general nutrition and physical health. As well as being used by health professionals for assessing growth in children and helping in the early diagnosis of illness, growth references are an important public health tool. They are used to detect trends in growth, or the prevalence of under- or overweight in the child population, and identify where public health responses are required.

There is continued concern over the levels of obesity among children in Scotland. Obesity during childhood is a health concern in itself, but can also lead to physical and mental health problems in later life.

The epidemiological thresholds used for population monitoring purposes to define the various categories of weight are defined as

- At risk of underweight (BMI ≤ 2nd centile)
- Healthy weight (BMI > 2nd centile and < 85th centile)
- At risk of overweight (BMI ≥ 85th centile and < 95th centile)
- At risk of obesity (BMI ≥ 95th centile)
- At risk of overweight and obesity combined (BMI ≥ 85th centile)

Based on centile cut-offs on the 1990 UK growth reference charts used for population monitoring purposes, BMI assessment of West Lothian's Primary 1 children in 2012/13 determined[6]:

[5] ISD HPV Immunisation Uptake Statistics 24th September 2013
[6] ISD Primary 1 BMI Statistics: Epidemiological Categories 2013

- 0.7% were at risk of being underweight, a decrease of 0.8% on previous year and lower than Scottish average of 1.2%
- 77.5% were healthy weight which is equivalent to Scotland as a whole
- 12.1% were at risk of being overweight similar to Scotland as whole at 12%
- 9.7% were at risk of obesity compared to 9.3% for Scotland
- 21.8% were at risk of overweight and obesity combined compared to 21.3% for Scotland.

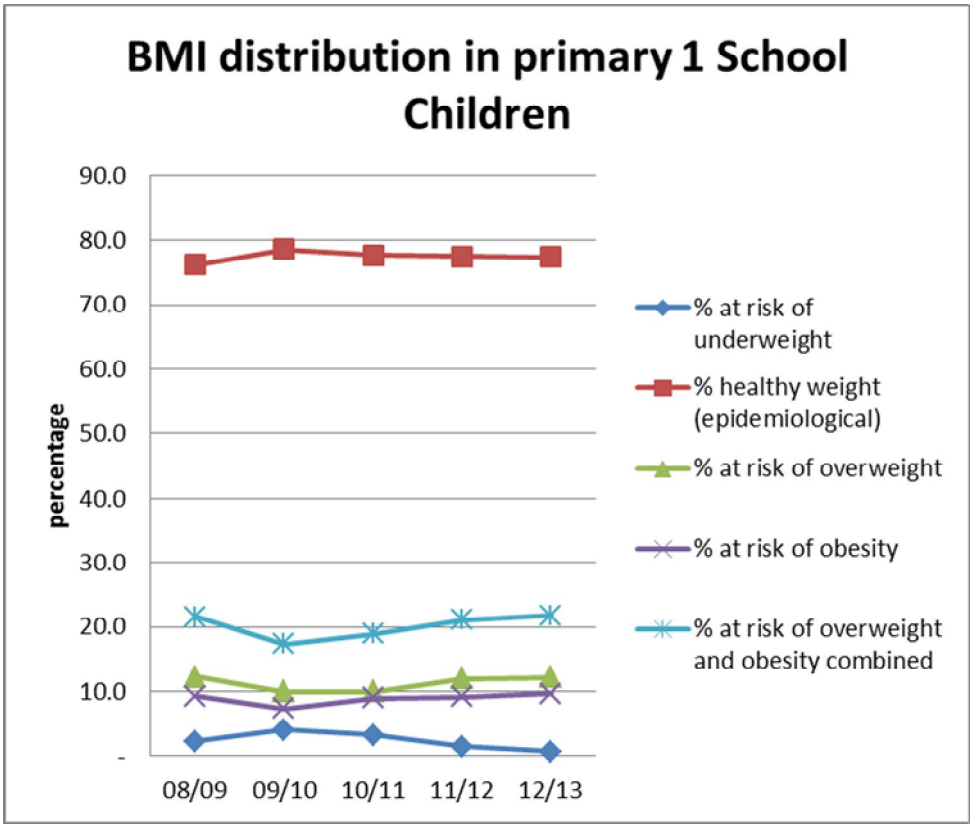


Figure 6 BMI Distributions in Primary 1 School Children 2008-2013[7]

Teenage Pregnancy

The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions. It does not include miscarriages. Available information is used to estimate the woman's age at the likely time of conception. Local Council Area numbers and rates for age groups <16 and <18 are shown as three year moving aggregates. This has been done to reduce the risk of disclosure (the chance of inadvertently identifying an individual) and to smooth out the fluctuations resulting from small numbers.

The teenage pregnancy rate has seen a consistent decline over recent years across all three age groups; under 16s, under 18s and under 20s (Figure 7). In 2010/12 the pregnancy rate in the under 16 age group was 5.4 per 1,000 down from 6.0 in 2009/11 and below the Scotland rate of 6.1(Figure 8)[7].

[7] ISD Teenage Pregnancy: Year of Conception Ending 31st December 2012, Publication Date 24th June 2014

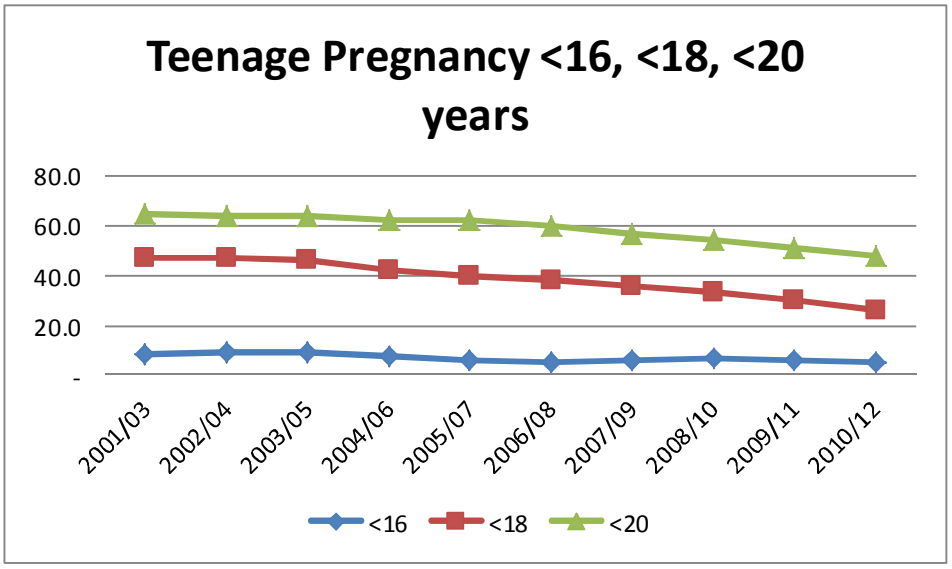


Figure 7 Teenage pregnancy rates per 1000 <16, <18, <20years[8]

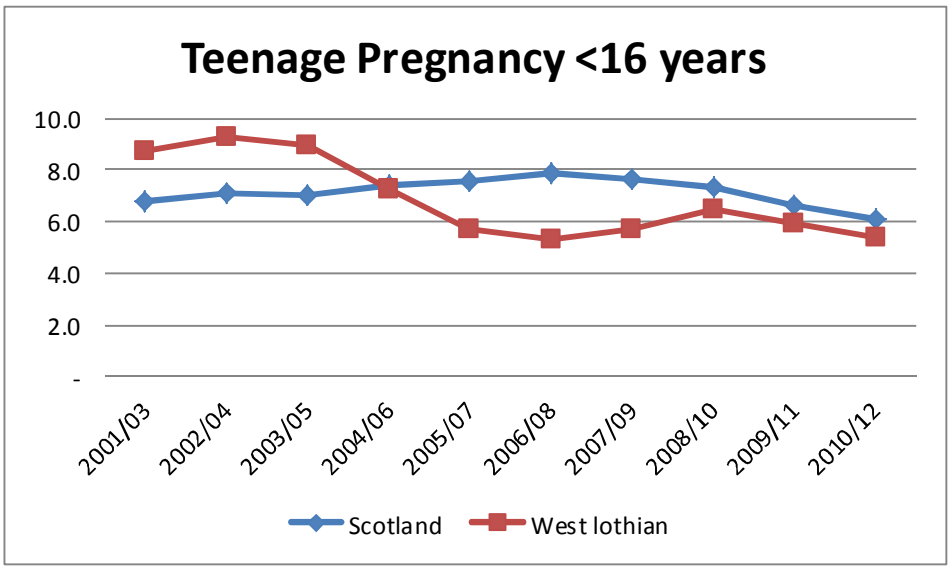


Figure 8 Teenage Pregnancy Rate <16 West Lothian and Scotland[8]

Health Inequalities

Health inequalities are an extremely complex issue. Extensive research has shown that people who are most affected by societal inequalities related to factors such as low income, gender, social position, ethnic origin, geography, age and disability are more likely to have poorer physical and mental health than the general population.

The relationship between deprivation and a range of diverse health outcomes has been much documented; however, other examples of risks to health resulting from societal inequalities might also include: poor access to good quality food or housing through socio-economic inequality; sexual abuse or exposure to anti-social behaviour through gender inequality; or racist assaults or poorer access to services through ethnic inequality.

A major cause for concern is that inequalities in health status are increasing within Scotland (as seen, for example, in significantly greater increases in life expectancy in more affluent parts of Scotland compared to the least affluent). Thus, the narrowing of this gap is now one of the main aims of the health improvement challenge in Scotland.

Lifestyle Factors

Adult Smoking Prevalence

Smoking prevalence for adults aged 16 and over in West Lothian is estimated to be 22%[8] slightly less than Scottish estimate of 23%.

Smoking Cessation

Estimated annual smoking cessation service uptake rate (% of total adult smokers) is 10.9% in West Lothian compared to 10.3% in Scotland and 9.9% for Lothian[9]. The percentage of smokers reporting a successful quit outcome is 4.7% compared to the Scottish average of 3.9% (Figure 9)

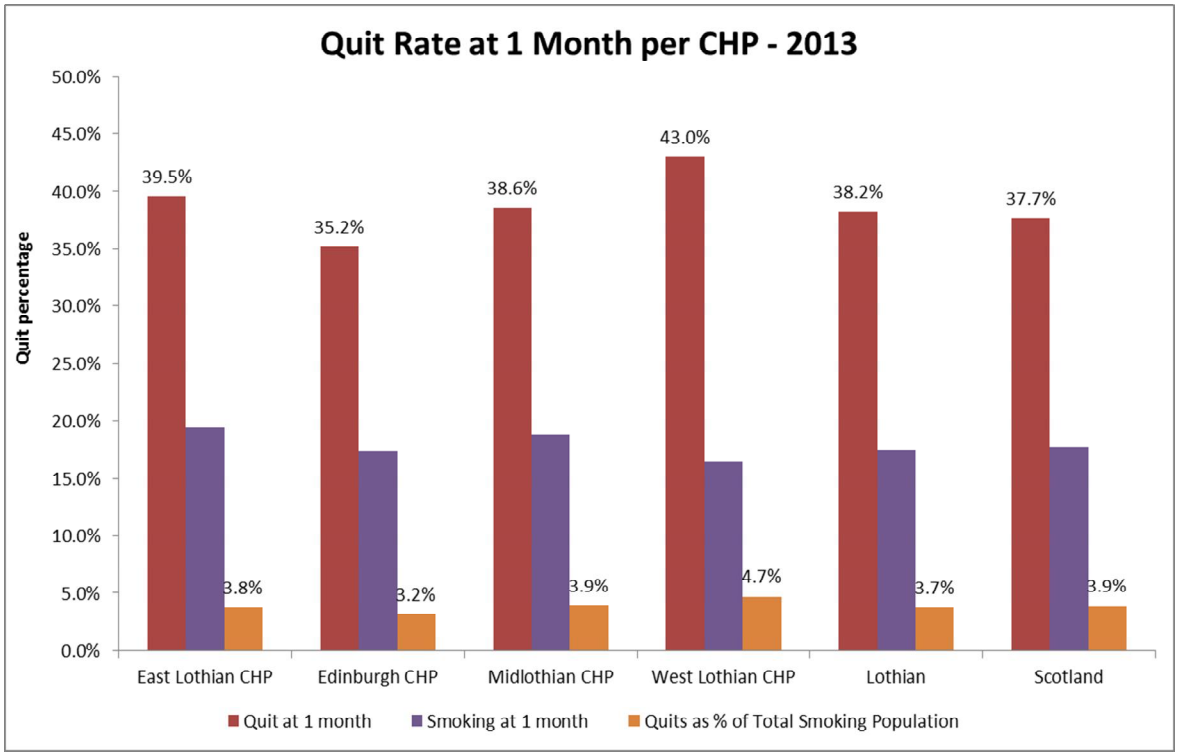


Figure 9 Smoking Cessation Quit Rates 2013 Comparison of CHP, Lothian and Scotland 2013[10]

School children

Smoking prevalence in S2 school pupils for 2010 is slightly lower than the Scottish average (2.5% compared to 3.1%) while the prevalence in S4 pupils is higher at 16.6% compared to 12.9%.

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

[9] ISD NHS Smoking Cessation Service Statistics (Scotland) 2013 Published May 2014

Alcohol

Alcohol problems are a major concern for public health in Scotland. Excessive consumption of alcohol can have harmful and wide-reaching consequences for individuals, their family and friends as well as communities and the economy. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Over the longer term, excessive consumption can cause irreversible damage to parts of the body such as the liver and brain. Alcohol can also lead to mental health problems, and can be a contributory factor in many other diseases including cancer, stroke and heart disease. Wider social problems include family disruption, absenteeism from work and financial difficulties.

The recommended weekly limits for alcohol consumption are 21 units for men and 14 units for women. Approximately 9% of men and 6% of women drink at a level which is considered to be high enough to cause immediate physical, social or psychological harm.

The information presented on general acute inpatient and day case hospital stays relates to the time of discharge rather than admission. Given that further diagnostic information usually becomes available during the course of a hospital stay, the use of discharge data provides a more complete and accurate picture of a patient's condition(s).

In 2012/13, there were 1228 alcohol-related discharges from general acute wards and day cases in West Lothian, a decrease of 5.1% on 2011/12. This equates to European Age Standardised Rate per 100,000 of 732 compared to 693 for Scotland[10] (Figure 10). Of these 370 had diagnosis of harmful use, 320 were recorded as acute intoxication and 190 had diagnosis of alcoholic liver disease. 96.5% of discharges related to emergency admissions.

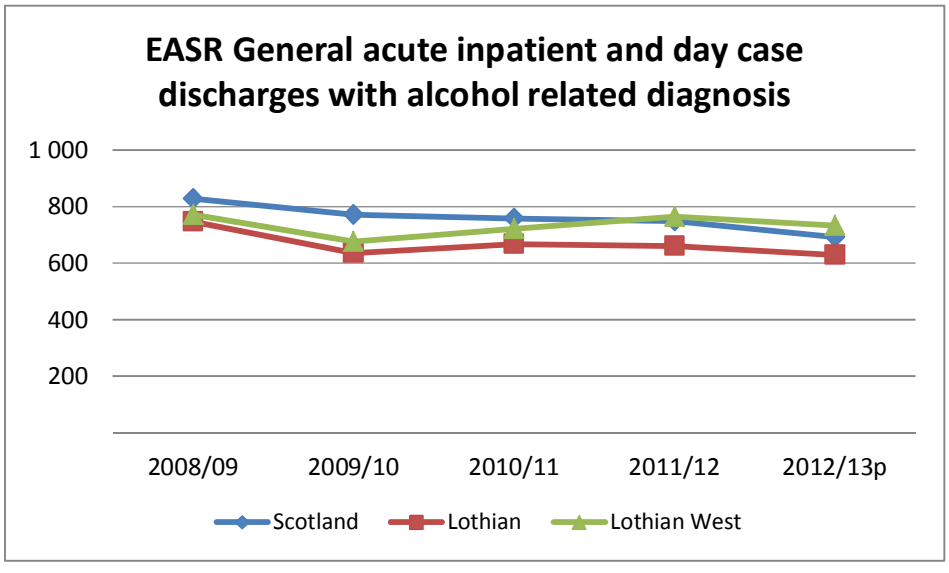


Figure 10: Trend in acute inpatient and day case discharges with alcohol related diagnosis and comparison with Lothian and Scotland[11]

[10] Alcohol related Hospital Discharges ISD 25th February 2014

Drugs

The illicit use of drugs and particularly opiates, benzodiazepines and psycho stimulants, causes significant problems within Scotland as it does in other parts of the UK and Europe. These problems can be social in nature (for example, crime, unemployment, family breakdown and homelessness) or associated with health problems (for example, dependency, overdosing, mental health problems, injecting-related injuries and the transmission of communicable diseases).

