



West Lothian
Council



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

3 December 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 9 December 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 7th October 2014 (herewith).
5. CHCP Board Running Action Note (herewith).
6. Note Minute of Meeting of the CHCP Sub-Committee held on 14th August 2014 (herewith).
7. Note Minutes of Meetings of the Primary Care Joint Management Group held on:-
 - (a) 8th May 2014 (herewith).

- (b) 12th June 2014 (herewith).
- (c) 14th August 2014 (herewith).
- (d) 11th September 2014 (herewith).
- 8. Risk Management - report by CHCP Director (herewith).
- 9. Resilience/Emergency Planning - report by Head of Health Services and Head of Council Services (herewith).
- 10. CHCP Winter Plan 2014/15 - report by Head of Health Services (herewith).
- 11. Crisis Care Service - report by Head of Social Policy (herewith).
- 12. Integrated Care Fund - report by CHCP Director (herewith).
- 13. Clinical Governance - Transition of Linlithgow Family Practice - report by Clinical Director (herewith).
- 14. Care Governance - Chief Social Work Officer Report 2013-14 - report by Head of Social Policy (herewith).
- 15. Financial Governance -
 - (a) 2014/15 Revenue Budget - Monitoring Report as at 30 September 2014 - report by Head of Social Policy and Head of Health Services (herewith).
 - (b) Resource Transfer Monitoring Report to 30th September 2014 - report by Head of Social Policy (herewith).
- 16. Staff Governance - report by Head of Social Policy and Head of Health Services (herewith).
- 17. 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 7 OCTOBER 2014

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

Apologies – Janet Campbell and Alison Mitchell

In Attendance – Jim Forrest (CHCP Director), Jennifer Scott (Head of Council Services), Marion Christie (Head of Health Services), Gill Cottrell (Chief Nurse, NHS Lothian), Dr Elaine Duncan, (Clinical Director), Carol Bebbington (Primary Care Manager, NHS Lothian); Alison Milne (Keep Well Team Lead); John Richardson (PPF)

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 12th August 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 CHCP SUB-COMMITTEE

The Board noted the minute of the CHCP Sub-Committee held on 10th July 2014.

5. WEST LOTHIAN KEEP WELL

The Board considered a report (copies of which had been circulated) by the Head of Health Services presenting the Keep Well in NHS Lothian Annual Report 2013-14 which had been provided as an appendix to the report.

The report recalled the history and purposes of the programme and

provided details on the model of delivery in Lothian. Key points arising from the report were as follows:-

- NHS Lothian had exceeded the target of delivering 4800 Keep Well checks in a year and continued to develop its relationships with General Practices with 58 practices throughout Lothian engaged by March 2014 and partners who supported vulnerable groups.
- Scottish Government funding contributions would continue largely unchanged in 2014 (£1,119,000 for NHS Lothian) and would reduce nationally from £11 million in 2014-15 to £7 million and £3 million for 2015-16 and 2016-17 respectively.
- Work had commenced to develop an options appraisal to explore how Keep Well would evolve, given the changing environment and changes to funding arrangements.

The report concluded that during the review process, the project would remain focussed on the main objective of reducing inequalities and continue to improve focus on person centred care, with further communications with CHCPs to follow as work developed.

Decision

1. To note the content of the Keep Well in NHS Lothian Annual Report 2013-14.
2. To note that the annual report had been approved by NHS Lothian Board and submitted to the Scottish Government.
3. To note that work was ongoing to explore the evolution of Keep Well in Lothian.

6. FALLS RESPONSE PATHWAY – CRISIS CARE AND SCOTTISH AMBULANCE SERVICE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy advising of the recent partnership work with the Scottish Ambulance Service to develop a falls response pathway focussed on better outcomes for those at risk of falls.

The report recalled that in 2012 a report had been commissioned by NHS Scotland to examine the resources, costs and benefits associated with implementing care bundles to prevent falls in the community which had concluded that care bundles improved people's quality of life, decreased morbidity and mortality and enabled people to be independent for longer. The financial implications of not implementing care bundles was expected to result in a 40% rise in costs by 2020 which would place a major strain on the ability to co-ordinate care effectively and with compassion for increasingly frail people.

The report explained that nationally, 80% of individuals the Scottish Ambulance Service (SAS) responded to post fall were conveyed to A&E

which was not always clinically warranted or in the best interests of the individual. In addition, patients responded to by the SAS did not have access falls bundles which resulted in falls and bone health risk factors not being fully assessed and appropriate interventions to decrease risks being put in place. The report provided details of new national guidance which had been developed by the SAS to reduce the number of people who attended A&E when it was not clinically warranted. Under the guidance, if an individual was clinically stable but had new support needs, there was now a pathway between the SAS and health and social care services to ensure a same day or next day response to conduct an assessment of needs.

Within West Lothian, a Crisis Care Service had been developed that had a significant and positive impact in improving and streamlining response to falls. Appropriate screening and development tools had been developed to enable those at risk of future falls to be identified and an appropriate preventative programme to be implemented. Over the last year, pathways had been developed to ensure falls bundles were available.

The report concluded that whilst some challenges remained, the introduction of an integrated pathway with the SAS would ensure falls response services were better targeted and integrated.

Decision

1. To note the partnership developments with the Scottish Ambulance Service (SAS).
2. To agree to support the key aim of ensuring that falls response services were well targeted and integrated.
3. To agree that a report should be brought to a future meeting of the Board to provide up-to-date information on the overall crisis care service, including the performance of the falls prevention service.

7. CLINICAL GOVERNANCE – DISTRESS TOLERANCE PROJECT

The Board considered a report (copies of which had been circulated) by the Clinical Director advising of the progress of the distress tolerance project and the findings of an interim report.

The report recalled the background to the introduction of the project which aimed to assist patients who had difficulty coping with distress caused by life events through the provision of a 12 week course to teach new methods of coping with internal feelings of distress. The three key aims of the project were provided within the report.

The feedback from course attendees had been overwhelmingly positive and indicated that it had made a substantial improvement to their lives. Furthermore, feedback from health professionals indicated that the programme was the most advanced of its kind in Scotland and an

excellent example of evidence based treatment for Borderline Personality Disorder that was fully implemented and supported by all local statutory agencies.

The report concluded that a sustainability working group was analysing how the project could be taken forward in the longer term on a more sustained basis by examining the cost benefits to a range of frontline statutory services (Primary Care and Secondary Care, A&E, SAS, Social Work and Police).

Decision

1. To note the contents of the report.
2. To agree to support the progress being made to provide appropriate, accessible care for the patient group.
3. To agree that Board members should be provided with an electronic copy of the Distress Tolerance Project Interim Report June 2014.

8. CARE GOVERNANCE – UPDATE ON ADULT PROTECTION AND CHILD PROTECTION

The Board considered a report (copies of which had been circulated) by the Head of Council Services providing an update on adult protection and child protection activity in the CHCP over the last 6 months as follows:-

- Employment of an additional administrative assistant to support the Adult Protection Committee in view of the 25% increase in the number of meetings and to assist with meeting performance targets.
- Active engagement with the voluntary sector to supplement and enhance the future development of the Safe and Sound Adult Protection Service User and Forum.
- A suite of Adult Protection Performance Indicators approved by the APC which provided greater emphasis on outcomes than previous indicators and focussed on ensuring timescales were measured. Further work to be carried out to include an audit of assessment and plans used in the adult protection process.
- A new Adult Protection Committee action plan had been developed that would focus on the adult protection case conference process. Two audits had been carried out which had resulted in a number of recommendations and improvement actions being implemented.
- The Learning and Development Sub-Committee of the APC had developed an action plan focussed on assessment training and scoping further skills-based training. The current training programme required a degree of revision to take account of the

increasing complexity of adult protection work.

- The APC would submit its biennial report for 2012-14 on Adult Protection Activity when it submitted to the Scottish Government in October 2014.
- The priorities of the Child Protection Committee (CPC) continued to be self-evaluation, promotion of good practice, training and staff development to improve outcomes for children involved in the child protection system.
- The quality of joint investigative interviews conducted by Social Workers and police continued to be assessed with a more consistent approach having been noted.
- The Quality Assurance and Self Evaluation subcommittee scrutinised cases where the names of unborn children had been placed on the register and remained after 12 months of agencies' intervention.
- Following an audit of the quality of all aspects of Child Protection Case Conferences (CPCC), changes had been made to ensure CPCCs focussed on the risks to children and the planning to reduce those risks. CPCC chairs had been provided with a script to ensure consistency. A further audit carried out in 2014 had identified that whilst there had been an improvement in focussing CPCCs on the impact of risk factors of the child and planning to reduce the impact, auditors had noted that some improvements were still required and that work would continue to address those issues.
- The Practice and Training subcommittee had focussed on sexual abuse and had provided seminars on child protection and the internet and the impact of sexual abuse. A seminar raising awareness of child exploitation and West Lothian's procedure would be held in October 2014.

Decision

To note the ongoing work within adult and child protection.

9. FINANCIAL GOVERNANCE - 2014/15 REVENUE BUDGET – MONITORING REPORT AS AT 31 JULY 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 31 July 2014.

The report advised that the anticipated out-turn for both the CHCP council services and the CHCP health services was forecast to breakeven.

Decisions

1. To note the information in the report regarding financial performance in the CHCP to 31 July 2014.
2. To note that the CHCP Council services outturn for the year was forecast to break even.
3. To note that the CHPC health services outturn for the year was expected to break even.
4. 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 within the budget available.

10. 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 a comprehensive update on staff issues within the CHCP.

Decision

To note the updates provided in relation to:-

- Person Centred Health and Care Programme
- National learning session
- Delivering Better Care Leadership Programme
- General Practice Nursing
- NHS Scotland Staff Survey
- West Lothian Council Absence Management

11. 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) Integrated Care Fund
- b) Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014.

- c) Re-offending Rates in West Lothian.
- d) Children's Services Information Day.
- e) Transforming Care After Treatment.
- f) New Hearing Aid Battery Distribution Service.

West Lothian

Community Health and Care Partnership

Meeting of
9 December 2014

Agenda Item
[5]

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)	<u>Clinical Governance – Equipment Maintenance</u> 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	Process in place.	Completed.
2	Action Note 26/11/13 005	<u>CHCP Board Running Action Note</u> 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 12/8/14 010a)	<u>Clinical Governance - Transition of Linlithgow Family Practice</u> 2. To note 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, and that further reports will be brought to the Board when appropriate. Action: Jim Forrest / Elaine Duncan	Update being brought to December Board.	Completed.
4	Action Note	<u>Falls Response Pathway</u> 3. To agree that a report should be brought to a future meeting of the	Report to be brought	Completed.

	7/10/14 008	Board to provide up-to-date information on the overall crisis care service, including the performance of the falls prevention service. Action: Jennifer Scott / Pamela Main	to December Board.	
5	009	<u>Clinical Governance – Distress Tolerance Project</u> 3. To agree that Board members should be provided with an electronic copy of the Distress Tolerance Project Interim Report, June 2014. Action: Jim Forrest / Elaine Duncan	Done.	Completed.

03 December 2014

West Lothian
Community Health and Care Partnership

Meeting of
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[6]

DRAFT

Minutes of the West Lothian Sub Committee held on 14th August 1400 – 1600, Rooms 2 & 3, Strathbarr Partnership Centre.

Present	<p>Frank Toner (FT) Elaine Duncan Alan Bell (AB)</p> <p>Julie Cassidy (JC) John Richardson (JR) Gill Cottrell (GC) Chris Stirling (CS) Carol Bebbington (CB) Margaret Douglas Pat Donald (PD) Jennifer Scott (JS) Andreas Kelch (AK)</p>	<p>Chair, West Lothian CHCP Clinical Director Senior Manager, Community Care Support & Services Public Involvement Co-ordinator Public Partnership Forum Rep Chief Nurse SJH Site Director Primary Care Manager DPPH Acting AHP Manager Head of Social Policy, WLC GP PCCF Rep</p>
Apologies	<p>Jim Forrest (JF) Mary-Denise McKernan (MMc) Lindsay Seywright (LS) Jane Houston (JH) Marion Christie (MC) Alistair Shaw (AS) Jane Kellock (JK) Lorraine Gillies (LG) Moirra Niven (MN) Alison Mitchell (AM)</p>	<p>Director, West Lothian CHCP Manager, Carers of West Lothian West Lothian College Partnership Lead Head of Health / General Manager, WLCHCP Head of Service WLC Senior Manager, Children & Early Intervention Community Planning Development Manager Deputy Chief Executive Non-Executive Member, NHS Lothian</p>
In Attendance	<p>Marjory Brisbane Chris Dickson</p> <p>Ann Marie Carr</p>	<p>Admin Manager (Minutes) West Lothian Leisure, Health and Fitness Dev Manager Senior Manager, Housing</p>

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 10th April 2014 were approved as being an accurate record.