It is estimated that in West Lothian 0.91% of the working age adult population have problematic drug use (users of opiates and benzodiazepines).

During 2012/13, there were 218 general acute hospital discharges with a diagnosis of drug misuse, a rate of 121 per 100,000 populations representing a decrease of 17.7% on 2011/12 and continuing to be higher than the Scottish and Lothian rates of 107 and 110 respectively (Figure 11). 97% (211) of the discharges related to emergency admissions[11].

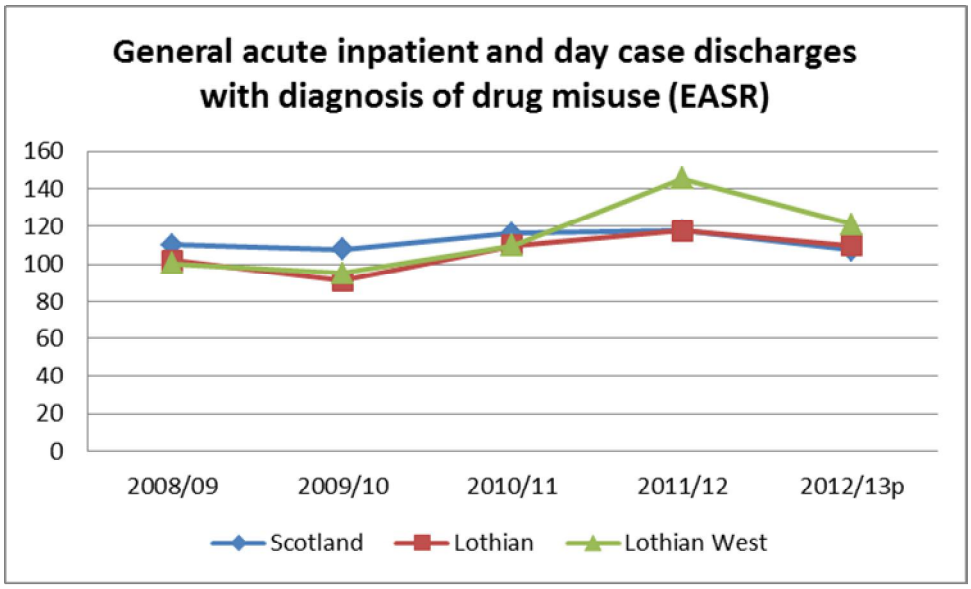


Figure 11 Trend in acute inpatient and day case discharges with drug related diagnosis and comparison with Lothian and Scotland[12]

Physical Activity

From the Scottish Household Survey published in December 2013[12], it is estimated that 62% of adults participate in sporting activities including walking compared to 74% nationally. The most popular activities reported were walking (at least 30 minutes) and swimming.

[11] Drug Related Hospital Discharges ISD February 2014

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

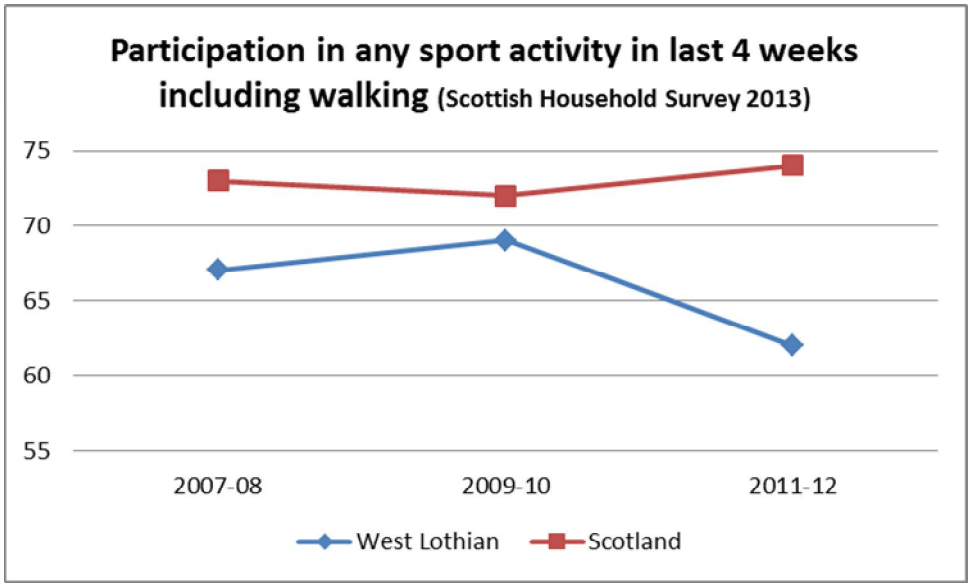


Figure 12 Estimated adult population who participate in regular physical activity[13]

We Live Longer Healthier Lives

The 2013 Scottish Household Survey identifies that 72% of respondents considered their health to be good or very good

Life Expectancy

In 2010-2012 average life expectancy at birth in West Lothian was 78.6 years an increase of 3.8% when compared to 2000-2010

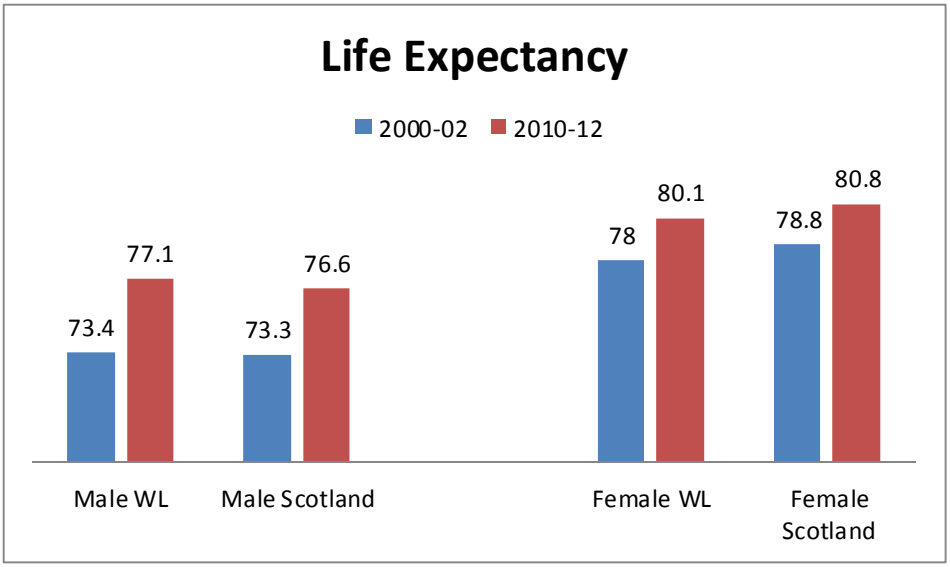


Figure 13 Life Expectancy 2000/02 – 2010/12 Comparison of West Lothian with Scotland[13]

Female life expectancy at birth (80.1 years) is greater than male life expectancy (77.1 years). Male life expectancy in West Lothian is improving more rapidly than female life expectancy and West Lothian continues to see a bigger improvement in life expectancy over the last decade than Scotland as a whole, with male life

[13] National Records Scotland West Lothian Council Area Demographic Fact Sheet last updated 30/07/2014

expectancy increasing by 5.0% compared to 4.5% Scotland-wide and female life expectancy increasing by 2.6% across West Lothian and Scotland. Male life expectancy in West Lothian at 77.1 years remains higher than for Scotland at 76.6 years. In West Lothian female life expectancy at age 65 (18.7 years) is greater than male life expectancy at age 65 (17 years).

Healthy Life Expectancy (HLE)

HLE is an estimate of how long the average person might be expected to live in a 'healthy' state. HLE at birth is the number of years that a new-born baby would live in 'healthy' health if they experienced the death rates and levels of general health of the local population at the time of their birth, throughout their life.

HLE is calculated by combining life expectancy and a measure of 'healthy' health: in the HLE analyses for Scotland the measure used is self-assessed general health. This is self-reported by survey or Census respondents and has been shown to reflect both mental and physical health.

Only data for the 5-year period 1999-2003 are shown, based on 5 years of data on deaths and populations, and a single year of data for self-assessed health from the Scotland Census for 2001 (the middle year)[14].

The data indicates male HLE is similar to Scottish average and positions West Lothian 26th / 40 CHP areas, female HLE is worse than Scottish average and positions West Lothian 31st / 40

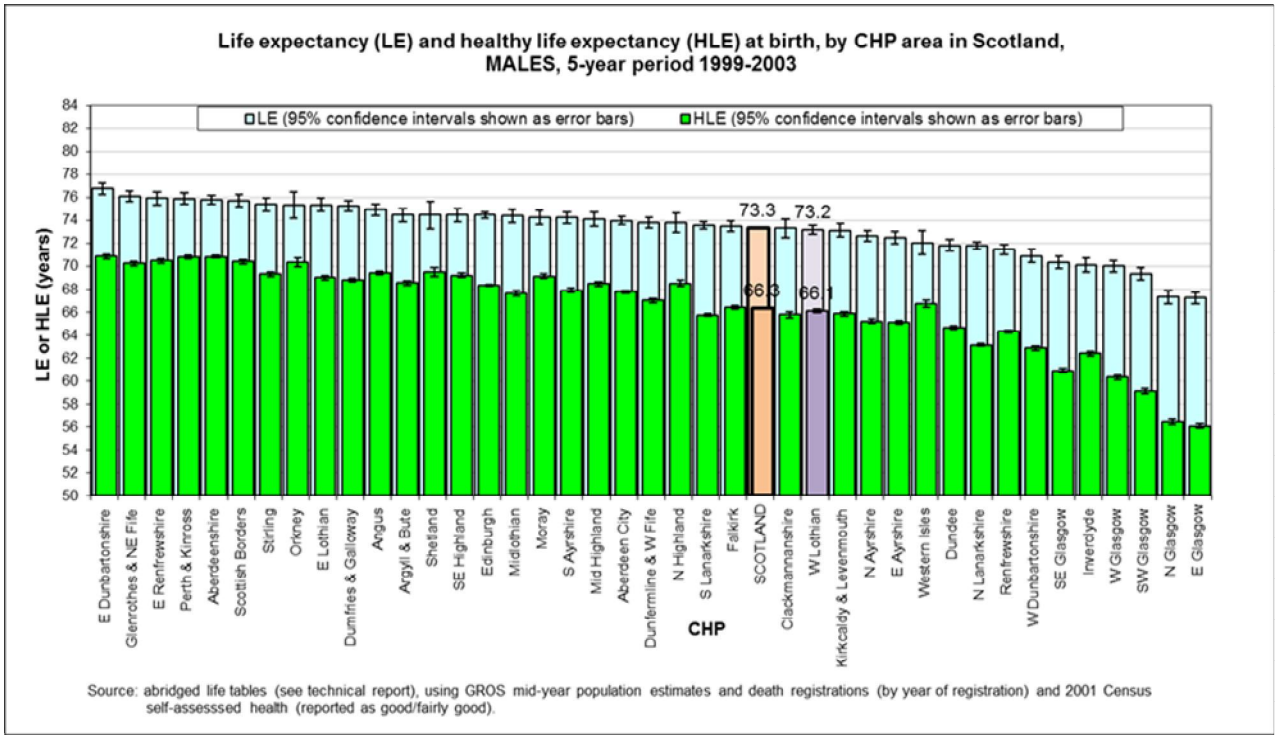
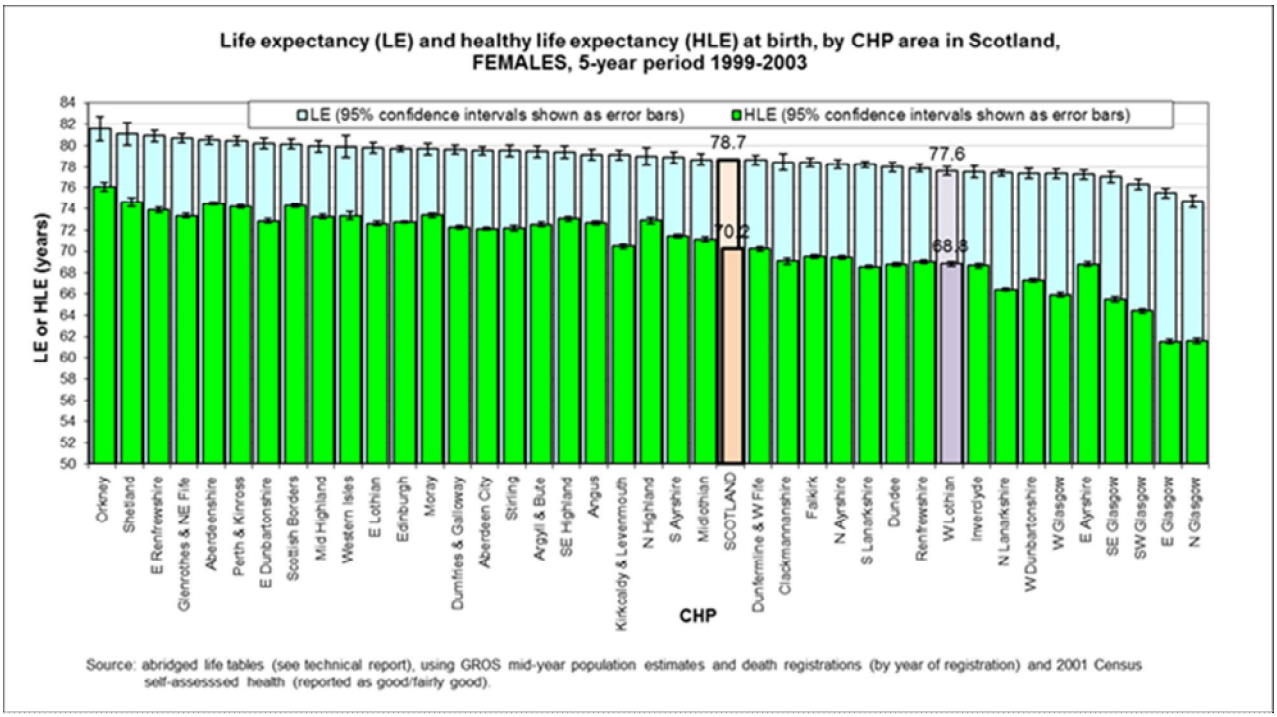


Figure 14 Male Healthy Life Expectancy by CH(C)P Areas[15]

Figure 15 Female Healthy Life Expectancy by CH(C)P Areas[15]

[14] Healthy Life Expectancy ScotPHO 2004



Long Term Conditions

Long term illness has been identified as the 'Health Challenge of this Century' by the World Health Organisation. It is estimated that 35% of households in West Lothian have someone with a longstanding illness, health problem or disability and 16% of households have someone who provides regular unpaid help or care to others[15].

The Quality Outcomes Framework disease registers can be used as an indication of prevalence at a point in time but do not account for differences in the age structures of GP practice populations and other factors including provision of services which should be considered when interpreting the data.