6. CONFIRMATION OF ACTION POINTS

No action points outstanding

7. MINUTES OF WEST Lothian PUBLIC PARTNERSHIP FORUM FOR HEALTH CARE (WLPPFHC) MEETING

Noted minutes of 22/05/2014

8. MINUTES OF PRIMARY CARE JOINT MANAGEMENT GROUP

Noted minutes of 08/05/2014

9. MINUTES OF CHILDREN AND FAMILIES MANAGEMENT GROUP AND SUB GROUPS REPORT

No minutes circulated

10. MINUTES OF COMMUNITY PLANNING STEERING GROUP

No minutes circulated

11. SOA OUTCOME –WE LIVE LONGER, HEALTHIER LIVES AND HAVE REDUCED HEALTH INEQUALITIES

MD talked to the presentation looking at performance against the health indicators sitting under the SOA detailed above. The presentation also highlighted the health indicators which the CHCP are currently below average with comparison to the Scottish averages. Childhood obesity and infant breast feeding were raised as areas requiring additional support.

The CHCP Sub Committee noted the presentation

12. HEALTH INEQUALITIES STRATEGY

MD talked to the paper updating the Sub Committee on the NHS Lothian Health Inequalities strategy and to seek comments and support. MD provided the background to health inequalities and discussed the three types of actions (mitigate, prevent and undo) needed to address these. This work is led within Community Planning Partnership and many of the partnerships have a role to address the underlying causes. A small set of priority actions have been proposed to be taken forward by procurement NHS as employer, mainstream clinical services and specialist services. Following consultation the strategy will be amended and further work done to develop, implementation and monitoring of these actions. Formal consultation will stop at the end of August but informal consultation will continue.

ED commented on the lack of information around immigrants in the strategy, as they often arrive in poor health. Exploration around what could help is required.

AMc queried how the health and homelessness action plan, which is due for review, could be linked to the strategy.

AK commented on the lack of access to unconventional treatments as there is no alternative therapies since homeopathy services were closed down. FT questioned how many patients are looking for alternative therapies?

The Sub Committee happy to accept the recommendation in the report.

13. HEALTH AND HOMESSNESS UPDATE

AMC talked to the report providing an update of the progress of actions for Health and Homelessness through the progress of the Action plan for the period 2011 – 2014. This has been achieved through a strong partnership approach in particular with the Moving into Health team. Emphasis is placed on prevention avoiding homelessness occurring where possible. There has been consistent performance over 2014 with a reduction of homelessness presentation (1200 applicants) with an increased number accepted as a priority. More permanent solutions have also been achieved. A number of key achievements were also discussed including 10th Pamper yourself event which was a great success with 108 participants attending and homeless football which is a popular monthly events run by a team of frontline staff from a variety of services.

The Sub committee noted the report and welcome the updated action plan to be brought to the Sub Committee in due course.

14. WEST LOTHIAN IMPROVEMENT FUND , EATRIGHT WEST LOTHIAN AND WEST LOTHIAN ON THE MOVE (WLOTM)

MD talked to the report advising the Sub Committee of the key activities outlined in the action plan for each project in 2014 – 17. The latest evaluation of the 2 projects took place in October 2013 and the HIF oversight group approved continuation of the projects in December 2013. The Eat right project funds a support worker and activities with the aim to influence wider policies. The project is in the early stages of scoping the feasibility of a food policy which would aim to ensure access, availability and affordability of healthy food choices. WLOTM aims to influence the environment and wider policies and deliver key physical activities including a bike lending library encouraging the trial of bikes before making a decision to buy.

It was noted that due to welfare changes the increase use of food banks in particular during school holidays.

The Sub Committee note the paper and support the funding.

15. WEST LOTHIAN KEY ACTIVITIES TO PROMOTE WELL BEING

MD talked to the report advising the Sub Committee of the Health improvement Team (HIT) key activities that relate to promoting mental well being. The HIT delivers and support a number of training programmes for staff and people that promotes well-being across the Life stages. These include training for trainers, Wellness Recovery Action Planning (WRAP) which aims to help manage your own well being, awareness sessions for staff on self harm and Life Matters a 4 hour session that raises awareness about stress, self harm and suicide.

CB queried what success measures were used. MD informed the Sub Committee success measurements were carried out by subjective self reports, stating it was more difficult to demonstrate population impact, although the courses chosen are evidence based. AK commented that all activities were helpful from a GP perspective for their day to day work and asked if a resource sheet could be developed. JS informed the committee that work is being undertaken to develop a directory of services on line.

The Sub Committee noted the paper and will continue to support.

16. FIRST STEPS (WEST LOTHIAN LEISURE)

CD talked to the paper providing an update on the success of the First STEP's programme. The programme commenced 7 years ago across West Lothian providing a 12 week free of charge physical activity intervention to patients with long term conditions. Priority is given to people from areas of higher social deprivation initial session with GP referral qualified instructor. First 6 and 12 months was evaluated independently by clinical psychologist. Current retention at 12 weeks (transfer from free to pay) 29%. The work also includes work out with the leisure centre including 12 hours of physical activity interventions in ward 17, pulmonary, stroke, cardiac and cancer rehabilitation. Keep going maintenance classes run in particular areas of high SIMD which have proved highly successful (retention at 12 weeks 56%). Additional funding has been made available though the early intervention strategy, currently working with 69 families out of an initial 106 referred. (65% uptake) working against the trend of child obesity looking at the full family unit. Following the end of the funded 12 week programme 95 % who engage through the full 12 weeks remain engage.

ED has found the programme to be successful but highlights this is restricted to people who have not been previous gym members. CD clarified previous members who have medical conditions can be referred. There is also a concession scheme for members who have been made unemployed. ED commented that feedback re the progress/outcomes of referred patients would be useful for GP's. CD could not provide in depth feedback due to resources but will look at providing simple feedback sheets.

The Sub Committee noted the contents of the report

17. ALCOHOL, DRUGS PARTNERSHIP ANNUAL REPORT (ADP)

AB talked to the report informing the Sub Committee of the ADP annual report which is required by the Scottish Government. ADP is advised to provide an annual report on progress towards their delivery plans. Significant resource of £3.9m was deployed last year through the strategic commissioning approach. The main difference of this approach is the starting point of no presumptions carrying out a needs analysis to identify the best way to deploy resources through outcome based contracts which focus on 3 high level areas, prevention, promoting recovery and community safety. Contracts are subject to performance measures. Report details the activity over the last year highlighting areas of success. Waiting times access to treatment was met through drop in clinics and have managed to maintain standard hitting a target of 97% in September 2013. Maloxicam kits have increased from 10% to 22% and drug related deaths have halved. Key Areas of improvement are also highlighted with a need to support prisoners and the challenges around legal high in the market place.

JC commented on yearly funding and how this affects commissioning contracts. AB confirmed contracts are taken out over a 3 year period with the potential to have a break in contract if funding is reduced. Contracts are subject to procurement rules re the tendering process.

AK commented re the drop in clinics stating this was a good approach but would be good to have feedback. AB has agreed to look in to this.

CS informed the Sub Committee of a new service in Oxgangs providing an alternative for long term patients in acute hospitals. The service currently has provision of a 15 bedded unit. It was agreed a report should be brought to the Sub Committee for information and discussion.

The Sub Committee noted the contents of the report.

ACTION

CD

AB

CS

18.

ANY OTHER COMPETENT BUSINESS

No other business was discussed.

DATE, TIME OF NEXT MEETINGS

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

9th October 2014

18th December 2014

12th February 2015

16th April 2015

11th June 2015

Meeting closed at 3.30pm.

PRIMARY CARE JOINT MANAGEMENT GROUP

Note of meeting held at 1pm on Thursday 8 May 2014 in the Boardroom, Administration Block, Astley Ainslie Hospital.

Present:

Dr Nigel Williams, Medical Director PC (<i>depute Chair</i>)	Dr Ian McKay, Edinburgh CHP
Marion Christie, West Lothian CHCP	Alison McNeillage, PCCO
Dr Elaine Duncan, West Lothian CHCP	Dr Hamish Reid, Midlothian CHP
Steve Faulkner, PCCO	Dr Pete Shishodia, GP Sub-Committee
Mark Hunter, PCCO Finance	Dr Sian Tucker, LUCS
Lizzie McGeechan, PCCO	Dr Jon Turvill, East Lothian CHP
Patricia McIntosh, Clinical Nurse Manager (PN)	

In attendance:

Lee Doyle (*notes*), Douglas McGown (*observer*), Mairi Simpson (*observer*)

Apologies:

Lynda Cowie, Alan Glauch, Jane Houston, Eileen McGuire, Sandra McNaughton, Tim Montgomery, Allister Short, David Small, Kevin Wallace, David White

Introduction and Welcome

1. Minute of Meeting on 13 March 2014

1.1 The draft minute of the meeting on the 13 March 2014 was approved as an accurate record.

1.2 Review of progress on specific ongoing actions:

Care Homes/ Anticipatory Care / Frail Elderly –

- 127 - As from 1 April 2014, funding is available to increase the payment per patient and lead practice payment. Future work may include weighting for problem care homes . LUCS to be involved in discussions. **Completed**
- 90 - Looking at option appraisals for care for step up/down and intermediate beds. Convene a working group to look at potential models of delivery and feed back to a future PCJMG. **Action MC**
Patricia McIntosh will forward information gathered from the NHS GG&C project via Alison MacDonald.
- 102 - PCCO/Stephen McBurney has confirmed that the review undertaken as part of the Care Home ES differs from the review as part of polypharmacy. **Completed**

35/48 *Extended Immunisation Programme* – £960k spend last year and £1.25m in the financial plan. The final summary for 2014/15 will follow in due course from PCCO Finance.

36 *Domiciliary Phlebotomy* – A short life domiciliary phlebotomy LES monitoring group will established to discuss what is needed around phlebotomy monitoring, with

representation from LUCS and GPSub/LMC. A proposal will be brought to the June PCJMG meeting.

65 *GP Practice List Open but Full* – paper on agenda – proposal to be updated to reflect discussion. **Action SF Completed**

82 *ES Programme 2014/15* – Ongoing discussion with LMC around some specifications. David Small has confirmed that additional funding for vLARC and funding to establish a diabetes self management ES is not in the financial plan this year.

2. GP Practice Lists

2.1 Alison McNeillage presented the paper ‘GP Practice Lists’ outlining the current terminology being used in respect of practice patient lists in Lothian, the legal position around this terminology and proposals for the way forward.

2.2 Central Legal Office advice that a practice list is either ‘open’ or ‘closed’, as outlined the GMS Regulations, was noted. However, given the population pressures in Lothian, it was agreed that this may not be sustainable. It was also highlighted that the declaration of ‘open but full’ lists has no formal managed process, which should be addressed.

2.3 Given the difficulties in the use of the current terms and the growing interest in the pressure on general practice lists, members agreed that more than one non-regulatory term would be unacceptable. It was agreed that there might be one category -‘temporary closure’. This term will be used as an informal mechanism to support practices experiencing pressure from population growth or other reasons for a short term period, with built in review. It was agreed to use this as a precursor to a ‘closed list’ discussion with the practice. The definition, however, will need redefined to apply to all CH(C)P areas and not just Edinburgh CHP. Members questioned the need for a neighbouring practice to be in receipt of a LEGUP grant, or equivalent, in the proposed redefined term.

2.4 Alison McNeillage agreed to discuss further with David Small, David White and Pete Shishodia and bring a proposal back to the next meeting. **Action AMcN**

3. Initial Practice Allowance

3.1 The paper will be discussed fully at the June PCJMG meeting.

4. Challenging Behaviour Practice – Nursing Cover

4.1 Patricia McIntosh presented the paper ‘Challenging Behaviour Practice’ outlining the difficulties faced in recruiting nursing cover for the service.

4.2 Members supported the recommendation to use the existing nursing workforce based at the Edinburgh Access Practice to cover the 10 hours needed at the CBP.

5. Remediation, Local Induction and Enhanced Induction Programme / GP Returner Policy

5.1 Dr Ian McKay presented the paper ‘Entry to the Performers List, Doctors Returning to Clinical Practice and Supportive Remediation’, discussing possible options to engage GPs who have been away from clinical practice for over one year to be admitted to the

performers list following an interview and an agreement on a supportive reintroduction programme.

- 5.2 A supportive reintroduction to practice programme could be where a GP is clinically up to date but needs training in eg clinical systems, and enhanced induction via NES, for a period of three months, organised and arranged by NES but for which there is no funding at present.
- 5.3 Scottish Government, through Primary Care Leads, have set up a small subgroup to look into this area, the outcome to be reported in due course. RCGP/NES are also looking into funding for the GP returner scheme, for which there is currently no identified funding within NES, and for this scheme to extend to GPs coming back from overseas.
- 5.4 It was noted that in the past there was discretionary funding available from NHS Lothian on a case by case basis and GPs paid for remediation themselves.
- 5.5 It is anticipated that there will be no more than 5-10 GPs needing local support per year. Enhanced induction is for a minimum of three months. A less intensive local process may be possible but should be for a minimum of at least one month to allow for a reference. It was suggested to include some OOH work in the induction.
- 5.6 Mark Hunter confirmed that the GMS underspend is small and non-recurring.
- 5.7 The paper will be worked up and taken to the Board/JMT via David Farquharson.

Action NW/IMcK

6. Edinburgh Population and Premises

- 6.1 The paper was noted but will be discussed at the June PCJMG meeting to give David White the opportunity to lead discussion.

7. Charges for Revisits on Dental Practice Inspections

- 7.1 Alison McNeillage presented the paper 'Combined Dental Practice Inspections Re-inspection Charges'.
- 7.2 Members supported the recommendation to charge practices up to £600 (guild rate of employing two inspectors with admin support) for a re-inspection of their dental practice premises following failure to complete the process for a satisfactory combined dental practice inspection within given timescales.
- 7.3 It was noted that should only one DPA be needed, the cost will be adjusted accordingly.

8. LUCS Update

- 8.1 LUCS experienced a very difficult time over the four day public holiday at Easter. Midlothian base was closed for 10 hours on Easter Sunday and patients transferred to the RIE. LUCS continue to strive at Board level to get the four day public holiday changed.

- 8.2 LUCS are independently reviewing continuing care facilities as they deem current arrangements for cover by LUCS inappropriate. CH(C)Ps are urged to consider alternative OOH arrangements.
- 8.3 LUCS are still experiencing issues covering the service generally and on occasion either Roodlands and MCH are becoming a PCEC only base if necessary due to limited capacity. July is anticipated to be another very difficult month due to holiday period.

9. CH(C)P Update

9.1 *West Lothian* –

- Integration and strategic plans are progressing.
- Each HSCP must have at least two localities and discussions are underway.
- Personnel Changes: Dr James McCallum, seconded to Acute Associate Medical Director post, has been tasked with looking at integration and clinical pathways. Dr Elaine Duncan is now acting Clinical Director and Dr Douglas McGown has been appointed as Clinical Lead.

9.2 *East Lothian* – Similar integration pressures

9.3 *Edinburgh* –

- David White and Maggie Gray are working on increasing LEGUP capacity with small sums of money.
- There are ongoing issues securing lead practice coverage for Edinburgh care homes.
- Integration is ongoing.

9.4 *Midlothian* –

- Similar pressures regarding GP workload
- Black damp (carbon dioxide) is rising up in Gorebridge from the old mine networks and causing health issues in some housing estates. Monitors have been fitted in houses and some households have been evacuated.

10. Primary Care Contracts Update

- 10.1 An update will be given at the June PCJMG.

11. Finance and Service Risks

- 11.1 The paper 'Payment Verification – Finance & Resource Committee Paper' was noted and will be circulated electronically for comment. **Action AMcN**

12. NHS Circulars – noted

13. AOCB / Exception Reports

- 13.1 There was nothing further to discuss under AOCB.

14. Date of Next Meeting

- 14.1 The next PCJMG meeting will take place on Thursday 12 June 2014, 1pm – 3pm, Administration Block, Astley Ainslie Hospital.
- 14.2 Agenda items and papers to be submitted no later than **Wednesday 4 June 2014.**

PCJMG ONGOING ACTIONS AND UPDATE

Topic	Ref	Action	Update from meeting on 08.05.14	Lead(s)	Date
Care Home Anticipatory Care / Frail Elderly	127 90 1.2	Initial work to concentrate on frail elderly patients in the community and reviewing the current CH Anticipatory Care ES, taking account of emergent intermediate care / step down models. <ul style="list-style-type: none"> A revised paper will be brought back to PCJMG as soon as possible. Looking at option appraisals for care for step up/down and intermediate beds. Convene a working group to look at potential models of delivery and feed back to a future PCJMG. 		NW NW MC	Ongoing 04.06.14 06.08.14
Extended Imm. Programme	35 / 48	Mark Hunter to provide update on financial position – budget held by Public Health	The final summary for 2014/15 will follow in due course from PCCO Finance.	MH	04.06.14
Domiciliary Phlebotomy	36	Progress Update	Establish short life domiciliary phlebotomy LES monitoring group. Proposal to June meeting	DS/SF	04.06.14
Prescription for Excellence	60	Verbal update at December meeting and paper to the January meeting.	A paper will be brought to Apr PCJMG	SMcN	04.06.14
ES Programme 2014/15	82	<ul style="list-style-type: none"> Speak to strategic planning leads for LD and CH&W about disengagement and circulate proposal on how to engage with the associated groups. The ES review group is to write to the Diabetes MCN to make a connection 	NPT: SF discuss further with Cartiona Morton ALD: DS/NW to discuss further with Alex McMahon CHW: DS/NW to consider secification / funding Diabetes: DS/NW to discuss with Karen Adamson vLARC: no additional funding available No funding to establish a diabetes self management ES.	SF DS/NW DS/NW DS/NW	ongoing
Remediation and induction programmes	5	The paper will be worked up and taken to the Board/JMT via David Farquharson.		NW/IMcK	12.06.14
Practice Lists	2	Discuss paper and PCJMG discussion with David Small, David White and Pete Shishodia and bring a proposal back to the next meeting.		AMcN	04.06.13
PV Paper	11	Circulate 'Payment Verification – Finance & Resource Committee Paper' electronically for comment.		AMcN	May '14

COMPLETED ACTIONS REPORTED AT MEETING ON 08.05.14

Topic	Ref	Action	Completed
Care Home Anticipatory Care / Frail Elderly	102 90	<ul style="list-style-type: none"> Discussion around type of checks as part of ES and polypharmacy Nigel Williams/David Small will work with David King to address the £375k needed to support the changes. 	<ul style="list-style-type: none"> Confirmed that the review undertaken as part of the Care Home ES differs from the review as part of polypharmacy. Funding is available to increase the payment per patient and lead practice payment.
GP Practice List Open but Full	65	Draft paper on impact of open but full patient list	Discussed and recommendation to be updated to reflect discussion

PRIMARY CARE JOINT MANAGEMENT GROUP

Note of meeting held at 1pm on Thursday 12 June 2014 in the Boardroom, Administration Block, Astley Ainslie Hospital.

Present:

Dr Nigel Williams, Medical Director PC *(Co-Chair)*
David Small, East Lothian CHP *(Co-Chair)*
Marion Christie, WL CHCP *(part of meeting)*
Lynda Cowie, Chief Nurse
Dr Elaine Duncan, West Lothian CHCP
Steve Faulkner, PCCO
Stephen McBurney, Community Pharmacy
(depute for Sandra McNaughton)
Eileen McGuire, Edinburgh CHP

Dr Ian McKay, Edinburgh CHP
Alison McNeillage, PCCO
Dr Hamish Reid, Midlothian CHP
Allister Short, Midlothian CHP
Dr Sian Tucker, LUCS
Kevin Wallace, Optometric Adviser
David White, Edinburgh CHP

Morag Williams, PCCO Finance *(depute for Mark Hunter)*

In attendance:

Lee Doyle *(notes)*

Apologies:

Alan Glauch, Jane Houston, Mark Hunter, Lizzie McGeechan, Patricia McIntosh, Sandra McNaughton, Tim Montgomery, Dr Pete Shishodia, Dr Jon Turvill

Introduction and Welcome

15. Minute of Meeting on 8 May 2014

15.1 The draft minute of the meeting on the 8 May 2014 was approved as an accurate record.

15.2 Review of progress on specific ongoing actions:

- 127/90/1.2 *Care Homes / Anticipatory Care / Frail Elderly* – Some CH(C)Ps are looking at different models of delivery and LUCS will be part of discussions. A paper will be submitted to PCJMG in the autumn and include reference to the CHP work.
- 36 *Domiciliary Phlebotomy* – A short life domiciliary phlebotomy LES monitoring group was established and met to discuss what is needed around phlebotomy monitoring. Steve Faulkner tabled a draft activity survey for practices and LUCS to complete in a one week period during September 2014. The form will be updated to reflect members comments and agreed with LMC colleagues.
- 60 *Prescription for Excellence* - There has been a delay in bringing a paper to PCJMG due to the Director of Pharmacy wishing to establish a Lothian group to input into the national group - a paper will follow thereafter.
- 82 *ES Programme 2014/15* – All actioned. **Completed**
- 5 *Remediation and Induction Programmes* – Following discussion at the Medical Directors Group and with Dr David Farquharson, the local position remains that

- 11 funding will be considered on a case by case basis as opposed to a set budget. It was noted that discussions are also ongoing nationally. **Completed**
PV paper – the paper was circulated electronically. **Completed**

16. Initial Practice Allowance (IPA)

- 16.1 Morag Williams presented the paper 'Establishment of New GP Practices – Initial Practice Allowance' outlining the three possible models of funding for new (additional) practices.
- 16.2 It was noted that the 'Craigroyston Model' has potential to create surplus funding if population growth is higher than expected. There would be explicit conditions that funding stops when the practice meets costs.
- 16.3 It was agreed in principle, subject to discussion with GP Sub-Committee in the first instance, that all three models be made available to the CH(C)P/PCCO for consideration to give more flexibility. The CH(C)Ps would then work with PCCO to establish the most effective model in each circumstance. It was noted this would not be in place this year.
- 16.4 Feedback from GP Sub-Committee discussions will be reported at a future PCJMG meeting. **Action DS / AMcN**
- 16.5 Members were reminded to include LUCS and community nursing, along with any other supportive services, in papers being taken to the Board in connection with primary medical services proposals.

17. GP Practice Lists

- 17.1 Alison McNeillage presented the paper 'GP Practice Lists (updated version following initial discussion at May 2014 PCJMG)'.
- 17.2 Members agreed in principle, the following changes that had been made to the paper in line with recommendations from the PCJMG at the May 2014 meeting and following discussion with LMC GPSub:
- Paragraph 3.2 –
The definition of temporary restricted list was updated to include three sets of circumstances that might justify its application.
 - Paragraph 6.4 –
The changes allowed scope for LEGUp to be applied, where appropriate, in areas where there is only one practice covering an area with no overlapping boundaries, this applies mainly to East, West and Midlothian areas.
 - Paragraph 9.1 –
Amended to make specific reference to LEGUp and IPA and for the need to arrange an urgent meeting to take this forward.
- 17.3 In terms of further changes to 3.2(ii), in principle, it was agreed to allow a practice declaring a temporary restricted list to redirect patients to a neighbouring practice, whilst maintaining stability within its own practice list by monitoring their list regularly and registering patients as necessary. The process would have to be managed within the practice in such a way as not to be selective in registrations.