Prevalence data from the Quality and Outcomes Framework (QOF) demonstrates an increase in prevalence across almost all the main long term conditions and higher prevalence rates than Lothian for cardiovascular disease, chronic kidney disease, depression, hypertension, hypothyroidism, peripheral arterial disease and stroke and both Lothian and nationally for obesity, diabetes, and asthma[16]

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

[16] Quality Outcomes Framework 2013

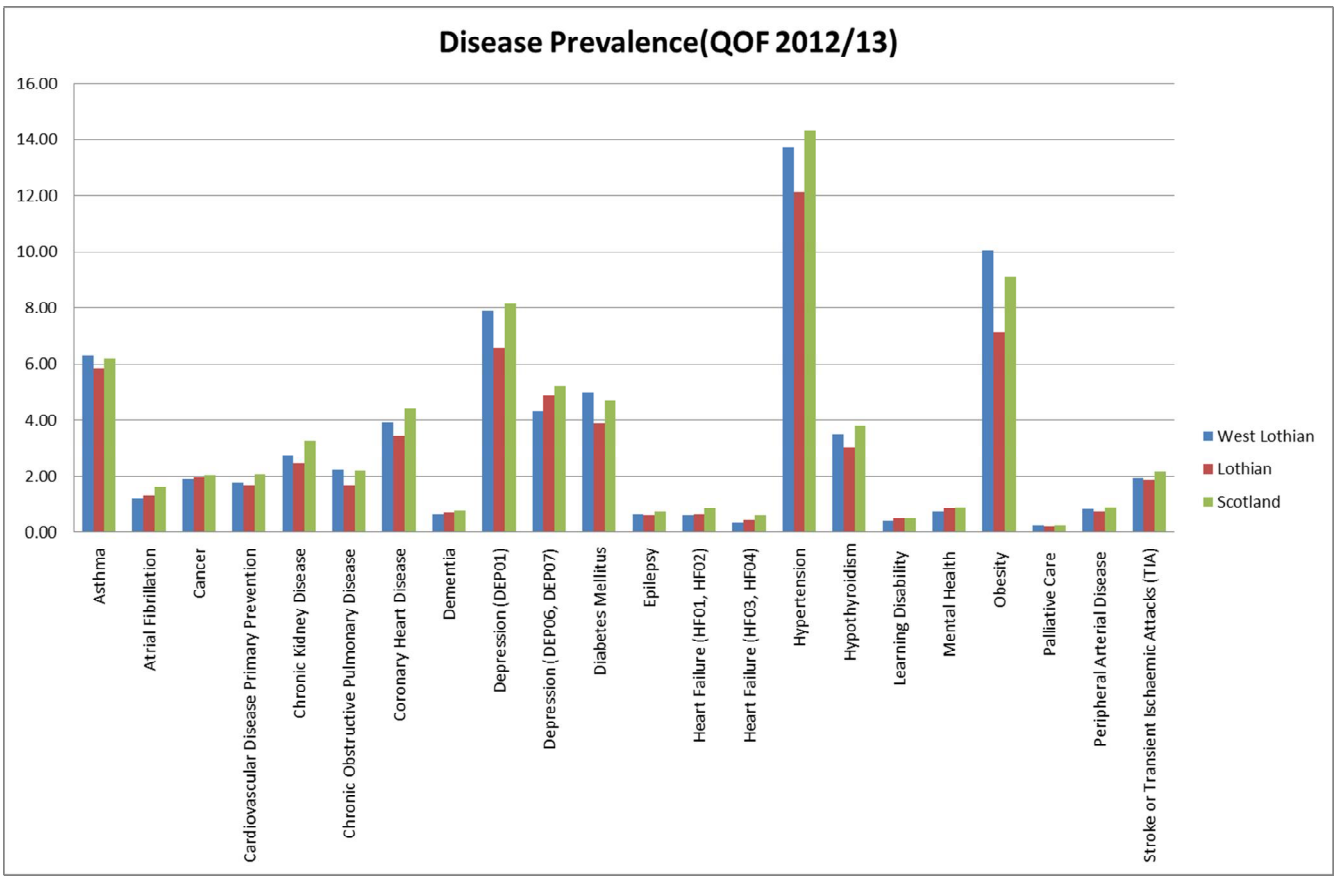


Figure 16 Disease Prevalence West Lothian compared to Lothian and Scotland[17]

Hospital Admissions

The trend in unplanned admissions is shown in Figure 17. The trend across the Lothian partnerships for emergency admissions is broadly similar with West Lothian and Mid Lothian demonstrating higher rates than Edinburgh and East Lothian[17].

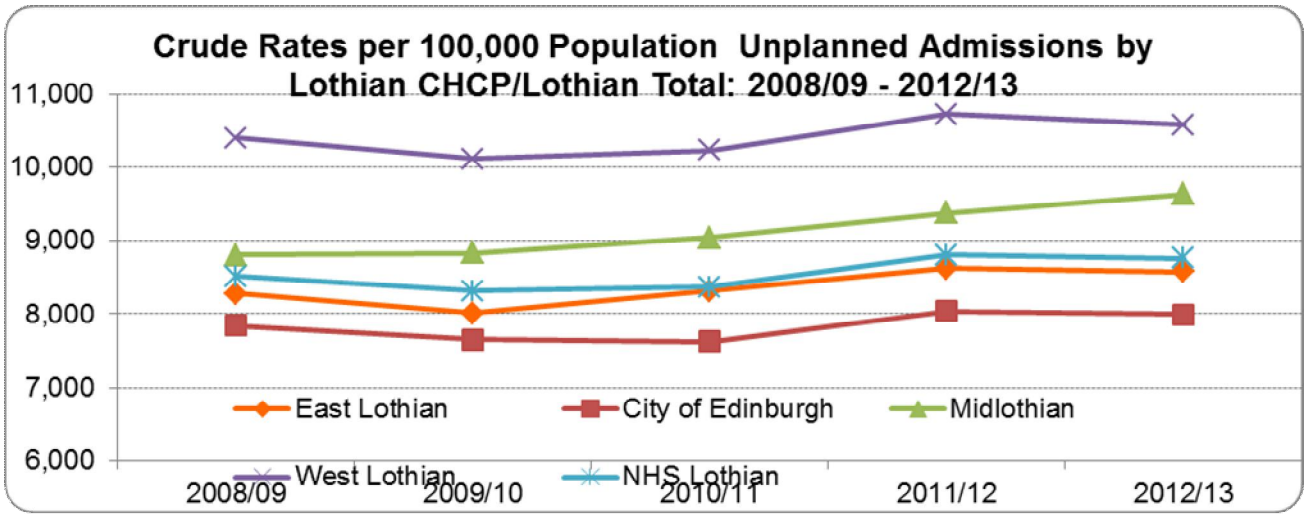


Figure 17 Unplanned Admissions Crude Rate per 100,000 population comparison across Lothian CHCP

[17] National Statistics Publication September 2013, Emergency admissions analysis on admissions and bed days - numbers and rates per 100,000 population

Further analysis demonstrates that the rates of unplanned admissions is directly linked to Scottish Indices of Multiple Deprivation with those in the most deprived quintiles having higher admission rates than those in the least (Figure 18).

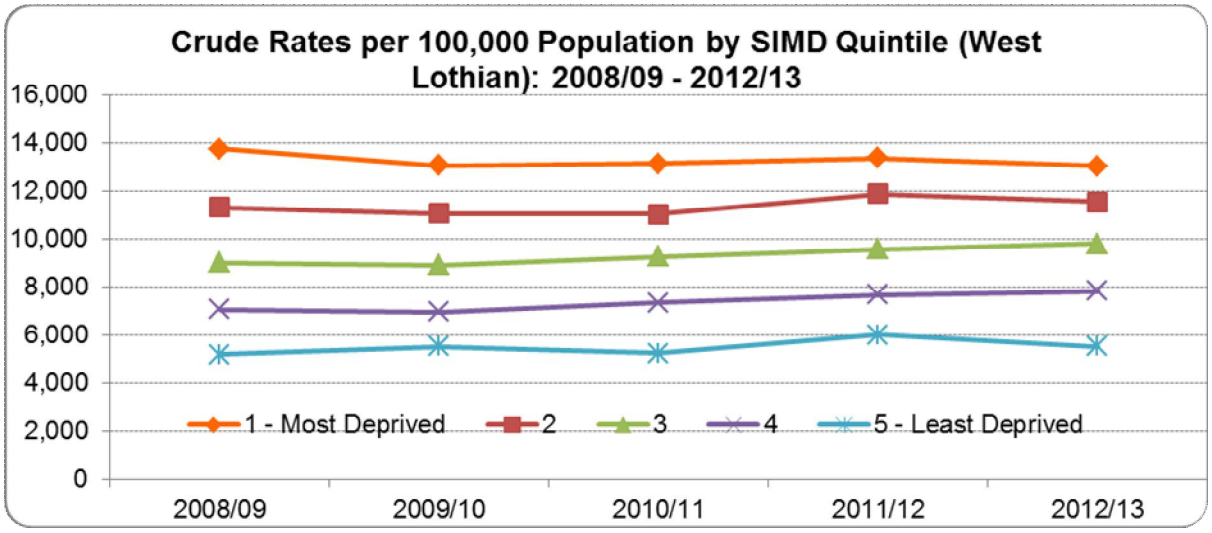


Figure 18 Unplanned admission crude rates per 100,000population by SIMD Quintile

Mortality

The number of deaths in West Lothian increased from 1,424 in 2011 to 1,466 in 2012. Over the period 2010 to 2012 the overall death rate was lower for males than for females. The main cause of death in West Lothian was cancer followed by circulatory disease[18]

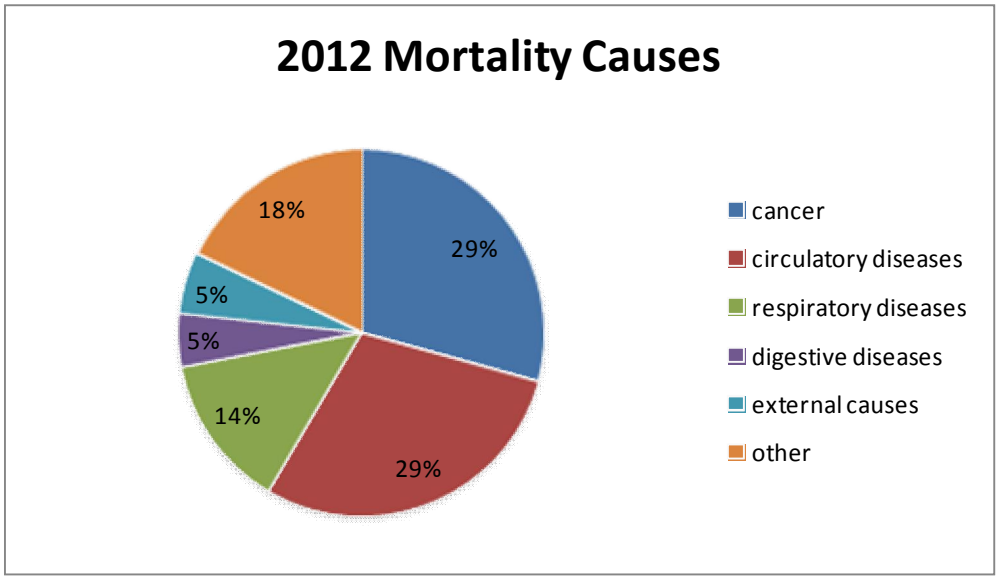


Figure 19 Cause of death West Lothian 2012[19]

The all-cause mortality crude rate per 100,000 population is decreasing over time which is consistent with Lothian and Scotland as a whole(Figure 20)

[18]National Records Scotland West Lothian Council Area Demographic Fact Sheet last updated 30/07/2014

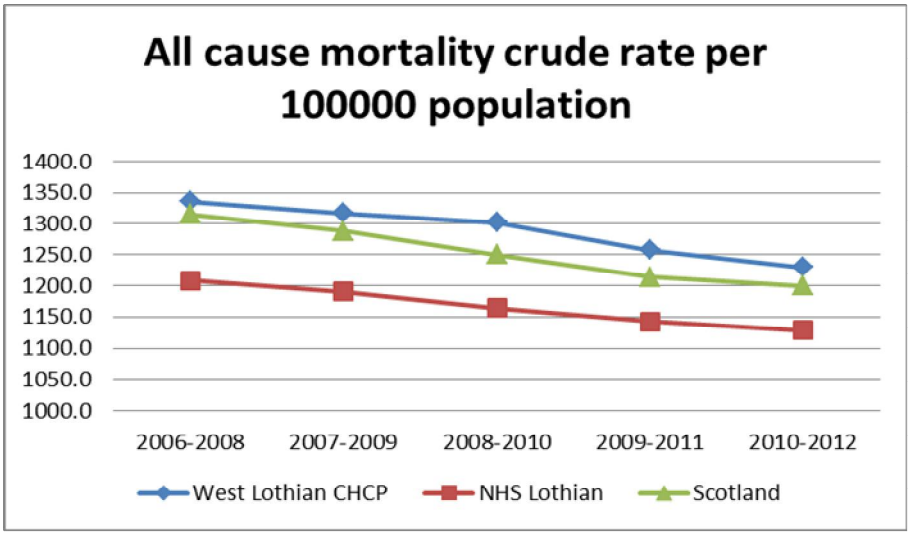


Figure 20 Trend in all-cause mortality rates

There is a fairly static trend in early deaths under 75 years (All causes) over the period 2006-2012 (Figure 21) and again mortality rates are directly linked SIMD quintiles with highest rates in most deprived quintiles (Figure 22).