- 17.4 It was also agreed that the c100,000 population requirement detailed in 6.2 be flexible for areas where only one practice is covering an area with no overlapping boundaries, or in a rural setting.
- 17.5 As detailed in 9.1 of the paper, a meeting is needed urgently to discuss the finance and mechanism for taking forward to address some of the pressures. LEGUp is mainly needed in Edinburgh but is available to other CH(C)P practices if a crisis situation occurs. There is a possibility that LEGUp would need to be considered for Dalkeith in the future but it was agreed in principle that this would be prioritised along with Edinburgh pressures.
- 17.6 The paper and PCJMG feedback will be discussed with GP Sub-Committee and reported at a future PCJMG meeting. **Action DS / AMcN**
- 17.7 Alison McNeillage fed back the results of a recent PCCO audit of telephone calls from members of the public looking to register with a GP practice. The audit was carried out between 9 May to 5 June 2014 and seen an average of 8 calls per day (170 calls over the period). The team did highlight this is relatively low in terms of past experience. Calls for practices in the EH6 (Leith area), EH7 (Broughton area), EH16 (Craigmillar/Niddire area) and EH17 (Liberton/Gilmerton area) were the highest.

18. Locum Payments

- 18.1 Alison McNeillage spoke to the paper 'Protocol in respect of locum cover payments – draft for discussion June 2014' outlining the current protocol for payments for specific purposes set out in part 4 of the Statement of Financial Entitlement (SFE), and outlining possible changes to this protocol in light of the Scottish Government letter issued on the 30 May around locum arrangements for covering leave.
- 18.2 Given the current difficulties practices are facing in recruiting external locums, members supported a change to the protocol to allow an application to be made to the PCCO requesting discretion for payment for the use of an internal locum where all avenues to engage an external locum has been exhausted. There would be an expectation that where this discretionary funding was being sought, the practice list would remain open.
- 18.3 There is no funding available to increase the payments made to practitioners in line with the maximum available under the SFE.
- 18.4 The paper and PCJMG feedback will be discussed with GP Sub-Committee and reported at a future PCJMG meeting. **Action DS / AMcN**

19. Edinburgh Population and Premises

- 19.1 David White presented the paper 'Population Growth and Primary Care Premises in Edinburgh 2014-2019' and tabled Appendix 5, highlighting that although this was the final version of the paper, the appendices would be updated to reflect the new housing plans released in October. The paper has been discussed as part of the strategic plan at various senior management groups.

- 19.2 David White envisaged the number of practices requiring LEGUP reducing over time as long term plans are implemented. It was noted that developers of new housing are not required to contribute towards the cost of new GP surgery builds, like they are with schools etc.
- 19.3 This particular piece of work is Edinburgh CHP orientated, however, it was noted that LEGUP is health board funding and available to all CH(C)P areas (reference item 3 for fuller discussion).

20. Health and Care Experience Survey 2013

- 20.1 Steve Faulkner presented a high level briefing prepared by Bill Ramsay and Erin Cadger (Lothian Analytical Services), on the Scottish Health and Care Experience Survey May 2014. The briefing paper will be finalised and circulated to CHP GMs/CDs and NHS Directors next week.
- 20.2 Further work will be required at CH(C)P level in relation to reviewing the individual practice reports and establishing an action plan to support practices where appropriate. Marion Christie and Dr Mike Ryan confirmed that the paper will be taken to the relevant CH(C)P subcommittees and GP reps meetings as appropriate.
- 20.3 It was noted that LUCS results were the best in Scotland.
- 20.4 Dr Sian Tucker will send Dr Hamish Reid LUCS data on Midlothian practices with call back telephone systems where patients are contacting LUCS. Midlothian CHP is working with practices around the issue of access.

21. “Specials” – Pharmacy Clawback Process

- 21.1 Stephen McBurney presented the paper ‘Primary Care Prescribing – Clawback of Dispensing Remuneration for Special Obtained Medicines’.
- 21.2 Members supported the recommendations to reclaim funds retrospectively from 1 September 2013 as outlined in the paper. Members also noted the process for analysing the data relating to unlicensed medicines and the proposed reclaim of any unauthorised payments to contractors and the appeals process for community pharmacy contractors to follow.
- 21.3 There is no patient safety risk to patients as this relates to a procurement process.

22. LUCS Update

- 22.1 As previously reported to members, LUCS are independently reviewing continuing care facilities/step down arrangements as they deem cover by LUCS inappropriate. This is now scheduled to be discussed with LMC.
- 22.2 A fuller update will be provided at the next meeting.

23. CH(C)P Update

- 23.1 A verbal update will be provided at the next meeting

24. Primary Care Contracts Update

24.1 A verbal update will be provided at the next meeting

25. Finance and Service Risks

25.1 An update will be provided at the next meeting

26. NHS Circulars – noted

27. AOCB / Exception Reports

27.1 As many members are finding it difficult to attend the PCJMG meeting from the start due to other commitments, and there is no scope for the meeting to run on if needed, possible alternative days/times will be circulated.

28. Date of Next Meeting

28.1 The next PCJMG meeting will take place on Thursday 10 July 2014, 1pm – 3pm, Administration Block, Astley Ainslie Hospital.

28.2 Agenda items and papers to be submitted no later than **Wednesday 2 July 2014.**

PCJMG ONGOING ACTIONS AND UPDATE

Topic	Ref	Action	Update from meeting on 12.06.14	Lead(s)	Date
Care Home Anticipatory Care / Frail Elderly	127 90 1.2	Initial work to concentrate on frail elderly patients in the community and reviewing the current CH Anticipatory Care ES, taking account of emergent intermediate care / step down models. <ul style="list-style-type: none"> A revised paper will be brought back to PCJMG as soon as possible. Looking at option appraisals for care for step up/down and intermediate beds. Convene a working group to look at potential models of delivery and feed back to a future PCJMG. 	Some partnerships are looking at different models of delivery and LUCS must be part of discussions. A paper will come back to PCJMG in the autumn and include reference to CHP work.	NW MC	Autumn 2014 ongoing
Extended Imm. Programme	35 / 48	Mark Hunter to provide update on financial position – budget held by Public Health	The final summary for 2014/15 will follow in due course from PCCO Finance.	MH	10.07.14
Domiciliary Phlebotomy	36	Progress Update	Draft domiciliary phlebotomy LES survey will be updated to reflect members comments/suggestions.	DS/SF	10.07.14
Prescription for Excellence	60	Verbal update at December meeting and paper to the January meeting.	The paper will be brought to PCJMG following the establishment a Lothian group to input into the national group.	SMcN	10.07.14
Practice Lists	2 / 17	Discuss paper and PCJMG discussion with David Small, David White and Pete Shishodia and bring a proposal back to the next meeting.	The updated paper and PCJMG feedback will be discussed with GPSub/LMC and reported at a future PCJMG meeting.	DS/ AMcN	10.07.14
IPA	16	Take proposals to GPSub/LMC for discussion and report back to a future PCJMG meeting	~	DS/AMcN	10.07.14
Locum Payments	18	Take proposals to GPSub/LMC for discussion and report back to a future PCJMG meeting	~	DS / AMcN	10.07.14

COMPLETED ACTIONS REPORTED AT MEETING ON 12.06.14

Topic	Ref	Action	Completed
ES Programme 2014/15	82	NPT: SF discuss further with Cartiona Morton ALD: DS/NW to discuss further with Alex McMahon CHW: DS/NW to consider secification / funding Diabetes: DS/NW to discuss with Karen Adamson vLARC: no additional funding available No funding to establish a diabetes self management ES.	All actioned
Remediation and induction programmes	5	The paper will be worked up and taken to the Board/JMT via David Farquharson.	Local position remains that funding will be considered on a case by case basis as opposed to a set budget.
PV Paper	11	Circulate 'Payment Verification – Finance & Resource Committee Paper' electronically for comment.	Circulated

**Primary Care Contractor Organisation and
Community Health (and Care) Partnerships**

Agenda Item
[7c]



PRIMARY CARE JOINT MANAGEMENT GROUP

Note of meeting held at 1pm on Thursday 14 August 2014 in the Boardroom, Administration Block, Astley Ainslie Hospital.

Present:

Dr Nigel Williams, Medical Director PC (*Co-Chair*)
Marion Christie, WL CHCP
Allister Short, Midlothian CHP
Dr Pete Shishodia, GP Sub-Committee
Eileen McGuire, Edinburgh CHP
Patricia McIntosh, Clinical Nurse Manager (PN)
Lizzie McGeechan, PCCO

Dr Ian McKay, Edinburgh CHP
Alison McNeillage, PCCO
Steve Faulkner, PCCO
Sandra McNaughton, Pharmacy
Mark Hunter, PCCO Finance
Kevin Wallace, Lothian Area Ophthalmic Committee
Dr Jon Turvill, East Lothian CHP

In attendance:

Dr Fiona Watson, Mairi Simpson
Susan Summers (*notes*)

Apologies:

David Small Alan Glauch, Jane Houston, Lynda Cowie, Dr Hamish Reid, Dr Elaine Duncan, Dr Sian Tucker, David White, David King, Alison MacDonald, Alyson Malone

Introduction and Welcome

29. Minute of Meeting on 12 June 2014

29.1 The draft minute of the meeting on the 12 June 2014 was approved as an accurate record.

29.2 Review of progress on specific ongoing actions:

- 127/90/1.2 *Care Homes / Anticipatory Care / Frail Elderly* – Anticipatory Care LES is finalised for 2014/15 with additional £180k funding. A paper on developing the complex frail elderly model will be submitted to PCJMG in the autumn.
- 35 *Extended Imm. Programme* – The final summary for 2014/15 will follow in September.
- 36 *Domiciliary Phlebotomy* – The monitoring form has been agreed and will be circulated to practices shortly with data returns to Erin Cadger (LAS). Practices will monitor a snapshot of activity during a week of their choice in September 2014. Data will then be analysed and fed back to PCJMG in November/December.
- 60 *Prescription for Excellence* - Paper in progress.
- 2/17 *Practice Lists* – Paper is to be updated following meeting with GP Sub/LMC and brought to September PCJMG meeting.
- 16 *IPA* – process has been discussed and agreed. **Completed**
- 18 *Locum payments* – Letter regarding maternity/paternity/adoptive leave arrangements in relation to the use of internal locums has been circulated to practices. Protocol will

be updated before next meeting. Same principle should also apply to sick leave. This will be clarified in the protocol.

30 PCJMG Meeting schedule 2015 - draft

- 30.1 Alison McNeillage fed back the results of a scoping exercise which had been undertaken to establish if an alternative recurring date for the PCJMG would be preferable.
- 30.2 The majority of the group elected to retain the status quo.
- 30.3 Following discussion, the result grid should be analysed further and alternative options could be looked at i.e. start the meeting earlier; some agenda items could be bi-monthly.

31 Independent Review of Opioid Replacement Therapies in Scotland

- 31.1 Dr Fiona Watson presented the paper 'Independent Review of Opioid Replacement Therapies in Scotland' with Mairi Simpson. The purpose of the report was to recommend that the PCJMG note the intention of the Medical Director (Dr David Farquharson) to lead work to improve consistency in the use of Opioid Replacement Therapies across NHS Lothian in line with UK clinical guidelines.
- 31.2 This is a time limited piece of work and there is a need to demonstrate robustness and validity to the Medical Director.
- 31.3 Marion Christie advised that Dr Watson should also take the paper to the Prescribing Forum.
- 31.4 The Prison Service should also be included and Dr Watson will contact Dr Jon Turvill.
- 31.5 The group was happy to agree to the recommendations in the paper.

32 Remit of PCJMG/GMS Core Group

- 32.1 This item will be deferred to the October PCJMG meeting. **Action AMcN**

33 COPD LES for Community Pharmacy

- 33.1 Sandra McNaughton presented the paper 'Proposed LES for Community Pharmacists – COPD Concordance and Inhaler Technique Training 2014-14' and asked the group to approve the proposed LES and note that funding is on a non-recurring basis to 31 March 2015.
- 33.2 There are 2 options for taking this forward: offering to all Community Pharmacies dependant on the % of COPD patients, or dependant on locality of the Community Pharmacy.
- 33.3 It was noted that evidence shows that inhaler technique is often poor and that there is a need to clarify the overlap with the work Practice Nurses are carrying out in this area. Sandra McNaughton will feedback any QOF issues (i.e. potential payment duplication) to the group at a future meeting. **Action SMcN**

33.4 The selection process would be transparent and the selection panel would be made up of a PCCO representative, budget holder and Community Pharmacy Lead. There would be clearly defined criteria for the LES that participants would adhere to.

33.5 The group was happy to approve the recommendations.

34 GP Access Pilot

34.1 Item deferred to future meeting.

35 Community Pharmacy Festive Opening Hours 2014/15

35.1 Steve Faulkner outlined the proposals for the 2014/15 Community Pharmacy Festive Opening Hours. The Community Pharmacy Core group has agreed, as in previous years, that 2 pharmacies will be open on Christmas Day and New Years Day – Boots, Shandwick Place, Edinburgh and Deans in Livingston.

35.2 The requirements of LUCS were considered as part of the decision making process

35.3 The paper outlining the agreed arrangements will be circulated with the minute.

Action SF

36 LUCS Update

36.1 LUCS continues to be under significant staffing pressures. A review of the service has recently been completed.

37 CH(C)P Update

37.1 West Lothian –

- Local Integration Plan current draft is being reviewed. This will go for consultation at the end of September/beginning of October. The final draft is to be submitted to Scottish Government by mid December.
- A workforce survey is being carried out in West Lothian as there are concerns about the pressures in practices being experienced by all staff groups.
- West Lothian CHCP will be taking a proactive approach to assist practices in WL but acknowledges that there are no easy answers to these problems.
- A sub-group will be established in WL and would welcome and ideas, views and feedback for members of the PCJMG as it was recognized that this was a Lothian wide problem.
- It was agreed that ongoing discussion should be included on the agenda as a substantive item for future meeting as 'Workforce Issues'.

37.2 East Lothian –

- Experiencing similar problems as West Lothian with practice workload pressures.
- Some support has been given to practices, both practical and financial.

37.3 *Edinburgh –*

- There has been some difficulty in recruiting into Section 2C practices.
- Tim Montgomery has moved back to REAS and Peter Gabbittas is covering the role of Edinburgh CH(C)P General Manager meantime.
- Legup payments – 2 have been made already and further payments will be made as soon as the signed practice contracts are returned to PCCO.
- Ratho Surgery building is not fit for purpose but there is currently no suitable location for the practice to move to. Agreement has to be reached for any potential new build.

37.4 *Midlothian –*

- Legup payments – payment has been processed for the ML practice included this year.
- ML is experiencing the same problems as other CH(C)Ps with workforce pressures.
- Local Integration Plan is being developed.
- A new build Community Hub in Loanhead is currently in the early stages and may offer the opportunity to include GP practice.

38 **Primary Care Contracts Update**

38.1 The Enhanced Services Review Group and GMS Core Group recently considered a paper from Dr Hamish Reid in relation to the introduction of Coaguchek monitoring in EL/ML, with a recommendation to increase payment in the standard INR LES from Level 3 to Level 4 with immediate effect. Financial modeling indicates that an additional c£88k would be needed, rising to c£200k if Coaguchek is rolled out across the other CH(C)Ps. There is no slippage in the 2014/15 ES budget to accommodate this request. It was agreed that the ES Review Group would consider the options around INR monitoring again in 2015/16.

38.2 Patient Experience Survey Results – It was agreed that CH(C)Ps would take this forward through their GP Forum and Sub-committee structure. Support could be offered to practices where significant variation was evident.

38.3 A General Manager representative is to be nominated for GMS Core group. Meetings take place every two months.

Action MC,AS,DS,DW

38.4 Agreement was given to bring update paper for PCJMG Private Session on ongoing SDAI investigations.

Action AMcN

38.5 Adults with Incapacity claim forms – PCCO have received claim forms from Secondary Care clinicians. Agreement was given to return the forms to originator of request as these claims were not to be paid by PCCO.

Action MH

38.6 Medical Fee Invoices – a wider range of claims are now being received in PCCO. Details of these claims to be brought back to group for decision on action.

Action MH/AMcN

38.7 QOF QS003 – a significant amount of additional work is currently being undertaken in preparing the quality improvement datasets by GP Sub colleagues. Going forward the Clinical Directors and Dr Nigel Williams will assist in producing the datasets. It was agreed that as a clinical forum was needed to discuss the datasets, it could be added to the agenda for a Clinical Directors meeting.

38.8 Ophthalmic PV visits – deferred to future meeting.

38.9 Medical PV visits – deferred to future meeting.

39 Finance and Service Risks

39.1 Mark Hunter will submit a paper on waste uplifts and recycling for GP Practices to a future meeting.

40 Payment Verification and Governance

40.1 Report will be brought back to next meeting.

41 Contractor Core Group Minutes – noted

42 Transforming Care after (cancer) Treatment programme – noted

43 QOF QP External Review reports – noted

44 NHS Circulars – noted

45 AOCB / Exception Reports

45.1 There was nothing further to discuss under AOCB.

46 Date of Next Meeting

46.1 The next PCJMG meeting will take place on Thursday 11 September, 1pm – 3pm, Administration Block, Astley Ainslie Hospital.

46.2 Agenda items and papers to be submitted no later than **Wednesday 3 September 2014.**

PCJMG ONGOING ACTIONS AND UPDATE

Topic	Ref	Action	Update from meeting on 12.06.14	Lead(s)	Date
Care Home Anticipatory Care / Frail Elderly	127 90 1.2	Initial work to concentrate on frail elderly patients in the community and reviewing the current CH Anticipatory Care ES, taking account of emergent intermediate care / step down models. <ul style="list-style-type: none"> A revised paper will be brought back to PCJMG as soon as possible. Looking at option appraisals for care for step up/down and intermediate beds. Convene a working group to look at potential models of delivery and feed back to a future PCJMG. 	Some partnerships are looking at different models of delivery and LUCS must be part of discussions. A paper will come back to PCJMG in the autumn and include reference to CHP work.	NW MC	Autumn 2014 ongoing
Extended Imm. Programme	35 / 48	Mark Hunter to provide update on financial position – budget held by Public Health	The final summary for 2014/15 will follow in due course from PCCO Finance.	MH	11.09.14
Domiciliary Phlebotomy	36	Progress Update	Monitoring form has been agreed and will be circulated to practices. Data will be analysed and fed back to PCJMG in Nov/Dec	DS/SF	13.11.14
Prescription for Excellence	60	Verbal update at December meeting and paper to the January meeting.	The paper will be brought to PCJMG following the establishment a Lothian group to input into the national group.	SMcN	11.09.14
Practice Lists	2 / 17	Discuss paper and PCJMG discussion with David Small, David White and Pete Shishodia and bring a proposal back to the next meeting.	The updated paper will be brought to Sept PCJMG meeting	DS/ AMcN	11.09.14
Locum Payments	18	Take proposals to GPSub/LMC for discussion and report back to a future PCJMG meeting	Letter has been circulated to practices. Protocol to be updated before Sept PCJMG meeting.	DS / AMcN	11.09.14

COMPLETED ACTIONS REPORTED AT MEETING ON 12.06.14

Topic	Ref	Action	Completed
ES Programme 2014/15	82	NPT: SF discuss further with Catriona Morton ALD: DS/NW to discuss further with Alex McMahon CHW: DS/NW to consider specification / funding Diabetes: DS/NW to discuss with Karen Adamson vLARC: no additional funding available No funding to establish a diabetes self management ES.	All actioned
Remediation and induction programmes	5	The paper will be worked up and taken to the Board/JMT via David Farquharson.	Local position remains that funding will be considered on a case by case basis as opposed to a set budget.
PV Paper	11	Circulate 'Payment Verification – Finance & Resource Committee Paper' electronically for comment.	Circulated
IPA	16	Take proposals to GPSub/LMC for discussion and report back to a	Completed

**Primary Care Contractor Organisation and
Community Health (and Care) Partnerships**

Agenda Item
[7d]



PRIMARY CARE JOINT MANAGEMENT GROUP

Note of meeting held at 1pm on Thursday 11 September 2014 in the Boardroom, Administration Block, Astley Ainslie Hospital.

Present:

David Small, East Lothian CHP (*Co-Chair*)
Dr Nigel Williams, Medical Director PC (*Co-Chair*)
Marion Christie, WL CHCP
Allister Short, Midlothian CHP
Dr Pete Shishodia, GP Sub-Committee
Eileen McGuire, Edinburgh CHP
David White, Edinburgh CHP
Lynda Cowie, Chief Nurse
Dr Hamish Reid, Midlothian CHP

Dr Ian McKay, Edinburgh CHP
Dr Elaine Duncan, West Lothian CHCP
Steve Faulkner, PCCO
Sandra McNaughton, Pharmacy
Mark Hunter, PCCO Finance
Kevin Wallace, Lothian Area Ophthalmic Committee
Dr Jon Turvill, East Lothian CHP
Dr Sian Tucker, LUCS

In attendance:

Anne Crandles (joined the meeting at 14.30)
Susan Summers (*notes*)

Apologies:

Alan Glauch, David King, Alison McNeillage, Lizzie McGeechan, Patricia McIntosh

Introduction and Welcome

47. Minute of Meeting on 14 August 2014

47.1 The draft minute of the meeting on the 14 August 2014 was approved as an accurate record.

47.2 Review of progress on specific ongoing actions:

- 127/90/1.2 *Care Homes / Anticipatory Care / Frail Elderly* – A paper on developing the complex frail elderly model will be submitted to PCJMG in the autumn. Extra funding is to be confirmed for the Frail Elderly. LUCS to be included in funding. DS/NW to discuss the scope of work involved including medical cover.
- 35 *Extended Imm. Programme* – The programme has started with GPs administering some immunisations. MH to bring paper to October meeting.
- 36 *Domiciliary Phlebotomy* – The monitoring form has been circulated to practices who will be undertaking a 1week activity audit during September 2014. A paper will be brought to the November meeting by SF.
- 60 *Prescription for Excellence* - Paper in progress.
- 2/17 *Practice Lists* – Paper is to be updated following meeting with GP Sub/LMC and brought to September PCJMG meeting.
- 18 *Locum payments* – Letter regarding maternity/paternity/adoptive leave arrangements in relation to the use of internal locums has been circulated to practices. Protocol will

be updated before next meeting. Same principle should also apply to sick leave. This will be clarified in the protocol. **Completed**

48 Practice Lists

- 48.1 Steve Faulkner presented the paper 'GP Practice Lists'. The purpose of the report was to provide a description of the terminology adopted informally in respect of practice lists and to outline the regulatory / legal position. The paper describes the impact of practices placing restrictions on their patient lists and sets out potential solutions with reference to LEGUP and minor capital works.
- 48.2 The group was asked to consider the advice given by the CLO in relation to the relevant terms of the GMS contract and agree to define list restriction arrangements. Agreement was required for the use of LEGUP and how best to prioritise LEGUP and minor capital grants across the HSCPs. David Small advised a further £100k investment for 4 additional practice LEGUP grants for 2014/15 – a total 13 practices (12 in Edinburgh CHP and one in Midlothian CHP have been funded this year).
- 48.3 It was noted that under the GMS regulations there were no practices in Lothian with a closed list and that the temporary restricted list status was primarily an Edinburgh issue due to population growth in specific areas of the city.
- 48.4 Following discussion, it was agreed that a practice requesting to operate with a 'temporary restricted list' would be required to continue to register new babies, take on relatives of existing patients, as long as they live in the current practice area and will continue to take on temporary residents and assignments.
- 48.5 This status would be approved for a period of 3 months pending a visit from the PCCO and HSCP to discuss any appropriate support issues. Approval for extension to the initial 3 months must be given by the PCCO/HSCP and restrictions longer than 6 months would require approval by the PCJMG.

49 GP Access

- 49.1 David Small provided a brief verbal update on GP Access and informed the group that the Population and Premises plan will feed in to the Strategic Plan for Lothian.