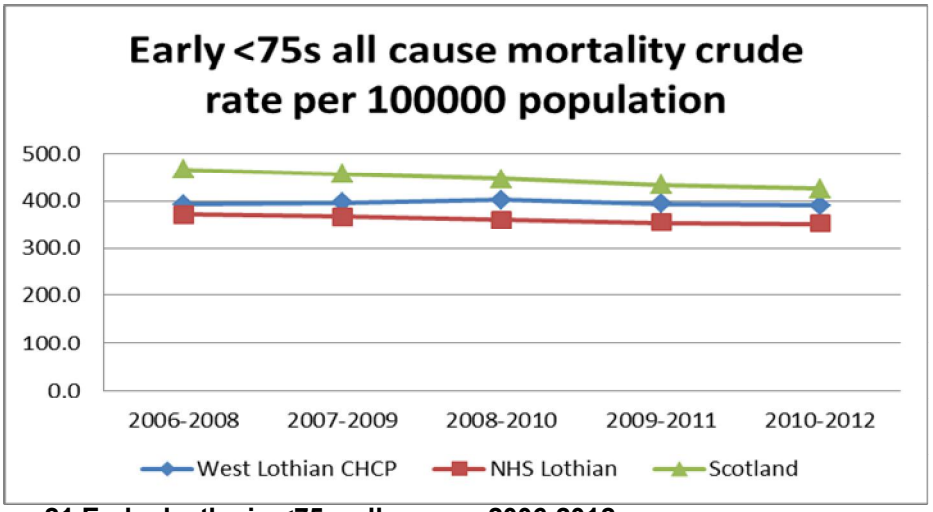


Figure 21 Early deaths in <75s, all causes 2006-2012

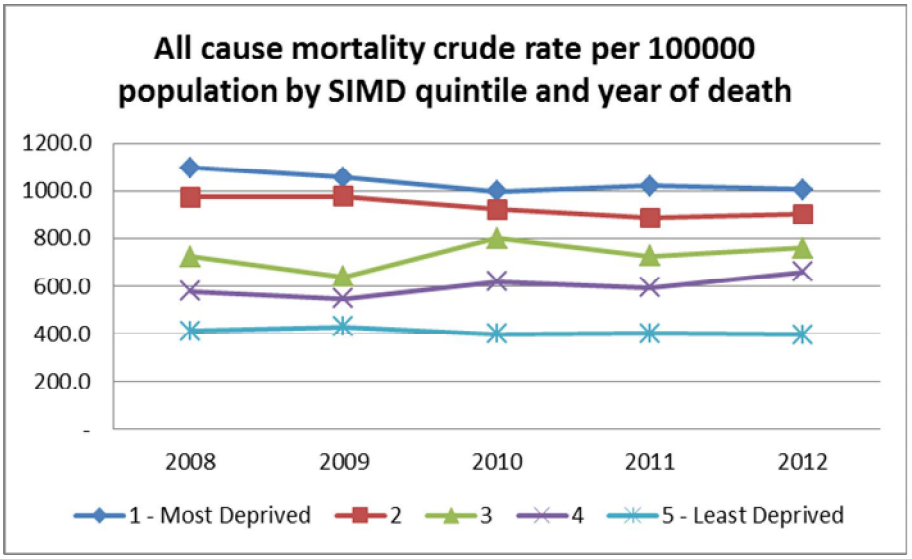


Figure 22 All-cause mortality rates by SIMD quintile

Health & Well Being Summary

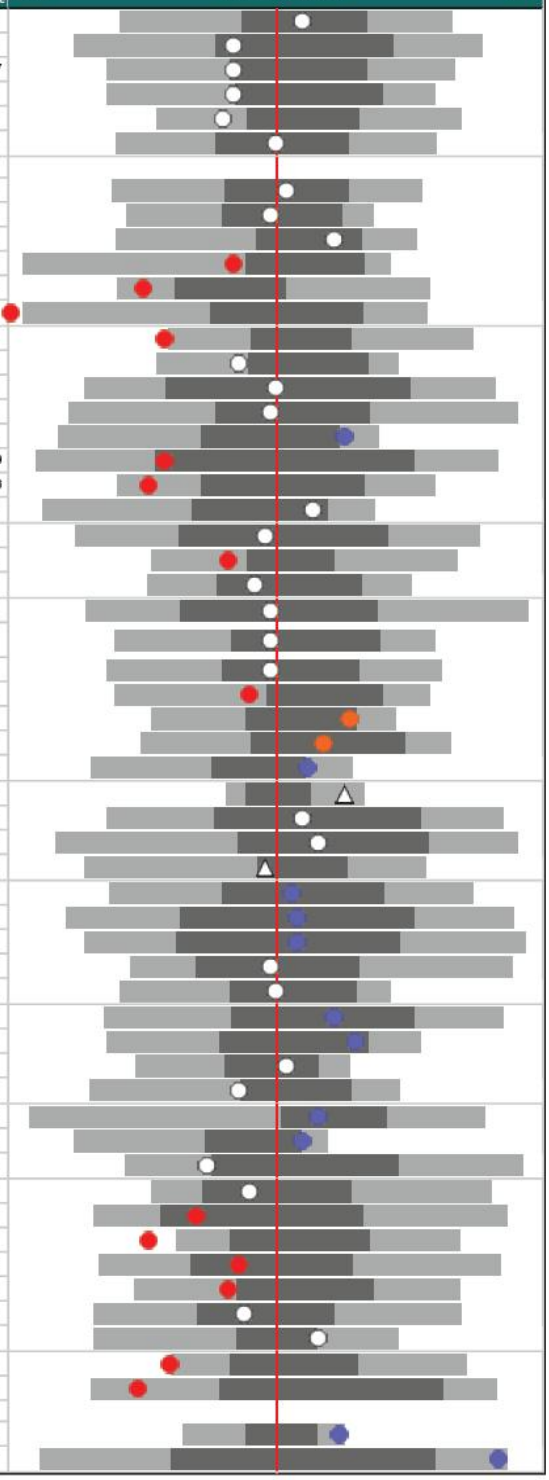
- There is continued improvement in life expectancy with male life expectancy increasing faster than female life expectancy.
- Health inequalities persist with significant differences across the SIMD quintiles in West Lothian which are consistent with trends in Lothian and Scotland.
- Long term conditions and lifestyle factors continue to have a significant impact.
- Parenting and early intervention is crucial for achieving the best start in life for all West Lothian's children.
- The changes in life expectancy and population growth, particularly in the older population, and inequalities gap point towards the need for local services to respond to demographic change by supporting people to lead more active and independent lives to ensure good health in later life.

ScotPHO
Period: 2013

Health & Wellbeing Profiles 2014 (West Lothian)

Printed Date: 03-AUG-2014 16:21

Domain		Indicator	Period	Number	Measure	Type	National Average
Life Expectancy & Mortality	1	Life expectancy (Males)	2009	n/a	76.2	yrs	75.8
	2	Life expectancy (Females)	2009	n/a	80.0	yrs	80.4
	3	Deaths all ages [2,11]	2011	4,302	1,242.0	sr3	1,198.7
	4	Early deaths from CHD (< 75s) [2,11]	2011	278	68.1	sr3	63.1
	5	Early deaths from cancer (< 75s) [2,11]	2011	770	187.1	sr3	174.3
	6	Early deaths from cerebrovascular disease (< 75s) [2,11]	2011	84	20.7	sr3	20.8
Behaviours	7	Estimated smoking attributable deaths				%	
	8	Smoking prevalence [3]	2012	n/a	22.3	%	22.9
	9	Alcohol-related hospital discharges [11]	2011	1,294	763.6	sr3	748.6
	10	Deaths from alcohol conditions [11]	2011	33	19.8	sr3	24.6
	11	Drug related hospital discharges [11]	2011	265	145.3	sr3	117.5
	12	Active travel to work [3]	2012	n/a	7.5	%	15.7
	13	Sporting participation [3]	2012	n/a	62.1	%	74.2
Ill Health & Injury	14	Patients registered with cancer [2,11]	2010	2,808	699.8	sr3	649.2
	15	Patients hospitalised with chonic obstructive pulmonary disease (COPD). [2,11]	2011	1,129	281.7	sr3	252.6
	16	Patients hospitalised with coronary Heart disease [2,11]	2011	1,898	455.0	sr3	455.5
	17	Patients hospitalised with cerebrovascular disease [2,11]	2011	1,072	280.9	sr3	280.0
	18	Patients hospitalised with asthma [2,11]	2011	1,570	309.1	sr3	475.0
	19	Emergency medical admission patients [2,11]	2011	38,278	8,108.5	sr3	7,388.9
	20	Patients (65+) with multiple hospitalisations [2,11]	2011	4,057	6,126.6	sr3	5,201.6
	21	Road traffic accident casualties [2,11]	2011	269	52.5	sr3	59.8
Mental Health	22	Patients prescribed drugs for anxiety/depression/psychosis	2012	28,750	16.3	%	16.2
	23	Patients with a psychiatric hospitalisation [2,11]	2009	1,662	357.2	sr3	320.3
	24	Deaths from suicide [1,11]	2010	131	15.7	sr3	15.0
Social Care & Housing	25	People (65+) receiving free personal care at home [3]	2011	1,250	5.2	%	5.2
	26	Adults claiming incapacity benefit/severe disability allowance or employment support allowance.	2012	9,185	6.5	%	6.4
	27	People (65+) with intensive care needs cared for at home [3]	2011	359	32.5	%	33.1
	28	Households assessed as homeless [3]	2012	1,067	1.4	%	1.3
	29	Children looked after by local authority [3,9]	2011	418	9.9	cr2	14.7
	30	Single adult dwellings [9]	2012	27,272	36.0	%	37.7
	31	Households in extreme fuel poverty [3]	2011	n/a	5.4	%	7.3
Education	32	Average tariff score of all pupils on the S4 roll	2011	n/a	207.0	mean	188.0
	33	Primary school attendance	2012	13,758	94.0	%	93.8
	34	Secondary school attendance	2012	10,109	89.4	%	88.9
	35	Working age adults with low or no educational qualifications [3]	2010	n/a	15.0	%	14.7
Economy	36	Population income deprived	2010	22,290	13.0	%	13.4
	37	Working age population employment deprived	2010	13,490	11.9	%	12.3
	38	Working age population claiming Jobseeker's Allowance	2012	4,735	4.1	%	4.3
	39	Dependence on out of work benefits or child tax credit	2011	21,080	47.7	%	47.3
	40	People claiming pension credits (aged 60+)	2012	3,080	8.7	%	8.8
Crime	41	Crime rate	2010	6,237	36.2	cr2	41.3
	42	Prisoner population [11]	2012	171	117.2	sr3	171.2
	43	Referrals to Children's Reporter for violence-related offences [9]	2012	49	2.9	%	3.1
	44	Patients hospitalised after an assault [2,11]	2011	410	75.5	sr3	65.7
Environment	45	Population within 500 metres of derelict site	2012	45,229	25.7	%	30.8
	46	People living in 15% most 'access deprived' area	2010	13,631	7.9	%	15.0
	47	Adults rating neighbourhood as a very good place to live [3]	2012	n/a	49.0	%	55.2
Women's & Children's Health	48	Teenage pregnancies [2,9]	2010	812	50.4	cr2	47.9
	49	Mothers smoking during pregnancy [2]	2010	1,116	23.5	%	20.7
	50	Low weight live births [2,9]	2010	168	3.1	%	2.4
	51	Babies exclusively breastfed at 6-8 weeks [2]	2011	1,456	23.7	%	26.3
	52	Child dental health in primary 1	2013	1,317	64.0	%	66.4
	53	Child dental health in primary 7	2013	770	43.2	%	45.2
	54	Child obesity in primary 1	2011	191	9.1	%	9.8
Immunisations and Screening	55	Breast screening uptake [12]	2010	5,315	68.6	%	74.1
	56	Bowel Screening uptake [12]	2010	12,384	49.7	%	54.5
	57	Cervical screening uptake		n/a		%	
	58	Immunisation uptake at 24 months - MMR [2]	2011	6,492	95.5	%	94.1
	59	Immunisation uptake at 24 months - 5 in 1 [2]	2011	6,729	99.0	%	98.2



Notes:

1. Five-year combined number, and 5-year average annual measure.
2. Three-year combined number, and 3-year average annual measure.
3. Data available down to council (local authority) area only.
9. Denotes indicator where categorization as better or worse than comparator average is not appropriate and data are subject to local interpretation.
11. The ESP2013 has been used to calculate the rate for this indicator. Please see Appendix I of the technical report for further details.
12. Three-year average number, and 3-year average annual measure.

Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average
- Statistically significant difference compared to National average
- No significance can be calculated

Spine Chart Key:

% =percent
cr2 =crude rate per 1,000 population
mean=average
sr3 =age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
yrs =years

See the detailed Definitions and Sources table for indicator information and Technical Report for further guidance on interpreting the spine.

SENSORY IMPAIRMENT STRATEGY

REPORT BY HEAD OF SOCIAL POLICY

Meeting of
12 August 2014

Agenda Item
[8]

SUMMARY

The purpose of this report is to inform the Board of the launch of the Sensory Impairment Strategic Framework – 'See Hear' and outline work in progress towards the West Lothian Implementation Plan for the See Hear Strategic Framework.

RECOMMENDATION

Board is asked to note the work being done across Lothian towards implementation of the See Hear Strategic Framework and plans for taking the strategy forward in West Lothian.

BACKGROUND

This 10 year framework, launched in April 2014, covers cradle to grave sensory impairment and is set against a background of increasing demand, the requirement for greater efficiency and effectiveness with available resources. Key to the success of the strategy will be person-centred local partnership working between statutory and third sector agencies.

A number of key issues and areas for action have been identified that led to the following range of broad recommendations:

1. Introduction of basic sensory checks
2. Informal and formal training & awareness
3. Audit skills base
4. Service planning should reflect local need
5. Local information sharing between agencies
6. Equality Act 2010
7. Children & young people.

The strategic framework recognises that the responsibility for systems of care lies with the statutory agencies, but can be delivered across a wide range of agencies and settings. It has suggested a partnership approach and the active engagement of a wide range of statutory and third sector agencies in health, education and social care sectors. It also should include the wider range of public service provision, people with a sensory impairment themselves and parents/carers and young cares where applicable.

It is intended that the areas for action/recommendations will be taken forward by the Scottish Government and local partnerships which in this instance are mainly local statutory agencies and third sector agencies.

West Lothian Council has received the following funding to implement Recommendation 4 of the Strategy: 2014/15 -£31,500 & 2015/16 -£31,500.

It requires that:

> "Local partnerships should be able to evidence that their service planning reflects the need in their area by:-
>
> - Auditing current spend and service patterns
> - Developing care pathways for people with a sensory impairment
> - Considering options for service redesign as appropriate
> - Developing accessible local information strategies".

Key performance indicators will be agreed by Scottish Government officials and partnership leads to allow measurement of improvement over years 2014-15 and 2015-16 and identify remaining gaps to be addressed thereafter.

Implementation plans

National

The Scottish Government has established a group of national leads to drive forward the strategy. This group will highlight best practice and encourage sharing of ideas and strategies. The lead for West Lothian is Pamela Main, Senior Manager, Community Care Assessment and Prevention.

Lothian

The pan-Lothian Physical and Complex Disability Board (PD Board) was established to develop and deliver a strategic framework for the delivery of services for those with physical and complex disability, including sensory impairment. Reporting to the PD Board, Sub-group 2 - Sensory Impairment, was established as a partnership to undertake the recommendations from See Hear strategic framework and will be driving forward a Pan-Lothian Implementation Plan. West Lothian chairs this sub-group which currently consists of the four Lothian Authorities and NHS: Strategic Planning, Audiology, Ophthalmology, and Speech & Language. Representation from the voluntary sector, carers and service users Is currently being progressed.

West Lothian

Since the consultation in 2013 and in anticipation of the Framework being announced, work has been progressing in West Lothian to look at a more community-based provision. A multi-agency group has been formed including the Sensory Support Service Team, local service users and voluntary organisations to consider the implications of the framework in West Lothian. This group will help form and support the West Lothian implementation plan to drive forward the recommendations locally.

CONCLUSION

Following the launch of the strategic framework in April, and with the above structure in place we will be working to prepare an outline proposal and project plan for taking forward the recommendations in West Lothian.

PREVIOUS CONSIDERATION BY THE BOARD

None.

IMPLICATIONS

Equality/Health	Recommended that the Equality Act 2010 is scrutinised to ensure compliance in relation to sensory impairment.
Financial/Resource	The Scottish Government has provided funding of £31,000 for years 2014/15 and 2015/16, in support of Recommendation 4.
Legal	• Scottish Vision Strategy 2013-2018 • Proposed British Sign Language (Scotland) Bill • Children & Young People (Scotland) Bill • Equality Act 2010 • Adult UK Sight Loss Pathway – UK Vision Strategy
Risk Register ID	N/A

REFERENCES

'See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland' Scottish Government, April 2013.

Full version of the framework available at
http://www.scotland.gov.uk/Resource/0041/00417992.pdf

APPENDICES

None.

CONTACT/DATE OF REPORT

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jennifer.scott@westlothian.gsx.gov.uk

12 August 2014

4

West Lothian Council

NHS Lothian

West Lothian

Community **H**ealth and **C**are **P**artnership

HEALTH AND SOCIAL CARE INTEGRATION

REPORT BY CHCP DIRECTOR

Meeting of
12 August 2014

Agenda Item
[9]

SUMMARY

The purpose of this report is to update Board on the consultation process regarding the two sets of Regulations that will underpin the Public Bodies (Joint Working) (Scotland) Act 2014.

RECOMMENDATION

Board is asked to note the consultation process regarding the two sets of Regulations that will underpin the Public Bodies (Joint Working) (Scotland) Act 2014.

BACKGROUND

The Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1 April 2014 with a requirement for councils and health boards, working together, to submit an integration scheme for Ministerial approval by 31 March 2015. This puts in place the framework for integrating health and social care in Scotland and provides the legislative basis for NHS boards and local authority partners to establish Integration Authorities.

The key features of the legislation are nationally agreed outcomes, Integration Scheme, Strategic Plan, locality planning and integrated budgets. It is intended that budgets and resources will be integrated to focus attention on the outcome for the individual, which will build on the valuable work already in place in West Lothian to continually improve people's health and care experience across home, community and hospital settings.

The draft Regulations have been issued in two sets. The first set of regulations specify the outcomes that integration authorities will be held accountable for; the health board and local authority functions that must be delegated to the new integration authorities; and the more detailed arrangements that must be set out within partnerships' integration schemes. Consultation on the first set of draft Regulations runs for twelve weeks from 12 May to 1 August 2014.

The second set of regulations detail who partnerships must consult with and when; the required membership and proceedings of joint boards and committees; and what and when integration authorities must report in relation to their performance. Consultation on the second set of draft Regulations runs from 27 May to 18 August 2014.