50 Headroom - update

- 50.1 Anne Crandles joined the meeting to provide a verbal update on the Headroom project.
- 50.2 The aim of Headroom is to significantly improve outcomes for people in areas with concentrated economic disadvantage.
- 50.3 Two areas in Edinburgh are participating in the project; 'Eastern' Edinburgh and 'Western' Edinburgh. Both areas include some of the city's most disadvantaged areas.
- 50.4 The intention is to develop agreed outcomes and deliver improvement in areas such as mental health, alcohol misuse, drug abuse, parenting problems and chronic disease. The key

outcomes include successful locality working and GP contribution to Total Place, strengthened clinical development, proposals to influence the Scottish GP contract and to demonstrate impact on local health inequalities.

- 50.5 To date funding of £155,000 has been received and a detailed summary on how Phase 2 funding will be utilised is being prepared. Clinical Leads have been appointed for Headroom East (job share) and the Clinical Lead appointment for Headroom West will be announced shortly.
- 50.6 A stakeholder event will take place shortly which will be a key priority for the new Clinical leads. At this event, the Headroom project areas will confirm which work streams they will focus on.
- 50.7 Anne Crandles informed the group that she has met with the Programme Manager from NHS Highland's Remote and Rural programme and the Project Manager for the Govan project in Glasgow to exchange information and develop strong relationships in order to keep up to date with progress nationwide.
- 50.8 There will be engagement with community pharmacies once the Clinical leads are in post. Meetings will be opened up to other groups for input i.e. District Nurses, Health Visitors.
- 50.9 The group thanked Anne for providing the update on the project.

51 LUCS update

- 51.1 The LUCS review had been accepted and that there are three meetings planned to inform staff and engage them in the review process.
- 51.2 Additional meetings may be required and an implementation group formed for taking forward the recommendations. As yet no decision has been made as to where LUCS may move to.
- 51.3 The public holidays over Easter 2015 may be problematic as LUCS will be unable to cover Good Friday. This could cause issues if practices are asked to remain open on Good Friday. Following discussion, it was decided that this matter would be taken to the Corporate Management Team on 6 October 2014 for discussion and agreement.

Action DS

52 CH(C)P Update

52.1 East Lothian

- The Crookston Care Facility has opened in Tranent. This is a 70 bed facility on 3 floors. 20 beds are single accommodation, all en suite. This facility replaces 2 care homes. The local GP practice covers the facility with NHS nurses working in the building.

52.2 *Edinburgh*

- There has been a significant level of input by Edinburgh CHP and PCCO into individual practices that are experiencing current difficulties.
- The Primary Care Action Plan will be discussed with GPs at meeting in November. This will be an opportunity to revise population plans and check that they are still up to date.
- Discussions are taking place about a proposal to divide Edinburgh into 4 locality areas which would be adopted by all major public services. This would allow a greater degree of co-operation and fits in with the Integration Plan.

53 **Primary Care Contracts Update**

53.1 Steve Faulkner advised the group that data will be provided to practices on the local quality improvement datasets in relation to QOF QS003 shortly.

53.2 A paper will be presented at the October meeting on the requirement for implementing the practice Quality Improvement Visit Programme in 2015/16. It is anticipated that there will be 40 visits per year starting in May 2015. Key issues include resource capability for the PCCO/HSCPs and practice visitor training requirements. **Action AMcN/LMcG/SF**

53.3 The Short Life Working Group formed to discuss Substance Misuse Design has been convened with the first meeting having taken place on 10 September. There are currently pressures on Community Pharmacies due to the increase year on year of buprenorphine prescribing. This now needs to be evaluated as the current position is becoming untenable. It is estimated that in order to meet current activity levels funding of £140,000 to £160,000 would be needed. This will be discussed at the Pharmacy Core Group which will be held shortly. **Action SMcN**

54 **Finance and Service Risks**

54.1 Mark Hunter advised that revisions will be made to budgets in October 2014. The £1.6 million allocation uplift has been accounted for. The Out of Hours increase will be in line with the GMS increase of 6%.

55 **Payment Verification and Governance**

55.1 An update will be brought to the next meeting.

56 **Locum payments protocol – noted**

57 **NHS Circulars – noted**

58 **AOCB / Exception reports**

58.1 Lead GP and GP Advisor Posts – email will be sent to group members to get feed back before discussion at October's meeting. **Action NW**

59 **Date of Next Meeting**

59.1 The next PCJMG meeting will take place on Thursday 9 October, 1pm – 3pm, Administration Block, Astley Ainslie Hospital.

59.2 Agenda items and papers to be submitted no later than **Wednesday 1 October 2014.**

PCJMG ONGOING ACTIONS AND UPDATE

Topic	Ref	Action	Update from meeting on 14.08.14	Lead(s)	Date
Care Home Anticipatory Care / Frail Elderly	127 90 1.2	Initial work to concentrate on frail elderly patients in the community and reviewing the current CH Anticipatory Care ES, taking account of emergent intermediate care / step down models. <ul style="list-style-type: none"> A revised paper will be brought back to PCJMG as soon as possible. Looking at option appraisals for care for step up/down and intermediate beds. Convene a working group to look at potential models of delivery and feed back to a future PCJMG. 	Some partnerships are looking at different models of delivery and LUCS must be part of discussions. A paper will come back to PCJMG in the autumn and include reference to CHP work. Discussion on scope of work involved including medical cover	NW MC DS/NW	Autumn 2014 ongoing
Extended Imm. Programme	35 / 48	Mark Hunter to provide update on financial position – budget held by Public Health	The final summary for 2014/15 will follow in due course from PCCO Finance.	MH	09.10.14
Domiciliary Phlebotomy	36	Progress Update	Monitoring form has been agreed and will be circulated to practices. Data will be analysed and fed back to PCJMG in Nov/Dec	DS/SF	13.11.14
Prescription for Excellence	60	Verbal update at December meeting and paper to the January meeting.	The paper will be brought to PCJMG following the establishment a Lothian group to input into the national group.	SMcN	09.10.14
Practice Lists	2 / 17	Discuss paper and PCJMG discussion with David Small, David White and Pete Shishodia and bring a proposal back to the next meeting.	The updated paper was brought to Sept PCJMG meeting	DS/ AMcN	Completed
Locum Payments	18	Take proposals to GPSub/LMC for discussion and report back to a future PCJMG meeting	Letter has been circulated to practices. Protocol updated.	DS / AMcN	Completed

COMPLETED ACTIONS REPORTED AT MEETING ON 11.09.14

Topic	Ref	Action	Completed
ES Programme 2014/15	82	NPT: SF discuss further with Catriona Morton ALD: DS/NW to discuss further with Alex McMahon CHW: DS/NW to consider specification / funding Diabetes: DS/NW to discuss with Karen Adamson vLARC: no additional funding available No funding to establish a diabetes self management ES.	All actioned
Remediation and induction programmes	5	The paper will be worked up and taken to the Board/JMT via David Farquharson.	Local position remains that funding will be considered on a case by case basis as opposed to a set budget.
PV Paper	11	Circulate 'Payment Verification – Finance & Resource Committee Paper' electronically for comment.	Circulated
IPA	16	Take proposals to GPSub/LMC for discussion and report back to a	Completed
Locum Payments	18	Take proposals to GPSub/LMC for discussion and report back to a future PCJMG meeting	Completed

RISK MANAGEMENT**REPORT BY CHCP DIRECTOR**

Meeting of
9 December 2014

Agenda Item
[8]

SUMMARY

This report updates the CHCP Board on the review of the CHCP risk register by the CHCP Senior Management Team in November 2014.

RECOMMENDATION

It is recommended that the Board considers and agrees the updated CHCP risk register.

BACKGROUND

The CHCP risk register was reviewed and updated in June 2013 and the risks are now recorded in West Lothian Council's Covalent system and on NHS Lothian's Datix system.

The purpose of the risk register is to provide a record of the high level risks to the CHCP, which should they occur, may threaten the ability of the CHCP to achieve its objectives.

The recording of risks in the risk register ensures that management have identified and considered risks and are satisfied that they are either appropriately controlled or have in place planned actions to mitigate the risks further.

REVIEW OF RISK REGISTER

The CHCP risk register was last presented to the CHCP Board in May 2014 and more recently reviewed by the CHCP Senior Management Team in November 2014. This involved a review of risks, their scores and associated risk actions. The outcome of the review is as follows:

Review of Risks

No new risks or risk actions were added to the risk register and no risks were removed.

Risk Action Progress

The progress in respect of each risk action was reviewed and the following updates were made:

CHCP13010_Ar: Development of a Health and Social Care Workforce Plan. Due date changed to 31 January 2015 and progress updated to 50%

CHCP13005_Ar: Development of a joint Health and Safety Action Plan. Progress updated to 100%. It is noted that a joint Health and Safety Committee has been established covering both parent agencies of the CHCP. This committee meets quarterly and receives reports from both NHS and Social Policy.

CHCP13001_Ar: Draft CHCP Strategic Plan in progress. Due date changed to 30 April 2015.

CHCP13002_Ar: Integration Plan in progress. Progress updated to 70%.

CHCP13008_Ar: Development of joint business continuity management group and preparation of a schedule for joint business continuity testing. Now 100% complete.

CHCP13009_Ar: Development of a Demand and Capacity Plan to inform future service redesign. Due date changed to 30 April 2015.

CHCP14001_Ar: Completion of retrospective PVG checking for managers and staff. Progress updated to 75%.

The updated CHCP risk register, including the progress bar for each risk action, is shown in the updated risk register, Appendix 1. This is supplemented by more detailed risk information, Appendix 2, and a copy of the risk matrix used to score the risks, Appendix 3.

The risk register includes 10 CHCP risks. Nine are assessed as medium risks and one is assessed as low risk.

CONCLUSION

The CHCP risks have been reviewed and updated to more accurately reflect the current risks to the CHCP and the actions required to further mitigate these risks. Progress in implementing risk actions continues to be monitored using Covalent.

PREVIOUS CONSIDERATION BY THE BOARD

Report by the CHCP Director on 27 May 2014 – Risk Management.

IMPLICATIONS

Equality/Health	An equality diversity impact assessment is not required for this report.
Financial/Resource	None.
Legal	None.
Risk Register ID No	CHCP009

REFERENCES

West Lothian Council Social Policy Risk Register
NHS CHCP Corporate Risk Register
CHCP Risk Register

APPENDICES

- 1 CHCP Risks and Risk Action Progress November 2014
- 2 CHCP Detailed Risk Register November 2014
- 3 Risk Matrix

CONTACT/DATE OF REPORT

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9 December 2014

CHCP Risks and Risk Action Progress










(28 November 2014)

Data Label: Internal Only

Traffic Light: Amber 9, Green 1

Risk Title	Current Risk Score		Assigned To	Linked action	Action Status	Due Date	Progress Bar	Desired Outcome
CHCP014 Ageing Workforce	12		Jennifer Scott / Marion Christie	CHCP13010_Ar Development of Health and Social Care Workforce Plan		31-Jan-2015	<div><div>50%</div></div>	Workforce Planning processes in place to address impact of ageing workforce in NHS Lothian and Social Policy.
CHCP006 Health and Safety	10		Jennifer Scott / Marion Christie	CHCP13003_Ar Development of a Health and Social Care Health and Safety Committee to encompass all aspects of business in the CHCP		31-Mar-2014	<div><div>100%</div></div>	Integrated approach to Health and Safety across Health and Social Care
				CHCP13004_Ar Health and Safety Officer appointed in council to support Social Policy		31-Mar-2014	<div><div>100%</div></div>	Dedicated Health and Safety resource in Social Policy
				CHCP13005_Ar Development of Joint Health and Safety Action Plan		30-Sep-2014	<div><div>100%</div></div>	Consistent approach towards Health and Safety in Health and Social Care
CHCP001 Integration Plan	9		Jim Forrest	CHCP13001_Ar Draft CHCP Strategic Plan in Progress		30-Apr-2015	<div><div>50%</div></div>	Formalisation of strategic direction of CHCP.
				CHCP13002_Ar CHCP Integration Plan in Progress		31-Dec-2014	<div><div>70%</div></div>	Approved arrangements for CHCP Integration which meet the requirements of the Scottish Government
CHCP009 Business Continuity Planning	9		Jennifer Scott / Marion Christie	CHCP13007_Ar Testing of WLC1 (critical services) BCPs to be completed		31-May-2014	<div><div>100%</div></div>	Assurance provided on the effectiveness of business continuity plans
				CHCP13008_Ar Development of joint business continuity management group and preparation of a schedule for joint business continuity testing		30-Sep-2014	<div><div>100%</div></div>	Joined up approach to business continuity planning
CHCP011 Financial Constraints	9		Jennifer Scott / Marion Christie	No further action.				