Following the completion of the consultation, an analysis of written responses will be published. Scottish Ministers and officials will work collaboratively with key stakeholders, including CoSLA, to consider the consultation responses. The final versions of the regulations will be laid before Parliament from late September 2014, before coming into force by the end of 2014.

A draft response to the first set of Regulations from West Lothian Council has been considered at the Council's Health & Care Policy Development and Scrutiny Panel (PDSP) and was approved at a meeting of the Council Executive on 19 June (see Appendix 1).

A response to the second set of the Regulations will be considered at the Health & Care PDSP meeting of 5 August with the final response from West Lothian Council going to the Council Executive meeting of 19 August for approval (see Appendix 2). (The Scottish Government has agreed to accommodate the meeting schedule of the Council and accept the response on the day following the original date for submission.)

NHS Lothian has also considered both sets of draft Regulations and agreed responses to each (see Appendices 3 and 4).

PREVIOUS CONSIDERATION BY THE BOARD

None.

IMPLICATIONS

Equality/Health	The new arrangements will contribute to the delivery of the Health and Wellbeing agenda in West Lothian.
Financial/Resource	Within existing resources
Legal	Compliance with Public Bodies (Joint Working) (Scotland) Act 2014
Risk Register ID No	CHCP001

REFERENCES

Public Bodies (Joint Working) (Scotland) Act 2014

APPENDICES

1 Response from West Lothian Council to Set 1 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

2 Response from West Lothian Council to Set 2 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

3 Response from NHS Lothian to Set 1 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

4 Response from NHS Lothian to Set 2 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

CONTACT/DATE OF REPORT

Jim Forrest, CHCP Director
01506 281977
jim.forrest@westlothian.gov.uk

12 August 2014

1.

ANNEX 1(C)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forrest

Forename

Jim

2. Postal Address

West Lothian Civic Centre		
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Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ☐ **Yes** ☐ **No**	**(c)**	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).
(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis		Are you content for your **response** to be made available?

	Please tick ONE of the following boxes		Please tick as appropriate ✓☐ Yes ☐ No
	Yes, make my response, name and address all available	✓ ☐	
	or		
	Yes, make my response available, but not my name and address	☐	
	or		
	Yes, make my response and name available, but not my address	☐	

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?		
	Please tick as appropriate	**✓☐ Yes**	**☐No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	

15. Other – please specify	

ANNEX 1(D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

Yes ☑

No ☐

2. If no, please explain why:

3. Are there any additional matters that should be included within the regulations?

Yes ☐

No ☑

4. If yes, please suggest:

5. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 2(C)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

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West Lothian		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓☐

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ✓☐ **Yes** ☐ **No**	**(c)**	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis **Please tick ONE of the following boxes**		Are you content for your **response** to be made available? **Please tick as appropriate** ☐ **Yes** ☐ **No**
	Yes, make my response, name and address all available	✓☐	
	or		
	Yes, make my response available, but not my name and address	☐	
	or		
	Yes, make my response and name available, but not my address	☐	

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise? **Please tick as appropriate**	✓☐ **Yes**	☐**No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	

12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes ☐

No ☑

2. If no, please explain why:

West Lothian has a current integrated Community Health and Care Partnership, which performs well in relation to meeting service-users needs. The relationship between the Council and the Health Board has been built up over many years and the integrated arrangements have been developed over time on a voluntary basis.

The Council is not clear as to the benefit of having a specific list of local authority functions which must be delegated and if such a list is to be introduced then it should be expressed in general terms, so as to accommodate maximum flexibility to meet the needs of local communities.

Comments from Housing

In relation to The Housing (Scotland) Act 1987 Section 5 - The provision of laundry and meals facilities and services as accords with the needs of the person in the provision of accommodation by a local authority would include any in-house supported accommodation providing these facilities and services. This would include housing with care for older people, sheltered housing and any in-house supported accommodation for adults such as learning disability/physical disability/mental health provision. It would also include Homeless Accommodation Units i.e Blackburn Homeless unit and any future replacement of Quentin Court, Strathbrock Family Unit and Newlands, in which these facilities and services are provided. In addition this may also include temporary tenancies and special lets leased from Registered Social Landlords. Any homeless provision should be closely aligned rather than being included as a function which must be delegated unless Homelessness as an entire function is to be included as part of the new Integration Boards. This should not be included as a 'Must Delegate' Function.

In relation to The Housing (Scotland) Act 2001 Section 92 - This appears to relate to all housing services and if included would have a fundamental impact on the delivery of housing services. The full function as described in Section 71 of the 2006 Act should not be included, with the exception of Aids and Adaptations.

In relation to The Housing (Scotland) Act 2006 Section 71 - This is part of the strategic housing function and includes the enabling role of local authorities working in partnership with the Scottish Government's Housing Supply Division. This sits as part of the Local Housing Strategy. This function should not be included as a 'must be delegated function' but should be closely aligned with Integration Boards strategic functions. The Stage 3 adaptations undertaken by Registered Social Landlords could be included.

3. Are there any further comments you would like to offer on these draft regulations?

The draft regulations include those functions as they relate to adults over the age of 18 and includes aids and adaptations and housing support services. Aids and adaptations and housing support services are provided by a local authority to people over the age of 16. This would present a gap for 16 - 18 years olds and that this provision would still be provided by Las.

ANNEX 3(C)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

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3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓☐

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ☐ **Yes** ☐ **No**	**(c)**	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

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	Yes, make my response, name and address all available	✓☐		
	or			
	Yes, make my response available, but not my name and address	☐		
	or			
	Yes, make my response and name available, but not my address	☐		

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise? **Please tick as appropriate** ✓☐ **Yes**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
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9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	

12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

ANNEX 3(D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes ☑

No ☐

If no, please explain why:

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes ☐

No ☑

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

Regulations appear unclear in relation to some aspects of hospital activity that must be delegated.

We would suggest that all mental health services provided are included (excluding regional and national services), not just Community Mental Health Teams.

We would also suggest that Home Dialysis is not included in the services that must be delegated.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes	
No	✓

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

Unclear regarding Home Dialysis service.

4. Are there any further comments you would like to offer on these draft regulations?

Where services are delivered by a partnership across a Health Board area explicit mention needs to be made in the integration scheme of how the service will be delivered and relationships with the partnerships receiving the service. A standard form of wording would be useful to ensure consistency.

ANNEX 4(C)

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forrest

Forename

Jim

2. Postal Address

West Lothian Civic Centre		
Howden Road South		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓☐

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ☐ **Yes** ☐ **No**	**(c)**	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis **Please tick ONE of the following boxes**		Are you content for your **response** to be made available? **Please tick as appropriate** ✓☐ **Yes** ☐ **No**	
	Yes, make my response, name and address all available	✓☐		
	or			
	Yes, make my response available, but not my name and address	☐		
	or			
	Yes, make my response and name available, but not my address	☐		

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise? **Please tick as appropriate**	✓☐ **Yes**	☐**No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	

12. Representative group for carers		
13. Patient / service user		
14. Carer		
15. Other – please specify		

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes ☑

No ☐

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes ☑

No ☐

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes ☑

No ☐

5. If not , why not?

6. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 5(C)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forrest

Forename

Jim

2. Postal Address

West Lothian Civic Centre		
Howden Road South		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓☐

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ☐ **Yes** ☐ **No**
(c)	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis **Please tick ONE of the following boxes**		Are you content for your **response** to be made available? **Please tick as appropriate** ✓☐ **Yes** ☐ **No**	
	Yes, make my response, name and address all available	✓☐		
	or			
	Yes, make my response available, but not my name and address	☐		
	or			
	Yes, make my response and name available, but not my address	☐		

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise? **Please tick as appropriate**	✓☐ **Yes**	☐**No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	

12. Representative group for carers		
13. Patient / service user		
14. Carer		
15. Other – please specify		

ANNEX 5(D)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes ☐

No ☑

2. If you answered 'no', please explain why:

Unsure about the inclusion of Chiropractors and Osteopaths.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes ☑

No ☐

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

5. Are there any further comments you would like to offer on these draft Regulations?

Meaning of 'SCSWIS Authorised Officer' open to misinterpretation. Does this refer to staff delivering commissioned services on behalf of Social Work eg care at home providers in the independent sector?

ANNEX 6(C)

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forrest

Forename

Jim

2. Postal Address

West Lothian Civic Centre		
Howden Road South		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	*Please tick as appropriate*	✓☐

(a)	Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)? **Please tick as appropriate** ✓☐ **Yes** ☐ **No**	**(c)**	The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).
(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis		Are you content for your **response** to be made available?

	Please tick ONE of the following boxes		Please tick as appropriate ✓☐ Yes ☐ No
	Yes, make my response, name and address all available	✓☐	
	or		
	Yes, make my response available, but not my name and address	☐	
	or		
	Yes, make my response and name available, but not my address	☐	

(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?		
	Please tick as appropriate	✓☐ **Yes**	☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	

15. Other – please specify	

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes ☑

No ☐

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 1(C)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

West Lothian Council

Title **Mr** ✓☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forrest

Forename

Jim

2. Postal Address

West Lothian CHCP		
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Livingston		
Postcode EH54 6FF	**Phone** 01506 281002	**Email** jim.forrest@westlothian.gov.uk

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate
✔☐ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ✔☐ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority✓	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	

11. Representative group for patients / care users		
12. Representative group for carers		
13. Patient / service user		
14. Carer		
15. Other – please specify		

ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

   Yes ☑

   No ☐

2. If no, what other groups should be included within the draft Regulations?

3. Are there any further comments you would like to offer on these draft Regulations?

   No.

ANNEX 2(C)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forename

2. Postal Address

Postcode	**Phone**	**Email**

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	***Please tick as appropriate***	✓

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

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Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate ☐ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☐ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2.Other NHS Organisation	
3.General Practitioner	
4.Local Authority	
5.Other statutory organisation	
6.Third sector care provider organisation	
7.Independent / private care provider organisation	
8.Representative organisation for professional group	
9.Representative organisation for staff group e.g. trade union	
10. Education / academic group	

11.	**Representative group for patients / care users**	
12.	**Representative group for carers**	
13.	**Patient / service user**	
14.	**Carer**	
15.	**Other – please specify**	

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes ☐

No ☑

2. If you answered 'yes', please list those you feel should be included:

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

4. Are there any further comments you would like to offer on this draft Order?

Clarification required regarding how non-voting members would be selected in particular carer / service user representatives to ensure collective rather than individual representation.

ANNEX 3(C)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forename

2. Postal Address

Postcode	**Phone**	**Email**

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	*Please tick as appropriate*	☐

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate
☐ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☐ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes ☑

No ☐

2. If you answered 'no', please list those you feel should be included:

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

No.

4. Are there any further comments you would like to offer on this draft Order?

No.

ANNEX 4(C)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forename

2. Postal Address

Postcode	**Phone**	**Email**

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	*Please tick as appropriate*	☐

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate
☐ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☐ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	

11. Representative group for patients / care users		
12. Representative group for carers		
13. Patient / service user		
14. Carer		
15. Other – please specify		

ANNEX 4(D)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes ☐

No ☑

2. If no, what changes would you propose?

The Strategic Planning Group should include staff-side representation. Also there needs to be an explicit link to community planning to ensure connectivity between this group and the local community planning agenda.

3. Are there any further comments you would like to offer on these draft Regulations?

No.

ANNEX 5(C)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation
Organisation Name

Title **Mr** ☐ **Ms** ☐ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

Surname

Forename

2. Postal Address

Postcode	**Phone**	**Email**

3. Permissions - I am responding as…

Individual	/	**Group/Organisation**
☐	*Please tick as appropriate*	☐

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate
☐ **Yes** ☐ **No**

(c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Are you content for your **response** to be made available?

Please tick as appropriate
☐ **Yes** ☐ **No**

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☐ **Yes** ☐ **No**

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	
5. Other statutory organisation	
6. Third sector care provider organisation	
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9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

ANNEX 5(D)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

Yes ☑

No ☐

2. If no, please explain why:

3. Are there any additional matters you think should be prescribed in the performance report?

Yes ☐

No ☑

4. If yes, please tell us which additional matters should be prescribed and why:

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes ☐

No ☑

6. If you answered yes, what form should Scottish Ministers prescribe?

7. Are there any further comments you would like to offer on these draft Regulations?

No.

ANNEX 1(D)

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

Yes ☐

No ☒

2. If no, please explain why:

NHS Lothian response:

Overall Comment

It is appreciated that the Public Bodies (Joint Working) (Scotland) Act 2014 is a complex Act to implement. However the volume and structure of these regulations add to the complexity and this will put successful implementation at risk. It would be very helpful if the number of regulations (currently 11) was reduced to a smaller number of substantive regulations.

There are also inconsistencies in this regulation with the content of the other draft regulations. This regulation does create the risk of duplication of scrutiny of detailed operational matters between the integration joint boards and the NHS Board and the local authorities.

It is assumed that NHS Boards and local authorities will continue to have responsibility for their existing performance targets. It is not understood why the proposed content of integration schemes should go into detail in this area.

Community Empowerment Bill

The Scottish Government introduced the Community Empowerment Bill on 11 June 2014, after the start of this consultation process for the Public Bodies (Joint Working) (Scotland) Act 2014. This Bill amongst other things introduces statutory responsibilities for NHS Boards with regard to community planning, and makes the integration joint board a community planning partner in its local authority area. There is no reference to these issues in either the Act or the draft regulations and orders.

This Bill does contain significant governance responsibilities for integration joint boards and their constituent authorities. As a community planning partner, section 9 of the Bill confers duties on these bodies; to co-operate with other community planning partners, to contribute resources as the community planning

partnership considers appropriate; to provide information about local outcomes to the community planning partnership; and when carrying out its functions, to take account of the local outcomes improvement plan.

There is also a considerable risk of confusion and duplication of activities with regard to the role of integration joint boards under the Act, and the role of Community Planning Partnerships and community planning partners under the Bill.

In particular there needs to be clarity on:

- the setting of outcomes (health & wellbeing outcomes (Act) v national outcomes (Bill)
- The relationship between the integration joint board strategic plans (as developed in terms of the Act), and the local outcomes improvement plan which must be prepared by a community planning partnership (the Bill).
- The integration joint boards are to carry out the functions delegated to them, and have all the powers and duties to do so. However under the Community Empowerment Bill the health board and the local authority must facilitate community planning and take reasonable steps to ensure the community planning partnership carries out its functions effectively. The Bill does not require the integration joint boards to do so.

In the interests of supporting the implementation of Government policy and the Act, more needs to be done to ensure that the Regulations and Orders take full account of all the things the public bodies have to do, and that they are clear and consistent.

Responsibility of Overspend

The draft regulation do not provide direction on how to manage overspend and NHS Lothian recommends that a process to manage overspend is prescribed through the regulations.

NHS Lothian recommends that the Integration Joint Board's resources should be regarded as a single resource. Consequently if either the NHS Board or the Council overspend on the resources given to them by the IJB, then it should be agreed that the overspend will be picked up by both parent bodies on a 50/50 basis. That way both parent bodies share the risk and neither parent body is solely disadvantaged as a consequence of an IJB direction.

Further Comments

- The presentation of prescribed matters should be simplified. A table such as the one below would be very helpful.

Prompt	INTEGRATION AUTHORITY – Section 59

	Integration Joint Board	Health Board/ Local Authority/ Health Board and Local Authority acting jointly
The operational role of the chief officer	**Information on the structure and procedures which will be used to enable the chief officer to work together with the senior management of the constituent authorities to carry out functions in accordance with the strategic plan.**	**Not applicable**

- (Pages 16 & 17) Memberships of the Integration Joint Boards and Integration Joint Monitoring Committees should not be detailed in this Regulation, as this is covered in separate regulations. There should be a cross-reference to those other regulations, or some sort of consolidation. We have identified a number of issues and discrepancies with regard to the proposed membership, and this shall be fed back elsewhere in our response to the other regulations.

- (Page 17 & 18). There has been no indication to date to suggest that the responsibility for current NHS Board targets will transfer to the integration authority. There is a prompt that suggests this is the case. It is unclear why an integration authority (particularly an IJB) would be interested in performance targets for non-delegated functions. It would be helpful if the relationship between IJB performance requirements and the ongoing NHS Board and Council performance requirements were better explained.

An alternative approach for the above two bullets could be:

- The process as to how the Integration Joint Board will be assured by the Health Board and local authority as to their systems of internal control, quality etc (assurance needs). Ideally this means drawing assurance from existing governance processes in the Health Board and local authority.

- How the Integration Joint Board will receive relevant information to inform its performance report.

- (Page 18- Clinical and Care Governance). In terms of structure it would make sense if the headings of financial, staff, information governance were also used to organise the various prompts in this regulation.

- (Pages 18 & 19): It should be clear that the term “Chief Officer” only applies when an Integration Joint Board is being created.

- (Page 19 – Transfer of staff) Integration Authorities will require a period to develop and implement their strategic commissioning plans which will inform if and how many staff will transfer between constituent authorities. This section should either be removed from the regulation or instead the prescribed information should be changed to require information on the *process* to transfer staff instead of the approximate number who will transfer.

- (Page 19 – Financial Management of an integration joint board). The effect of the Act means that the integration joint board is subject to Part 7 of the Local Government (Scotland) Act (1973). This means that the integration joint board will have its own "section 95" officer who is then responsible for the proper administration of financial affairs. It is a fundamental issue to confirm who that officer shall be (or at least when he/she will be appointed), and that person will then attend to other matters in the 1973 Act.

- Page 19: Each integration authority must produce an annual financial statement (Section 39 of the Act). The draft regulation only attaches this responsibility to integration joint boards, and leaves out the lead agency model.

- (Page 19 – Financial reporting to an integration joint board). Integration joint boards are responsible for the financial consequences of their plans, so there has to be some mechanism that will recognise this and facilitate any required action.

- Pages 21 & 22 – Risk Management: There are a number of conceptual flaws in here. The health board, local authority, and integration joint board are three distinct legal entities. They are entitled and required to devise their own risk policies and associated risk appetites. A single list of risks does not recognise any of this, or how risk management should work. If a lead agency model is used, then the risk policy of the integration authority applies.

3. Are there any additional matters that should be included within the regulations?

Yes ☐

No ☒

4. If yes, please suggest:

5. Are there any further comments you would like to offer on these draft Regulations?

No

ANNEX 2(D)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes [X]

No [ ]

2. If no, please explain why:

3. Are there any further comments you would like to offer on these draft regulations?

No

ANNEX 3(D)

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes ☐

No ☒ X

If no, please explain why:

NHS Lothian response:

Independent Providers

General Dental Services, General Ophthalmic Services and General Pharmaceutical Services should be on the MUST list.

These are vital primary care services to which the local population requires access and which are core in maintaining the health of the population. They also work closely with many of the prescribed NHS and Social Care functions.

It is recognised that the budgets are not easily disaggregated to Integration Authorities where there are more than one in a Board area, but this does not prevent the Integration Authorities having the delegated function, including these services in their strategic plans and agreeing that the NHS Board Primary Care Contractor function will carry out the contractual and budgetary work on their behalf. If these services are not delegated these groups of independent contractors will remain disengaged from local planning.

Civil Contingencies Act

The text identifying the functions from this act that must be delegated relates to a different act. Clarification is required on which parts of the Act will be included in the Regulations.

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes ☐

No ☒

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

NHS Lothian response

We have a general comment regarding the terms used to describe functions which will be prescribed - the terms used in the final set of regulations must describe health functions accurately to support Boards and Integration Authorities. See our response below.

Acute Services

NHS Lothian supports the principle that services provided in hospital associated with the unplanned care pathway for frail older people, and people with long term conditions should be delegated to the Integration Authorities for the purpose of strategic planning.

However, we are concerned about the adverse impact this principle may have on the delivery of acute hospital services and support the proposal that where a large hospital serves the populations of several local authorities, the Health Board can identify and "set aside" the appropriate portion of the hospital budget, rather than physically paying it out. Use of that part of the budget will be directed by the Integration Authority via the strategic plan, which will be developed with the full involvement of the Health Board and Local Authority. This proposal needs to be included in the Regulations.

Hospital Strategic Plan

We strongly recommend that in Health Board areas where there are multiple Integration Authorities that there is a requirement in the regulations for a strategic plan for hospital functions to be produced and owned by the Health Board which has been agreed with the local Integration Authorities.

Hosted Services within scope of CHP

The consultation (page 45) confirms that all services already within the scope of CHP arrangements *must* be delegated to Integration Authorities. NHS Lothian agrees that almost all services currently within the scope of CHPs will be delegated but there are some specific services (e.g. prison healthcare) which are currently managed by a CHP but will not be delegated. The regulations need to provide for this situation.

Home Dialysis

Dialysis services delivered in the home should not be included because they are an integral part of renal services, a function which is not being delegated to the Integration Authorities.

Screening

We require further clarification on the inclusion of screening for early disease under 'health promotion' (page 50) and 'services designed to promote public health' (page 56) We have interpreted these statements in the Regulations as describing identification of individual risk factors for disease rather than national screening programmes which we have assumed will not be delegated to Integration Authorities but this requires clarification.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes	
No	X

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

NHS Lothian response

Schedule 2 uses terminology which is not commonly used by NHS management and at times is unclear as to its meaning. The following changes are suggested;

- Replace "unplanned inpatients" with "unscheduled medical admissions".
- There is a National Benchmarking Project which produces a National Efficiency & Productivity Scorecard. This uses 29 indicators, one of which is "preventable admissions". Perhaps there is an opportunity to use this work to define the relevant services / activity?
- Remove "Outpatient Accident and Emergency Services". Schedule 2 defines this as "urgent or emergency" whilst the consultation document refers to "minor problems who do not require admission but do require review". Perhaps an alternative definition is "Unscheduled care for patients whose clinical condition does not require an urgent response or do not require to be treated as an emergency."
- Replace "Care of Older People" with "Scheduled Medical Care for Older People"
- Women's services: Why make the distinction for women's health services, if there is a catch-all requirement to cover all adult services?

- Services designed to promote public health: This needs reviewed, as the policy consultation (pages 47-50) refer to health promotion rather than public health.

- Health visiting is predominately a service for children, rather than people over 18 years old. It would be helpful to clarify what services are envisaged by this prompt.

4. Are there any further comments you would like to offer on these draft regulations?

NHS Lothian response

No

ANNEX 4(D)

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes ☐

No ☒ X

If no, please explain why:

NHS Lothian response

The Act requires Integration Authorities to have regard to these outcomes when preparing the integration schemes (section 3) and the strategic plan (section 30). Section 42 requires a performance report in planning and carrying out integration functions.

NHS Lothian supports the principle of using outcomes but recommend that the regulations should explain that the performance report will need to focus on the indicators that support achievement of the outcomes and not on the outcomes themselves.

2. Do you agree that they cover the right areas?

Yes ☐

No ☒ X

3. If not, which additional areas do you think should be covered by the Outcomes?

NHS Lothian response

We recommend that the outcomes Integration Authorities are required to achieve through their Strategic Plans are explicitly linked to the six dimensions of quality – health and social care services are safe, effective, person-centred, equitable, timely and efficient.

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes ☐

No ☒

5. If not , why not?

NHS Lothian response

The outcomes are too broad, overlapping, and are not measurable.

There is also a risk that there is an unrealistic expectation on the ability of an individual integration authority to affect any of these outcomes in a significant way. Many of the outcomes relate to wider economic and social factors which the integration authorities cannot control and would be more suitable to be stated outcomes within Community Planning Partnerships.

Are there any further comments you would like to offer on these draft Regulations?

NHS Lothian response

The following points relate to specific outcomes in the draft regulations:

Outcome 1 and 2 overlap because living in good health can include living where you want to.

Outcome 4 does not appear to relate to the policy background. The policy background is about geographical access to health and social care services and quality of service provision.

It is not clear if Outcome 8 is about continuous quality improvement or about staff experience or engagement.

Outcomes 8 and 9 as they are currently written are not in themselves “outcomes”. These outcomes are already expressed in the integration delivery principles: Section 25 (1) (b) (xii) – “*makes best use of available facilities, people, and other resources*”).

ANNEX 5(D)

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes ☐

No ☒ X

2. If you answered 'no', please explain why:

NHS Lothian response

Public Health Specialists have been excluded from the list of health care professionals and need to be included.

We are unsure about the inclusion of Chiropractors and Osteopaths in this term.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes ☒ X

No ☐

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

NHS Lothian response

No comment

5. Are there any further comments you would like to offer on these draft Regulations?

NHS Lothian response

The list of prescribed healthcare professionals includes dentists, optometrists and pharmacists but the primary care contractor elements of these professionals'

services are excluded from the list of delegated functions. This is not consistent. As indicated in 3(D) we believe that these functions should be on the MUST list of delegated functions.

ANNEX 6(D)

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes [X]

No [ ]

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?

ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

   Yes ☐

   No ☒

2. If no, what other groups should be included within the draft Regulations?

   NHS Lothian response:

   We recommend that no further groups of stakeholders are included in the list and that some could be removed.

   This draft Regulation needs to be considered alongside the draft regulation on the prescribed membership of strategic planning groups (Annex 4 of the SET 2 consultation).

   The integration authority is required to establish a strategic planning group before preparing its first strategic plan (Section 32(1)). Its membership is prescribed in Section 32 and the draft regulation. The integration authority must consult its Strategic Planning Group when preparing its strategic plan (Section 33), and when it proposes to make a significant decision (Section 36), and when it is reviewing its strategic plan (Section 37).

   If a Strategic Planning Group is properly established and is working effectively, it could be given a specific role to support and advise the integration authority on appropriate and effective consultation.

   Taking the above steps would rationalise the regulations, and simplify the integration authority's processes.

3. Are there any further comments you would like to offer on these draft Regulations?
   NHS Lothian response:

   If the above proposal is not accepted, and use of a long list of standard consultees is to remain, then that list needs to be reviewed to give clarity as to how to apply it in practice.

We have the following queries in NHS Lothian:

Health Professionals

How does this group differ from "staff of health board" who are to be consulted anyway under paragraphs 3 & 5 in the draft Regulation? If there was staff representation on the Strategic Planning Group, then this prompt may not be required.

Definitions of commercial and non-commercial providers

Section 68 (2) of the Act defines a commercial provider as:

"For the purposes of this Act, a provider of a service is a "commercial" provider if the aim of the person in providing the service is or includes making a profit."

The draft regulation does not refer to this definition, and even if it did it would not be particularly helpful. By necessity all organisations need to make some sort of financial surplus to remain financially viable.

The regulation is an opportunity to clarify what integration authorities need to do. Given that all public bodies already have to comply with the Bribery Act 2010, it may be more relevant to borrow a definition from that Act.

Section 7(5) of the Bribery Act 2010 defines a "commercial organisation" as follows:

"(5) In this section— "partnership" means—
(a) a partnership within the Partnership Act 1890, or
(b) a limited partnership registered under the Limited Partnerships Act 1907, or a firm or entity of a similar character formed under the law of a country or territory outside the United Kingdom,

"relevant commercial organisation" means—
(a) a body which is incorporated under the law of any part of the United Kingdom and which carries on a business (whether there or elsewhere),
(b) any other body corporate (wherever incorporated) which carries on a business, or part of a business, in any part of the United Kingdom,
(c) a partnership which is formed under the law of any part of the United Kingdom and which carries on a business (whether there or elsewhere), or
(d) any other partnership (wherever formed) which carries on a business, or part of a business, in any part of the United Kingdom,

and, for the purposes of this section, a trade or profession is a business."

This definition captures every body corporate and partnership, and accordingly would cover registered charities (which may be engaged in health and social care).

This leaves the problem of identifying what a "non-commercial provider of care" is. The Regulation could list examples, e.g. sole traders, unpaid carers, unincorporated interest/ social/ groups, community groups, unincorporated social enterprises.

- By implementing the above proposal, the term "third sector bodies" can be removed.
- The regulation refers to "users". The Act refers to "service-users" – we suggest you change this to make terminology consistent.
- There is no need to separate the consultees for health care, social care and social housing. These can be consolidated, particularly if the clear definition for a commercial organisation is adopted.

Compliance

It would be helpful to clarify how the integration authority will be deemed to have complied with this Regulation, perhaps through reference to existing guidance from the Scottish Health Council.

We recommend that this regulation is consolidated with the regulation on strategic planning groups.

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes [X]

No [ ]

2. If you answered 'yes', please list those you feel should be included:

NHS Lothian response:

Finance Officer Membership

Within the draft regulation for the content of integration schemes (Set 1) it says that either the Health Board Director of Finance or the local authority proper officer should be included in the membership. In this Regulation there is no reference at all to any finance person within the membership.

We understand that as a consequence of Section 13 of the Act, the integration joint board will be required to have its own proper officer within the terms of Section 95 of the Local Government (Scotland) Act 1973. The integration joint board's proper officer is distinct from the local authority's proper officer. In our view this proper officer should be included in the minimum non-voting membership of the integration joint board.

3. Integration Joint	Are there any other areas related to the operation of the Board that should also covered by this draft Order?

NHS Lothian response:

The Regulations state that both the NHS Board and the local authority must "nominate" their voting members for the integration joint board. It is not stated anywhere in the Regulation that the nominees' appointment to the integration joint board is subject to the approval of Scottish Ministers, and we understand this to be the case. If this is correct, then this must be explicitly stated in the Regulation.

Following on from this point, Regulation 8 needs to be clarified;

"8.—(1) Subject to paragraph (2), the term of office of a member of the integration joint board member is to be determined by the constituent authorities, but is not to exceed three years."

If the Scottish Ministers are to make the appointment, does the above mean that they can only appoint the person for the term specified in the nomination by the constituent authority?

Regulation 14 (Removal of Members) raises further questions. It indicates that a constituent authority may remove a voting member by giving one month's notice. The integration joint board appears to be able to remove any member for missing 3 consecutive meetings, or acts in a way that brings the integration joint board into disrepute or in a way which is inconsistent with their membership of the board, the integration joint board may remove the member from office. In both cases it appears that a Ministerial appointment may be ended without further reference to the Scottish Government. Is this the intention?

Standing Orders – Deputies: It would be more appropriate to refer to these as "alternates" rather than "deputies". The alternates should be expected to carry out the duties of a member and be free to do so on their own account – they are not there to act on behalf/ following the direction of the person who could not attend. However if all voting members are appointed by the Scottish Ministers, is it appropriate to use an alternate who has not been appointed to the IJB by Scottish Ministers?

4. Are there any further comments you would like to offer on this draft Order?

NHS Lothian response

We want the regulations to remain flexible to allow Local Authorities and Health Boards to retain the ability to decide the number of voting members.

Staff-Side Representation – Voting membership

It is important that the views of staff-side from Health Boards and Local Authorities are considered by the Integration Joint Board in agreeing the strategic plan.

The Health and Social Care Integration HR Working Group recently received a briefing that was prepared following a meeting of trade union representatives on the working group, to discuss potential arrangements for trade union representation on integration boards. Those representatives proposed the following principles:

- "An understanding that the interests of health and local authority staff need to be represented by appropriate trade unions/professional organisations.
- The needs of health employed staff and local authority employed staff will often, but not always, be common and therefore representation on behalf of both health and local authority staff side will be necessary.
- An agreement that staff side representatives from each sector will represent the collective staff side organisations from that sector, this will require careful and sensitive handling as this is not currently common practice particularly in Local Authorities.
- It will be the responsibility of staff side representatives from each sector to ensure engagement with the partnership consultative committees within the employing authority.
- The partnership arrangements at integration board/committee level will not extend to collective bargaining arrangements and current collective bargaining arrangements over issues such as terms and conditions of employment, pay etc. will remain."

Given the history of partnership working within NHS Scotland, Lothian NHS Board supports the above principles, and proposes that the two staff-side representatives on the integration joint boards should be voting members. This is consistent with the current position for NHS Boards where the Employee Director is appointed as a member of the Board.