APPENDIX 1











Risk Title	Current Risk Score		Assigned To	Linked action	Action Status	Due Date	Progress Bar	Desired Outcome
CHCP013 Demographic Change and Growth in Older People	9		Jennifer Scott / Marion Christie	CHCP13009_Ar Development of Demand and Capacity Plan to inform future service redesign.		30-Apr-2015	<div><div>50%</div></div>	Structured planning process in place to address demographic change and the growth in older people.
CHCP007 Violence in the Workplace	8		Jennifer Scott / Marion Christie	CHCP13005_Ar Development of Joint Health and Safety Action Plan		30-Sep-2014	<div><div>100%</div></div>	Consistent approach towards Health and Safety in Health and Social Care
				CHCP13006_Ar Development of Improvement Plan to meet the requirements of the Health and Safety Executive Improvement Notice for NHS Lothian		31-Mar-2014	<div><div>100%</div></div>	Robust risk management systems in place around the management of aggression
CHCP010 Protection of Vulnerable Groups	8		Jennifer Scott / Marion Christie	CHCP14001_Ar Completion of retrospective PVG checking for managers and staff.		31-Oct-2015	<div><div>75%</div></div>	All managers and staff PVG checked.
CHCP012 Maintaining Sensitive Information	8		Jennifer Scott / Marion Christie	No further action.				
CHCP008 Contractor/Partner Failures	6		Jennifer Scott / Marion Christie	No further action.				

CHCP Detailed Risks, Internal Controls and Risk Actions









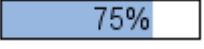


(28 November 2014)

Data Label: Internal Only





Traffic Light: Amber 9, Green 1

	Risk Title	Description	Internal Controls	Linked action	Action Status	Progress Bar
	CHCP001 Integration Plan	Scottish Governments Agenda to integrate adult health and social care services in Scotland. Failure to implement an integration plan and establish integration arrangements which may threaten the successful achievement of integration and subsequent objectives.	<ul style="list-style-type: none"> - officers working with Council administration and NHS Lothian to promote and progress the integration agenda. - management monitoring and awareness of potential changes that may impact on the achievement of integration. - monitoring of changes in legislation. - CHCP Board and Senior Management Team in place. - established governance arrangements in place. - mechanisms in place for scrutiny of performance. - constant communication and information provided and processes in place for reporting on progress. 	CHCP13001_Ar Draft CHCP Strategic Plan in Progress		<div><div>50%</div></div>
				CHCP13002_Ar CHCP Integration Plan in Progress		<div><div>70%</div></div>
	CHCP006 Health and Safety	Non compliance with Health and Safety legislation, policies and procedures leading to injury or harm to patients, clients, staff or the public. This includes issues surrounding Healthcare Associated Infection which in particularly applicable to the NHS.	<ul style="list-style-type: none"> - health and safety policies and procedures in place e.g. medication policy, safe and well procedures, lone workers procedures. - training for staff. - health and safety audits / inspections undertaken. - incident summaries maintained and reported and incident management group in place (NHS). 	CHCP13003_Ar Development of a Health and Social Care Health and Safety Committee to encompass all aspects of business in the CHCP		<div><div>100%</div></div>
				CHCP13004_Ar Health and Safety Officer appointed in council to support Social Policy		<div><div>100%</div></div>
				CHCP13005_Ar Development of Joint Health and Safety Action Plan		<div><div>100%</div></div>
	CHCP007 Violence in the Workplace	Violence or aggression in the workplace resulting in injury, stress or emotional distress to staff clients or the public. In the NHS there is a high number of mental health patients and incidents involving violence towards staff have remained constant over the last 3 years.	<ul style="list-style-type: none"> - policies and procedures in place e.g. lone working, safe and well procedures. - risk management in place and risk assessments undertaken. - staff training and completion of modules e.g. CALM training, de-escalation techniques, violence nad aggression training. - potentially dangerous clients flagged and information shared with partner organisations. 	CHCP13005_Ar Development of Joint Health and Safety Action Plan		<div><div>100%</div></div>
				CHCP13006_Ar Development of Improvement Plan to meet the requirements of the Health and Safety Executive Improvement Notice for NHS Lothian		<div><div>100%</div></div>

APPENDIX 2

	Risk Title	Description	Internal Controls	Linked action	Action Status	Progress Bar
			- display of agreed signage.			
	CHCP008 Contractor/Partner Failures	Failure by partner/contractors to provide required service e.g. in relation to Care Homes and Care at Home Services.	- review of arrangements by CHCP Board and Senior Management Team. - Joint Commissioning arrangements in place. - inspection by Care Inspectorate - contingency arrangements in place.	No further action.		
	CHCP009 Business Continuity Planning	Failure to maintain service delivery in the event of disruption to normal services e.g. fire/flood, severe weather, pandemic and other causes.	- BCPs in place for all critical (WLC) and essential (NHS) services. - BCPs also in place for all non essential services (NHS). - annual or post incident review of BCPs. - all plans available to staff. - all staff completing business continuity training module (NHS only) - joint testing of BCPs undertaken.	CHCP13007_Ar Testing of WLC1 (critical services) BCPs to be completed		
				CHCP13008_Ar Development of joint business continuity management group and preparation of a schedule for joint business continuity testing		
	CHCP010 Protection of Vulnerable Groups	Failure to properly comply with legislation and implement guidance and procedures for the protection of vulnerable groups.	- policy, procedures and good practice guidance in place for the protection of vulnerable groups. - PVG checks undertaken for relevant posts and transitional arrangements in place in relation to the Protection of Vulnerable Groups Act 2007. - monitored through the Chief Officers Group (NHS Lothian) - Social Worker monitoring/supervision. - learning review processes in place to prevent future incidents. - critical review / suicide review procedures. - specialist staff in position to deal with vulnerable groups.	CHCP14001_Ar Completion of retrospective PVG checking for managers and staff.		
	CHCP011 Financial Constraints	Financial constraints and reductions in funding impact adversely on service delivery and performance.	- Financial Strategies for WLC and NHS Lothian. - planned programme of service reprioritisation. - effective performance management systems in place. - managers allocated responsibility for service budgets.	No further action.		
	CHCP012 Maintaining Sensitive Information	Unauthorised disclosure of sensitive information resulting in damage to reputation or financial penalty.	- Corporate guidance on information security in place. - staff training and updates e.g. online training for Information Security Awareness	No further action.		

APPENDIX 2

	Risk Title	Description	Internal Controls	Linked action	Action Status	Progress Bar
			and Data Protection (NHS). - all staff sign up to confidentiality agreement. - appropriate security systems in place for the protection of paper and electronic records. - peer review system (WLC)			
	CHCP013 Demographic Change and Growth in Older People	Current service models will be unable to meet the future demands of a rapidly ageing population.	- ongoing monitoring of service provision against demand. - reshaping care for older people programme (Change Fund) testing new models for service design and delivery. - performance in respect of the Change Fund and HEAT targets reported on six monthly. - contract monitoring procedures in place and reporting to the Contracts Advisory Group.	CHCP13009_Ar Development of Demand and Capacity Plan to inform future service redesign.		<div><div>50%</div></div>
	CHCP014 Ageing Workforce	Unable to meet the future services demands due to the ageing workforce and increase in retrials which may result in a lack of suitable/qualified staff.	- draft NHS Workforce Plan - high level workforce statistics available	CHCP13010_Ar Development of Health and Social Care Workforce Plan		<div><div>50%</div></div>

PROBABILITY LIKELIHOOD FREQUENCY		RISK TOLERANCE MATRIX WEST LOTHIAN COMMUNITY HEALTH & CARE PARTNERSHIP				
Almost Certain	5	5	10	15	20	25
Very Likely	4	4	8	12	16	20
Likely	3	3	6	9	12	15
Possible	2	2	4	6	8	10
Unlikely	1	1	2	3	4	5
IMPACT CONSEQUENCE SEVERITY		1	2	3	4	5
		Insignificant	Minor	Significant	Major	Catastrophic;

	Net Risk Exposure which maps in this band implies immediate activity to instigate remedial action. Normally entails additional resource
	Net Risk Exposure which maps in this band implies remedial activity within a predetermined timescale, e.g. 3 months
	Net Risk Exposure which maps in this band implies some improvement activity within current financial period, if resource permits
	Net risk may require ongoing remedial activity to control the impact, e.g. through training or business continuity planning.

RESILIENCE / EMERGENCY PLANNING**REPORT BY HEAD OF HEALTH SERVICES
AND HEAD OF COUNCIL SERVICES**Meeting of
9 December 2014Agenda Item
[9]**SUMMARY**

The purpose of the report is to update the Board on the resilience / emergency planning desktop exercise which was held on 20 November 2014.

RECOMMENDATION

The Board is asked to

1. Note the progress made in undertaking the exercise, which will ensure key services are maintained for critical patients and customers, and the organisation's reputation is protected.
2. Support the plan to conduct any future exercises as determined by the analysis of the exercise.

BACKGROUND

The continuity of health and care services is a major priority in relation to the CHCP's response to emergencies, as is the safety and wellbeing of children, adults and older people in the community and our staff.

As it had been some time since there had been either a desktop or live exercise to test the CHCP's resilience/emergency planning, it was agreed that there should be a desktop exercise involving relevant staff from acute services, community-based services and Social Policy. This took place in the Civic Centre on 20 November 2014.

The scenario, entitled "Die Hard-ish", was split across three timelines and began with a number of challenging situations:

- Loss of power at the Civic Centre and St John's Hospital as a result of explosions/fires at two electricity substations;
- Almost simultaneously, a shooting incident in Livingston Shopping Centre;
- Multiple casualties as a result of both incidents.
- Complications developing as a result of both incidents.

Over the next two timelines, further updates were given as the situations developed. These included power cuts to 900 homes in Livingston as well as

key health and care resources, media involvement regarding the shooting incident, the loss of a patient from Ward 3 at St John's Hospital, and capacity issues at St John's Hospital as a result of the casualties sustained in the aforementioned incidents.

Working in their service groups, staff were asked to consider the following:

- Their response strategy and detail arrangements that would be in place during the various timelines, including plans and procedures activated and personnel alerted;
- Consider where this was evidenced in any plans;
- What significant gaps there might have been;
- If any further action was required and by whom.

A series of questions were set out to facilitate discussion. Feedback was sought from participants and will be analysed to ascertain whether there is a requirement to undertake further exercises. It is, for example, possible, that Social Policy may wish to undertake an exercise related to the setting up of a rest centre as that was a theme in the "Die Hard-ish" exercise.

PREVIOUS CONSIDERATION BY THE BOARD

Business Continuity Planning was previously considered by the Board in April 2012 but this is the first time Resilience / Emergency Planning has been brought to the Board.

IMPLICATIONS

Equality/Health	An equality impact assessment is not required for this report.
Financial/Resource	Within existing budgets.
Legal	Compliance with Civil Contingencies Act 2004.
Risk Register ID No	CHCP009

REFERENCES

The Civil Contingencies Act 2004.

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

CHCP WINTER PLAN 2014/15**REPORT BY HEAD OF HEALTH SERVICES**Meeting of
9 December 2014Agenda Item
[10]**SUMMARY**

The National Health Service and the Social Care departments are required to plan for the winter period when it is recognised that demand for services is likely to be at its highest level. The expectation is that plans for 2014/15 build on the previous winter Plans and take into account the lessons learnt.

RECOMMENDATION

That the Board endorse the CHCP Winter Plan for 2014/15.