The Scottish Government's policy position in the consultation paper is:

"*Scottish Ministers consider it appropriate for only the members nominated by the Health Board and the local authority to have a vote. The effect of this will be that the voting members are either democratically elected members of the Council or appointed by Scottish Ministers, via the Public Appointments system, to the Health Board and are therefore accountable by virtue of these robust and transparent mechanisms. This is not the case for other stakeholders. Therefore members who are appointed due to their professional role, or those representing other stakeholders, will not vote on decisions of the integration joint board*."

If a NHS Board operates within one local authority, then it could nominate its Employee Director onto the integration joint board and the above policy position would be upheld. However Lothian NHS Board operates over four local authority areas, and it would be impractical to require one person to sit on all four integration joint boards. Therefore we recommend that the Government supports NHS Boards

that cover several local authority areas, by providing that the NHS staff-side may nominate further individuals to sit on four integration joint boards, and that the Scottish Government will appoint them to be members.

Number of Councillors

The Regulations provide that the local authorities can elect to appoint up to 10% of their membership to integration joint boards, and that the health board and local authority are to appoint the same number of members on each integration joint board.

Lothian NHS Board serves four local authorities. If the 10% option was applied by each of them, Lothian NHS Board would have to nominate 16 of its 25 members to be members of the integration joint boards. 5 of the 25 are executive board members. There is a risk that securing this membership is not achievable, and the Scottish Ministers may need to appoint further NHS Board members.

Quorum

The quorum is set comparatively high with the requirement that at least two thirds of the voting members from the Health Board and two thirds from the Local Authority. Normal practice for calculating quorum means that you have to round up if the calculation leads to a number that is not whole, e.g. two thirds of 4 members is 2.67 members – 3 members need to be present to achieve at least 2.67. The effect in this scenario is that three quarters of the membership needs to be present to achieve quorum.

We recommend that this is lowered, otherwise there is a higher risk that the integration joint boards fail to meet due to lack of quorum.

Selection of Chair

The Order discusses the arrangements for selecting the Chair and the Vice-Chair. Arguably this is something that should be addressed within the integration scheme. It may be helpful to consolidate this regulation with the regulation on the integration scheme.

Additional Comments

Regulation 10: There should be clarification that if the remaining members do not agree on how the vote should be cast, then the vote will not be counted.

Regulation 13 (3) needs to be corrected. It should be clarified that as long as an individual holds the offices described at 3(1) (c-f), as well as the office of the IJB proper officer, then they will remain non-voting members of the IJB. However if they resign from office, then they will be deemed to have automatically resigned from the integration joint board too.

Regulation 15- Expenses: It may be simpler if the constituent bodies paid the expenses of their respective members.

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes ☐

No ☒

2. If you answered 'no', please list those you feel should be included:

The remit of the Integration Joint Monitoring Committee is essentially one of assurance. It will not take decisions and does not appear to take any responsibilities away from the constituent authorities. The membership of this committee should be independent from executive management. This is similar to the principles used for any other assurance committee within an organisation. Membership gives a right of attendance and this should not be given to executive officers. The committee will invite officers to attend and will have a standing list of attendees who are not members. All officer posts should be removed from the regulations (i.e. chief social worker, director of finance). The list of IJMC members should be reduced to NHS Board members, Councillors, and any co-opted individuals who are not employees of the Health Board or Council.

The integration authority will still have a Strategic Planning Group, which has representation from various stakeholders.

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

NHS Lothian response:

No

4. Are there any further comments you would like to offer on this draft Order?

NHS Lothian response:

Given the nature of the IJMC, it should not have the ability to remove its members (Regulation 10) – that is a matter for the constituent authorities.

With regard to expenses (Regulation 11), these are a matter for the constituent authorities. The IJMC is not a separate public body and does not have the ability to make any payments.

The IJMC cannot make its own standing orders, as stated in Regulation 13. It is a creature of the NHS Board and the local authority, and it is for them to make the IJMC standing orders (or even their terms of reference).

With regard to the Standing Orders, a quorum of two thirds of the membership appears high. The IJMC is not a decision-making body, and it is not clear why the members would vote, rather than agreeing a position by consensus. Therefore it would be sensible to revisit the provisions for quorum and voting.

ANNEX 4(D)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

   Yes ☐

   No ☒

2. If no, what changes would you propose?

   NHS Lothian response:

   Breadth of Representation

   Further consideration should be given to the required membership of the strategic planning group. The list of required representation is too long and will result in a large group that may be unable to perform its function. This feedback should be considered in conjunction with the feedback on Annex 1 of Set 2: prescribed groups that must be consulted.

   There is a misplaced belief in this regulation that primarily breadth of representation will ensure that members of this group discharge their duty. Whilst NHS Lothian is committed to robust engagement and consultation with all our stakeholders it is of greater important that the members of the Strategic Planning Group have the relevant skills and experience to discharge their role properly – there will appropriate opportunities for engagement and consultation with stakeholders on the strategic commission plans.

This regulation also fails to take cognisance of existing community planning structures which, if the planning group membership remains the same, may lead to duplication and confusion.

3. Are there any further comments you would like to offer on these draft Regulations?

NHS Lothian response:

The Regulation only discusses the membership of the Strategic Planning Group, but does not offer any basic standing orders or other rules relating to how the Group is to operate.

It is fundamental to stipulate what the quorum is. If the integration authority has a duty to consult the Strategic Planning Group, then it is essential that it meets with an adequate membership to discharge its role.

ANNEX 5(D)

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

   Yes [X]

   No [ ]

2. If no, please explain why:

3. Are there any additional matters you think should be prescribed in the performance report?

   Yes [X]

   No [ ]

4. If yes, please tell us which additional matters should be prescribed and why:

   NHS Lothian response:

   Section 42 of the Act does not state whether or not the integration authority is to provide the performance report to the Scottish Ministers. It merely says that the performance report is to be published, with a copy given to the Board, Council, and IJMC (if there is one). It would be helpful to clarify what is meant by "publish". What is the minimum an integration authority is to do under Section 42 (4) in order to be deemed to have published the performance report.

   The performance report is to include:
   "information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes during the reporting year;"

   It would be helpful to clarify if it is for the integration authority to define what the key indicators or measures are, or whether this shall be prescribed by the Scottish Government.

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes [X]

No [ ]

6. If you answered yes, what form should Scottish Ministers prescribe?

NHS Lothian response:

This should be developed in consultation with Integration Authorities

7. Are there any further comments you would like to offer on these draft Regulations?

No

West Lothian Council

NHS Lothian

West Lothian

Community **H**ealth and **C**are **P**artnership

CLINICAL GOVERNANCE:

Meeting of
12 August 2014

Agenda Item
[10a]

1. **TRANSITION OF LINLITHGOW FAMILY PRACTICE**
2. **SCOTTISH HEALTH AND CARE EXPERIENCE SURVEY 2014**

REPORT BY CLINICAL DIRECTOR

SUMMARY

The purpose of this report is to

1. Inform the Board of the arrangements now in place for the transition of Linlithgow Family Practice following the retiral in June 2014 of the single handed practitioner.
2. Inform the Board of the outcome of the 2013/14 Scottish Health and Care Experience Survey.

RECOMMENDATION

Board is asked to

1. Note the contents of the report
2. Be aware and reassured that due process is being followed in the management of the transition of Linlithgow Family Practice and that appropriate clinical governance arrangements are in place
3. Support actions to address the issues raised by the survey.

1 LINLITHGOW FAMILY PRACTICE

BACKGROUND

Linlithgow Family Practice is a single-handed practice based in Linlithgow Health Centre with some 2100 patients. The majority are resident in West Lothian but around 300 patients are resident in other health board areas, principally Forth Valley. To provide continuity of care, the previous incumbent, now retired, continues to provide GP services to the population on a locum basis for the CHCP pending the appointment of a suitable replacement.

Following advice and in collaboration with the PCCO, the practice has been advertised in whole and in parts and a suitable replacement has been found. The Richmond Practice in Bo'ness have presented a robust business case and will run both practices. Whilst this arrangement usefully facilitates cross cover in the event of staff absences, nevertheless the practice will have a dedicated team of GPs and support staff, thus ensuring continuity of care. As the Richmond practice is in Forth Valley and not in Lothian the two practices will be run as separate business entities, with Linlithgow Family Practice being run in accordance with Lothian targets and priorities for areas such as prescribing and enhanced services.

NEXT STEPS

Formal acceptance of the contract has now been received and a start date of 1st November has been set. The CHCP are now working with the PCCO to ensure all arrangements are in place for a smooth transition.

2 SCOTTISH HEALTH AND CARE EXPERIENCE SURVEY

BACKGROUND

The survey asked respondents to feed back their experiences of their GP practice, out-of-hours care and social care services, including services for carers. Over 100 000 individuals registered with a GP practice responded. On the whole, the majority of patients and care users report a positive experience of their care, however, an overarching finding was that patients were slightly less positive than in the previous survey in 2011/12.

For West Lothian, satisfaction rates had also dropped, and were generally 1-2 percentage points below the Scottish average. The reasons for this are not clear, however staff shortages and higher consultation rates in West Lothian are likely contributing factors.

Many practices in West Lothian are currently experiencing staffing difficulties, with GP recruitment a particular problem. Regarding consultation rates, these continue to increase throughout Scotland, with 43% of patients now consulting their GP 5 or more times a year, and 13% more than 10 times a year. For West Lothian, these figures are 45% and 15% respectively. This higher pressure on services impacts on many of the indicators such as access, patient's involvement in care and ability to get through on the phone.

Notably, West Lothian performed well in certain indicators, being 3 points above the Scottish average in "I feel the doctor listened to me", and 8 points above average in "Services are well coordinated for the people carers look after."

NEXT STEPS

The CHCP has instituted a support package for practices under pressure, meeting with practices promptly to discuss difficulties and offering a comprehensive workload assessment to identify areas where the practice could work differently to better meet demand. We are also carrying out a workforce survey for all practices to identify existing vacancies and look at ways to boost recruitment.

PREVIOUS CONSIDERATION BY THE BOARD

May 2014

IMPLICATIONS

Equality/Health	LINLITHGOW FAMILY PRACTICE The new arrangements will provide more robust business continuity arrangements, improving patient safety, whilst maintaining a choice of GP practice for patients in the Linlithgow area.
Financial/Resource	Within existing resources.
Legal	Advice has been sought regarding the process to be followed for the transition of the practice.
Risk Register ID	CHCP009

REFERENCES

http://www.healthcareexperienceresults.org/

APPENDICES

None.

CONTACT/DATE OF REPORT

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12 August 2014

West Lothian Council

NHS Lothian

West Lothian

Community Health and Care Partnership

CARE GOVERNANCE -
CARE INSPECTORATE INSPECTION OF COMMUNITY CARE SERVICES

REPORT BY HEAD OF SOCIAL POLICY

Meeting of
12 August 2014

Agenda Item
[11a]

SUMMARY

The purpose of this report is to advise the Board of the grades achieved in Care Inspectorate Inspection of West Lothian Council's Community Care Services during the financial year 2013 – 14.

RECOMMENDATION

The Board is asked to note the current performance grades of West Lothian Council's Community Care Services.

BACKGROUND

The Care Inspectorate grades services as part of fulfilling their duty under section 4(1) of the Regulation of Care (Scotland) Act 2001 and publishes inspection reports to provide information to the public about the quality of care services.

The Care Inspectorate introduced the current grading scheme for inspections during April 2008. All inspections undertaken are based on aspects of the National Care Standards and other regulatory legislation. These are grouped together and services are inspected under four quality themes:

1. Care and Support
2. Environment
3. Staffing
4. Management and Leadership.

Part of the assessment and grading process requires the completion of a Self-Grading / Self-Assessment report by those services subsequently inspected. This process includes the provision of supporting evidence, which should incorporate evidence of the structured involvement of Carers and Service Users.

The grading system comprises of a six-point scale, ranging from a score of 6 (Excellent) to 1 (Unsatisfactory). Grade 3 (Adequate) indicates an acceptable level of performance for the purpose of regulation, with grade 4 being Good and Grade 5 being Very Good. Grades of 1 or 2 represent levels of performance which are not considered acceptable to the Care Inspectorate and may result in the Care Inspectorate taking formal enforcement action to support improvements.

On producing the inspection report, Care Inspectorate officers will, where it is necessary, make recommendations or requirements of the service. A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. The Care Inspectorate can also make a recommendation which sets out actions a care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Not all care services are inspected annually, and where an inspection has not taken place in the financial year 2013-14 Appendix 1 details the current grades for the care service. The inspection reports across all of the Community Care services provided by West Lothian Council shows a consistently high trend in performance where services achieve grades of 4 and above:

Care & Support	Environment	Staffing	Management & Leadership
94%	100%	100%	94%

CONCLUSION

The care service inspection reports for West Lothian Council's Community Care Services show how well the local authority delivers social work services. The current grades demonstrate a positive performance and gives reassurance that the needs of our service users are being well met by high performing services.

PREVIOUS CONSIDERATION BY THE BOARD

Care Inspectorate inspections are reported on a regular basis.

IMPLICATIONS

Equality/Health	N/A
Financial/Resource	No additional financial resources beyond those already allocated to service revenue budgets.

Legal	- Regulation of Care (Scotland) Act 2001 - Public Services Reforms (Scotland) Act 2010 - Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - National Care Standards
Risk Register ID	CHCP008

REFERENCES

None.

APPENDICES

Care Inspectorate Grades for West Lothian's Community Care Services

CONTACT/DATE OF REPORT

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12 August 2014

Appendix

West Lothian Council Community Care Services Care Inspectorate Grades

Care Homes

Burngrange	**Burngrange Park, West Calder, EH55 8ET**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
9 Jan 2014	4	4	4	4
15 Aug 2013	3	3	3	3

Craigmair	**1 Larch Grove, Livingston, EH54 5BU**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
20 Nov 2013	5	5	5	5

Limecroft	**Templar Rise, Livingston, EH54 6PJ**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
28 Nov 2013	4	4	4	4

Whitdale	**110 East Main Street, Bathgate, EH47 0RH**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
10 Feb 2014	3	4	4	4
2 Oct 2013	3	4	4	4

Day Care, Care at Home and Support Services

Ability Centre	**Carmondean Centre Road, Livingston EH54 8PT**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
2 Aug 2013	5	5	5	5

Burnside (Respite)	**8/9 Muirs Court, Broxburn, EH52 5JQ**			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
19 March 2014	5	5	4	4

Deans House	Glen Road, Livingston, EH54 8DH			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
28 Aug 2013	5	4	4	4

Eliburn Day Centre	Jackson Place, Livingston, EH54 6RH			
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
1 May 2013	5	5	4	4

Holmes Gardens Day Resource		1 Holmes Road, Broxburn, EH52 5JD		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
15 Sep 2010	5	Not assessed	5	Not assessed
21 Oct 2009	4	4	4	4

Housing Support Care at Home		New Cheviot House, Livingston, EH54 6QN		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
4 Nov 2013	4		4	3

Adult Placement Service		New Cheviot House, Livingston, EH54 6QN		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
16 Dec 2013	5		5	5

Limecroft Day Centre		Templar Rise, Livingston, EH54 6PJ		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
9 Sept 2010	5	Not assessed	Not assessed	5
26 May 2009	5	5	5	5

Pathways		Quigley House, Craigshill, Livingston, EH54 5DT		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
6 Feb 2013	5	4	5	5

Housing with Care		West Lothian Civic Centre, Livingston, EH54 6FF		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
22 Jan 2014	4		5	4

Support at Home Services		Strathbrock Partnership Centre, Broxburn, EH52 5LH		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
27 Nov 2013	5		5	4

Whitdale Day Care		110 East Main Street, Bathgate, EH47 0RH		
Inspection date	Care & Support	Environment	Staffing	Management & Leadership
19 Feb 2013	5	4	5	5

Grading Key

1 = Unsatisfactory
2= Weak
3 = Adequate
4 = Good
5 = Very Good
6 = Excellent

Meeting of
12 August 2014

Agenda Item
[12]

2014/15 REVENUE BUDGET- MONITORING REPORT AS AT 30 JUNE 2014

REPORT BY HEAD OF COUNCIL SERVICES AND HEAD OF HEALTH SERVICES

SUMMARY

To provide the Board with a joint report on financial performance in respect of West Lothian Community Health and Care Partnership (WLCHCP) based on figures for the period to 30 June 2014.

RECOMMENDATION

It is recommended that Board members consider the report and note that service managers are taking management action to address areas of financial pressure within their own service area to ensure spend is contained within the budget available.

BACKGROUND

In the initial years of the WLCHCP the agreement provides for the alignment of West Lothian Council and NHS Lothian budgets. This report relates to both budgets however as they are still aligned there is still a requirement for each organisation to deliver a balanced budget independently of one another.

PREVIOUS CONSIDERATION BY THE BOARD

Financial reporting is a standing item on the Board agenda.

IMPLICATIONS

Equality/Health	None.
Financial/Resource	CHCP Council services outturn for the year is forecast to breakeven, however this may change following the outcome of the comprehensive monitoring exercise being undertaken at month 4. CHCP Health services outturn for the year is expected to breakeven however this is likely to change after the quarter 1 forecast bearing in mind the current Prescribing position.

Legal	None.
Risk Register ID	CHCP011

TERMS OF REPORT

West Lothian Council Aligned Budget Position

In line with agreed budget monitoring arrangements of the Council, the monitoring will be carried out on a risk based approach with full monitoring of the budget carried out on a quarterly basis, in August, October and January. The table below sets out the financial position of the council's element of the CHCP budget. This reflects the zero based budgeting exercise undertaken for all 2014/15 service areas to reflect the anticipated expenditure for the year. Based on this and a breakeven position is forecast at this stage.

Table 1: West Lothian Council's Aligned Budget

	Annual Budget £000	Forecast Outturn 2014/15 £000	Variance 2014/15 £000
Children and Early Intervention			
Health Improvement	381	381	0
EI Programme	651	651	0
EI Looked After Children	8,661	8,661	0
EY Change Fund	937	937	0
SWAT	109	109	0
Young People & Public Protection			
Criminal and Youth Justice	380	380	0
Childcare and Protection	14,190	14,190	0
Public Protection	1,397	1,397	0
Community Care			
Learning Disabilities	11,169	11,169	0
Mental Health Assessment	1,285	1,285	0
Physical Disabilities	5,605	5,605	0
Health and Care Change Fund	480	480	0
Older People Assess & Care Mgmt	21,629	21,629	0
Reablement Crisis Care	2,592	2,592	0
Community Care & Support Services			
Head of Social Policy	290	290	0
Care Homes & HWC	6,449	6,449	0
Occupational Therapy	1,966	1,966	0
Contracts Commissioning & Support	7,773	7,773	0
Mental Health	1,631	1,631	0
Total Expenditure	**87,575**	**87,575**	**0**

As shown above, a breakeven position is forecast for the council's budget.

The 2014/15 budget and outturn position assumes the achievement of 2014/15 budget reductions totalling £0.684 million. Progress on delivering these savings is currently being reviewed. A summary of the key issues in the council's aligned budget are noted below:

Community Care

The main anticipated risk area is Community Care due to further high cost Learning Disability placements likely to be made over the course of 2014/15. There remains uncertainty over the timing of placements at this stage and an additional £965,000 has been allowed for in the 2014/15 budget.

Increased Community Care for Older People is also a key risk area and additional budget of £1,072,000 has been provided in 2014/15 to meet the growing costs in this area. Expenditure on Free Personal Care and care homes, both internal and external will be closely monitored throughout the year.

Direct payments are also likely to increase. Early indications are that expenditure in this area will be in the region of £1,000,000 compared with a total of £809,000 last financial year. However, an element of this is a shift in how service users choose to have their care delivered under self directed support and this should be offset against a reduced spend in other areas.

Children & Early Intervention

The projects funded by the Early Years Change fund are now well established and the full budget of £937,000 is expected to be spent this year.

Community Care and Support Services

While internally provided Residential Care for Older people remains under pressure this budget is limited by the number of places we can provide which in turn limits expenditure. A break even position is anticipated going forward.

Young People and Public Protection

Disabled and Residential school placements will also continue to be closely monitored over the course of the coming year, having been a pressure area throughout 2013/14. However, work is ongoing within Social Policy in conjunction with Education Services looking at how care is delivered for looked after children. The objective will be that more children are maintained within the authority under local authority care. It is expected that along with providing benefits for the children and their families through being looked after in their local community that this will also deliver financial efficiencies to help the council balance the budget in future years.

NHS Lothian Aligned Budget Position

The financial position for CHCP Health services for the year to June 2014 is £185,000 overspent. This position consists of a number of variances, which are set out below in Table 2:

Table 2: NHS Aligned Budget Position

Core CHCP Services	Annual Budget £000	Variance at 30.06.14 £000	Projected Outturn 2014/15 £000	Projected Variance 2014/15 £000
Mental Health	13,569	(141)	13,569	0
Community Health	10,290	69	10,290	0
Allied Health Professionals	3,990	5	3,990	0
Other	(3,957)	(4)	(3,957)	0
TOTAL CORE HCH	**23,891**	**(71)**	**23,891**	**0**
GMS	22,925	0	22,925	0
Prescribing	28,635	(198)	28,635	0
Resource Transfer	6,649	0	6,649	0
Total	**82,101**	**(269)**	**82,101**	**0**
Hosted Service Community Dental	11,810	185	11,810	0
Hosted Edinburgh Dental Institute	4,852	(52)	4,852	0
Hosted Podiatry Service	3,162	(7)	3,162	0
Hosted Psychology Service	7,527	(42)	7,527	0
Total Hosted	**27,352**	**84**	**27,352**	**0**
CHCP Total	**109,452**	**(185)**	**109,452**	**0**

Mental Health

The year to date position for Mental Health is £141,000 overspent. This is mainly caused by a higher than normal level of medical agency costs due to a vacancies and sickness absence within the consultant workforce and higher than normal nurse bank costs mainly in Maple Villa. An action plan is being worked on to address these issues.

Community Health

The year to date position for Community Health is £69,000 underspent. This is mainly due to vacancies in community nursing offset by high nurse bank costs in Tippethill Baillie wing. The reasons for this are being investigated.

AHPs

AHPs are showing underspend to date of £5,000. This is due to an underspend in staff costs offset by an overspend in supplies. Variance is not material

Other Services

The year to date position for Other Services, which includes Childrens Services, FHS Services and the Management team is £4,000 overspent. The overspend is arising within the Management Team and relates to an unfunded management post. Work is underway to obtain funding to close this gap. The other services are on budget or underspending.

Hosted Services

Hosted Services are showing an underspend of £84,000. The underspend relates to vacancies in the Public Dental Services. This is partially offset by overspends within the other hosted services.

LRP

The CHCP have been given a recurrent local LRP savings target for 2014/15 of £1.632m (excluding Prescribing). There are currently plans in place for £1m and work is underway to develop plans for the £632,000 recurring gap. The residual gap within 2014/15 is being met non recurrently by slippage across the CHCP.

Prescribing

The year-to-date financial position for Prescribing is shown on Table 3.

Table 3: Prescribing Financial Position

Table 1 :	14/15 Annual Budget (£000's)	YTD Budget (£000's)	Spend (£000's)	Diff (£000's)	% Diff
West Lothian	28,635	7,021	7,219	(198)	(2.82%)
Lothian	131,103	30,930	31,784	(854)	(2.76%)

The year to date prescribing position for NHS Lothian is an overspend of £854,000. The West Lothian CHCP is position is £198,000 overspent. This is calculated using actual costs for April, estimated volumes and prices for May and June and includes unmet LRP of £450,000 for NHS Lothian, £104,000 for West Lothian.

The non LRP portion of the overspend is attributable to prices being higher than the level at which the budget was set. The short supply issues experienced in 2013/14 have not abated in 2014/15 and prices remain high as a result.

There is an overall Prescribing LRP target for NHS Lothian of £4.3m with a notional target of £0.949m for West Lothian. Plans have been prepared and put into place to deliver £2.5m against this target. Work is underway to develop further schemes however current expectation is that this target will not be met in full and a gap of £900k is anticipated. Achievement levels will be monitored throughout the financial year.

Primary Medical Services (PMS) – the GP contract

The year to date position for Lothian is £13,000 overspent whilst West Lothian is breakeven. Details of this can be seen below.

Table 4: PMS Financial Position Breakdown

	West Lothian		Lothian	
(£'000)	Annual Budget	YTD Variance	Annual Budget	YTD Variance
Global Sum Equivalent (GSE)	12,593	(42)	63,792	(130)
Opt Outs	(708)	4	(3,488)	0
Board Admin	767	6	4,225	24
Premises	3,851	18	17,443	22
Quality	4,015	0	19,012	0
Enhanced Services	1,851	(1)	10,714	2
Other	556	16	7,831	70
GMS Total	**22,925**	**0**	**119,529**	**(13)**

West Lothian variances are broadly in line with NHS Lothian variances. The most significant variances can be seen in Global Sum where costs are coming through at 2014/15 population levels but budgets remain at 2013/14 levels as the PMS funding allocation has not yet been received from the Scottish Government. Budgets will be adjusted once the allocation is received.

There is no LRP target for PMS in 2014/15.

Health and Social Care Change Fund

At this stage the budgeted 2014/15 expenditure for the West Lothian Health and Social Care Change Fund is £2.834 million. This is being funded via £1.5 million of resources from the Scottish Government, a contribution from West Lothian Council of £168,000 and the use of £1,166,000 of ringfenced resources carried forward from 2013/14 Health and Social Care Fund resources.

2014/15 is the final year of the Change Fund. Plans are being considered to determine future funding streams to sustain the services that need to be retained and exit strategies are being developed for those that will not be retained. A further update will be provided to the next meeting of the Board.

CONCLUSION

At this stage, both the Council and NHS Lothian elements of the CHCP budget are forecast to breakeven.

REFERENCES

None.

APPENDICES

None.

CONTACT/DATE OF REPORT

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12 August 2014

West Lothian Council

NHS Lothian

West Lothian

Community **H**ealth and **C**are **P**artnership

STAFF GOVERNANCE

REPORT BY HEAD OF SOCIAL POLICY AND HEAD OF HEALTH SERVICES

Meeting of
12 August 2014

Agenda Item
[13]

SUMMARY

The purpose of the report is to update the Board on staff issues within the CHCP.

RECOMMENDATION

Board is asked to note the Commencement of Registration of Supervisors in Housing Support and Care at Home services.

BACKGROUND

Registration of Supervisors in Housing Support and Care at Home Services

The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services and regulating their education and training. Their role is to raise standards of practice, strengthen and support the workforce and increase the protection of people who use services. This helps to ensure that we have a competent, confident workforce, capable of delivering high quality services that has the confidence of the public, those who use services and their carers.

Tasks and responsibilities include:

- set up registers of key groups of social service staff
- publish Codes of Practice for all social service workers and their employers
- regulate the training and education of the workforce
- promote education and training
- undertake the functions of the sector skills council; Skills for Care and Development, this includes workforce planning and development.

Although most social care workers require to be registered, it has been an incremental process due to the scale of the task. The following group has commenced registration:

Supervisors in Housing Support Services and Care at Home services

The register opened on 30 June 2014, any new staff appointed into this position must register within 6 months. The SSSC are recommending that current staff should begin to register but at present this is not a requirement. They recommend that the council would benefit from stating when they expect workers to register. The Register closes on 17 June 2017, staff must have applied for registration 6 months before the closure please note that the SSSC can adjust the date of closure.

Qualifications Required

The following is an example of minimum qualifications that are acceptable:

SVQ 3 Social Services and Healthcare (at SCQF level 7)
any qualification in practice suitable for a supervisor in a care service with a minimum of 60 credits at SCQF level 7 or above that has been accepted by the SSSC for the supervisor category in a housing support service or supervisor in a care home service for adults.

Plus
an additional supervisory or management qualification containing supervision or management theory and practice suitable for a supervisor of a care service with a minimum of 15 credits at SCQF level 7 or above.

Registration Requirements for West Lothian Council Care at Home services

- 11 staff require to be registered: 8 staff meet the qualification criteria
- 3 staff require a care and a supervisor qualification

Housing with Care

- 0 supervisors employed

Corporate Operational & Housing Services

- 5 staff require to register: 2 staff meet the qualification criteria
- 3 staff require the supervisory requirement

Staff who do not meet the qualification will be given a conditional registration which means they must achieve the qualification within 5 years. If the staff member fails to gain the qualification the implication for the council is that they would be unable to continue to employ the person in that role. Staff will have to have gained the required qualifications before their renewal date which should not be prior to June 2019.

PREVIOUS CONSIDERATION BY THE BOARD

Staff Governance is a standing item on the Board agenda.

IMPLICATIONS

Equality/Health	All relevant CHCP policies undergo an equality impact assessment.
Financial/Resource	None.
Legal	None.
Risk Register ID	N/A

REFERENCES

None.

APPENDICES

None.

CONTACT/DATE OF REPORT

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Marion Christie, Head of Health Services
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12 August 2014

West Lothian Council

NHS Lothian

West Lothian

Community **H**ealth and **C**are **P**artnership

DIRECTOR'S REPORT

REPORT BY CHCP DIRECTOR

Meeting of
12 August 2014

Agenda Item
[14]

SUMMARY

This report sets out areas of work that the Partnership has been involved in since the last Board meeting that may be of interest to Board.

RECOMMENDATION

Board is asked to note

1. CHCP Health services achievement in gaining Committed to Excellence award
2. West Lothian Council success in achieving Gold status under Investors in People award
3. Integrated Care Fund
4. Publication of issue 27 of West Life
5. Launch of redesigned CHCP website.

BACKGROUND

- *Committed to Excellence*

CHCP Health services have been awarded Quality Scotland's Committed to Excellence award. The CHCP is the first in Scotland, and only CHCP to date, to receive this accolade, which confirms its journey towards excellence in service delivery. The award acknowledges the CHCP's roll out of a new Quality Improvement Framework and the development of strategies that will support the Council and NHS Lothian with the integration of health and social care services.

Using a rigorous series of criteria, taken from best practice standards and models, each service within the CHCP is assessing the effectiveness of its Leadership; Service Planning; People Resources; Partners & Other Resources and Service Processes. In addition to this, each service also measures what it is achieving for service users, staff, partners and stakeholders. Following these assessments, the CHCP Senior Management Team can develop greater understanding of current levels of performance and assess their capacity to improve.

- *Investors in People Award*

West Lothian Council has been awarded Gold status under the Investors In People (IIP) assessment. This constitutes a truly remarkable achievement given that only 2% of organisations who obtain IIP accreditation are awarded the gold standard.

The IIP award reflects extremely well on the skills, effort and commitment of Council employees and shows very clearly that the council workforce continues to provide a first-class service to the people of West Lothian.

To celebrate this success and to mark the contribution of employees in securing the award, the council has granted an additional day's leave to every employee.

- *Integrated Care Fund*

To support the integrated funding arrangements for health and social care, the Scottish Government announced additional resources of £100 million to be made available nationally to health and social care partnerships. This resource builds upon the Reshaping Care for Older People (RCOP) Change Fund, which ends in March 2015. The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults.

This funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions. Integrated Care Plans need to be developed by local partnerships, with completed templates requiring to be submitted to the Scottish Government by 12 December 2014. Further information will be provided to the October Board meeting.

- *West Life*

Issue 27 of West Life has been published. This issue of the CHCP staff newsletter includes articles on Quigley House, CRABIS (Community Rehabilitation and Brain Injury Service), the new Palliative Care Team, Blackburn Partnership Centre, the Care Activity Network and the reduction in drug-related deaths as a result of the Lothians Take Home Naloxone programme.

- *CHCP Website*

The redesigned CHCP website has launched as part of the new West Lothian Council website. The CHCP website can be accessed via its usual url of www.westlothianchcp.org.uk or the main menu of the Council website.

PREVIOUS CONSIDERATION BY THE BOARD

Standing item on the Board agenda.

IMPLICATIONS

Equality/Health	An equality diversity impact assessment is not required for this report.
Financial/Resource	None.
Legal	None.
Risk Register ID No	N/A

REFERENCES

None.

APPENDICES

None.

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