BACKGROUND

The CHCP is required to ensure the following outcomes

- Clear identification of the senior managers who are the accountable persons for ensuring that effective winter plans exist within the CHCP/ local health and social care communities.
- That comprehensive plans are in place in the CHCP/social care communities covering the headings in the Scottish Government Winter Planning communications
- The provision of high quality services are maintained through periods of pressure
- The impact of pressures on the levels of service, national targets and finance are effectively managed.
- That a process is in place to meet the reporting requirements of the Scottish Government.

PREVIOUS CONSIDERATION BY THE BOARD

Winter planning is considered annually by the Board.

IMPLICATIONS

Equality/Health

Arrangements are in place to ensure service provision can be maintained during severe disruption.

Financial/Resource

Within existing resources.

Legal

None.

CHCP Risk Register ID No

CHCP009

REFERENCES

None.

APPENDICES

West Lothian CHCP Winter Plan 2014/15

CONTACT/DATE OF REPORT

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9 December 2014

NHS Lothian

**WEST Lothian Community
Health & Care
Partnership**

WINTER PLAN
2014/ 2015

1.0 INTRODUCTION

The National Health Service and Health and Social Care departments are required to plan for the winter period, when it is recognised that demand for services is likely to be at its highest level. The expectation is that plans for 2014/15 build on the previous Winter Plans and take into account the lessons learned.

The required outcomes of winter planning are to ensure:

- Clear identification of the Senior Managers who are the accountable persons for ensuring that effective Winter Plans exist within CH(C)P's/ local health and social care community and UHD.
- That comprehensive plans are in place in CH(C)P's and local health and social care communities covering the headings in the Scottish Government Health Department Winter Planning communications;
- The provision of high quality services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed;
- That a process is in place to meet the reporting requirements of the Scottish Government.

2.0 THE PROCESS AND TIMETABLE FOR REVIEWING WINTER PLANS IN 2014/15

Hospital and community services have contributed to the preparation of a CHCP Winter Plan local to their area and which meets the needs of the Partnership. Winter Planning Executive Team for CHCP is as follows:

No.	Function	Name
1	Lead	Gill Cottrell / Marion Christie
2	Senior Managers	Carol Bebbington Pat Donald (AHP) Graham Paxton Mental Health

The CHCP Management Team will discuss, implement and monitor the winter planning process on a monthly basis between November 2014 and March 2015. Priority will be to monitor the levels of pressure in the system and the effectiveness of the Winter Plan and identify further interventions as required by NHS Lothian and Partner Organisations. The CHCP will be represented at NHS Lothian winter planning meetings.

3.0 KEY PRIORITIES FOR ACTION IN 2014/15

A number of priority areas have been identified through national and local experience.

3.1 Capacity Planning

- To predict and manage variation in demand;
- To identify the potential for a temporary flexible increase in capacity that is not solely reliant upon opening additional acute beds.

3.2 Escalation

- Implement whole system escalation framework
- Identify CHCP trigger points
- Ensure community hospitals have internal escalation procedures with clear trigger points and actions;
- Escalation procedures agreed for health & social care in West Lothian with clear triggers and actions;
- A de-escalation process to be agreed across the whole system.

3.3 Infection Control

- Infection reporting and monitoring processes are in place across all departments.
- Infection control measures are agreed to address most common infections, for example, Norovirus, Clostridium difficile, Influenza, MRSA across NHS, Local Authority and independent sectors in West Lothian
- Contingency plans are in place to minimise the impact of outbreaks of infection, in particular, Norovirus and similar infections leading to a reduction in bed capacity and staff availability
- Clear links are made to Pandemic Influenza Planning;
- An effective immunisation programme against seasonal influenza is in place.
- A local alert system to be developed in conjunction with GP practices to ensure consistent management and treatment of affected individuals

3.4 Communication

- Engage and communicate with local partners
- Ensure information regarding services is widely disseminated e.g. pharmacy opening times
- Agree central communication point and cascades to ensure all staff receive consistent information

3.5 Governance Arrangements

- All departments identify core staffing and aim to have no more than 16% off on leave at any one time
- Ensure medical staff rotas are robust and cover is always available
- Winter plan approved by SMT and CHCP Partnership Board
- Participate with Winter Planning Groups in NHS Lothian and West Lothian Council and follow up on actions

- Share plans across both agencies
- Each department have a clear staffing contingency plan for winter weather

3.6 High Risk Areas

- Identify and document high risk areas for health and social care
 - Inpatient wards and support services
 - ACAST
 - Community Outreach Team
 - OPACT
 - REACT
 - Community Nursing
 - Care Homes
 - Care at Home
 - Reablement
 - Crisis Care
 - Careline
 - SCET
 - Transport of critical patients
- Essential community patients are identified to enable allocation of work as appropriate (OOH Community Nursing Office, REACT, ACAST , OPACT& COT)
- Identify management actions to facilitate deployment of staff across NHS and Council services
- Liaise with Council Area Services to prioritise snow clearing
- GP Practices to review continuity plans

3.7 Transport

- Availability of suitable vehicles and sharing of cars across services

4.0 OVERVIEW OF WINTER PLAN SUBMITTED BY West Lothian CHCP

4.1 Operational readiness will be assessed under the following headings;

1. Capacity; management systems and access to beds
2. Delayed discharges
3. Management of community activity
4. Contingency plans for bed closures
5. Admissions avoidance
6. Escalation and continuity procedures and plans
7. Other service actions and interventions
8. Festive period
9. Effective communications

4.2 Effective preparation must be made in all areas however, particular attention is required in relation to:

- Demand profiling and capacity planning: to ensure that sufficient capacity and contingencies are made available to meet the anticipated demand;
- Infection Control: measures are being put in place to reduce the risk of and to manage any infection control outbreaks.
- Delayed transfers of care/ Discharge Planning: effective discharge arrangements are being put in place which will enhance over periods of predictive high demand;

5.0 **SUMMARY**

The role and responsibilities of the CHCP Management Team in Winter 2014/15 are as follows:

- To establish clear roles of accountability of services throughout the CHCP to ensure that appropriate and robust arrangements are in place to manage the winter period and that these plans build on the successful work facilitated by previous Winter Planning Groups;
- The plans submitted cover the 9 key areas;
- The proactive engagement of all partner agencies in the planning of winter 2014/15
- To ensure that clear escalation and communication processes are in place, and guarantee that the arrangements put in place across the local health economy function during increased demand, within the guaranteed performance targets;
- To ensure clarity on all local winter planning groups and social care communities have made satisfactory plans and that there are sufficient arrangements and contingencies in place to respond to the expected pressures over the forthcoming winter period.

Appendix 1: Action Plan

ACTION	TIMESCALE	LEAD	MONITORING
1. CAPACITY MANAGEMENT SYSTEM AND ACCESS TO BEDS			
Daily monitoring reports received from Control Room regarding the bed status	Ongoing	Chief Nurse	Daily Alert System
Attendance of Team Leader at Daily Bed Management Meetings	Ongoing	Team Leader	
Establish St John's Hospital bed flow numbers required daily and weekly to inform capacity plan	September 2014	Chief Nurse	Senior Management Team
<ul style="list-style-type: none">Establish Capacity and Flow of Patients<ul style="list-style-type: none">CraigmairSt MichaelsTippethill	September 2014	Chief Nurse	
2. DELAYED DISCHARGES			
Review meetings on all sites and board level.	Weekly St John's Site Monthly Board Meetings	Chief Nurse	Monitoring meeting arrangements in place
Escalation procedure for Delayed Discharge and moving on arrangements in place in partnership with Health & Social Care	September 2014	Chief Nurse Senior Managers	Monitoring meeting arrangements in place
Ensure Moving on Policy is being applied	September 2014	Chief Nurse Senior Managers	Monthly census and delayed discharge lists
Team leader with responsibility for reviewing and managing Delayed Discharges in place	Ongoing	Chief Nurse	Monthly census and delayed discharge lists

ACTION	TIMESCALE	LEAD	MONITORING
Establish process and procedures with Social Care partners for rapid access to care home placements including <ul style="list-style-type: none"> ○ Criteria ○ Assessment ○ Funding 	October 2014	Chief Nurse	Number of placements used
3. MANAGEMENT OF COMMUNITY ACTIVITY			
Community Nursing and Mental Health Teams will support discharges and community activity 24/7	Ongoing	Clinical Nurse Managers	Activity Reports A&E Breaches- Mental Health
Additional evening nursing service team will be made available over winter and festive period to support increased activity	December 2014-March 2015	Clinical Nurse Manager	Day to day monitoring and management
Discharge Liaison Nurse will continue to manage interface between hospital and community to ensure effective discharge planning process	Ongoing	Clinical Nurse Manager	Discharge Liaison Activity
Equipment Service will prioritise discharges and palliative care needs with additional priority over festive and winter period			
The JES will provide a top up service to A&E and the medical unit for mobility aids			
The emergency equipment store located opposite the joint equipment store can be accessed via the Porters desk at St John's Hospital			

ACTION	TIMESCALE	LEAD	MONITORING
Arrangements will be made for direct access and home delivery of beds, mattresses and hoists on a rental basis direct from suppliers. These will be accessed through the district nursing service	Ongoing	Chief Nurse Manager JES	Activity and response data
4. CONTINGENCY PLANS FOR BED CLOSURES			
Infection Control Procedures are in place to proactively manage outbreaks and prevent spread of infection Communication cascade established	Ongoing	Chief Nurse	Reviewed and monitored daily Outbreak meetings are held daily and outcomes are communicated
5. ADMISSION AVOIDANCE			
The District Nursing Service and OOH service will have regular contact with A&E and Discharge Liaison to provide assessment and facilitate care at home	Ongoing	Chief Nurse	Activity and response data
Rapid Occupational Therapy assessment service (ROTAS) will provide assessment in A&E, Medical Assessment Unit and Observation Ward to prevent admission and facilitate discharge	Ongoing	Therapies Manager	Activity and response data
Anticipatory Care Planning arrangements through local enhanced services for care home residents & those with LTCs in high-risk group	Ongoing	Lead GP	Shared ACPs
REACT Service established to provide hospital at home provision where safe to do so	Ongoing	Chief Nurse	Activity and response data

ACTION	TIMESCALE	LEAD	MONITORING
OPACT service established to provide older people with acute psychiatric needs care at home	Ongoing	Mental Health Service Manager	Activity and response data
6. ESCALATION AND CONTINUITY PROCEDURES			
Identify trigger points, escalation procedures and actions to be followed for CHCP services and link with St John's Site	September 2014	Senior Managers	Escalation procedures and contingency plan in place
Effective Immunisation Programme against seasonal influenza	September 2014	Chief Nurse Clinical Director	Uptake rates for patients and staff
BCP outlining contingency arrangements are in place for all services including General Practices	September 2014	Primary Care Manager	All BCPs reviewed and updated and on shared drive
Winter weather arrangements are reviewed and in place including <ul style="list-style-type: none"> • Staff deployment • Priority gritting schedules agreed with WLC • Priority Patients list to be established e.g. those on dialysis, radiotherapy or chemotherapy • Access arrangements to volunteer network (Appendix 3) 	September 2014	Primary Care Manager	Business Continuity Plans Emergency Planning meetings with WLC
7. OTHER SERVICE ACTIONS AND INTERVENTIONS			
Winter enhancement of AHP & Nurse Staffing currently being progressed	November 2014	Chief Nurse Therapies Manager	

ACTION	TIMESCALE	LEAD	MONITORING
8. FESTIVE PERIOD			
Detail of Primary Care Services/LUCS and hours of operation over festive period to be communicated including general practitioners and pharmacies	December 2014	LUCS	CHCP Management Team
In reach LUCS medical service over festive period to restrict/limit further admissions	December-January	Clinical Director	A&E attendances and Emergency Admissions
On call and routine clinical and managerial rotas for all areas.	December 2014	Senior Managers	CHCP Senior Management Team
District Nursing Services can be contacted via NHS 24 and LUCS	Ongoing	Chief Nurse	Access & Activity Reports
<p>ROTAS cover will be provided on xxxx from 9am-1pm all other days will be covered as normal</p> <p>OT advice line will be available on Christmas and New Years day</p> <p>An On Call physiotherapy service will operate throughout the festive period.</p>	December 2014		CHCP Senior Management Team
<p>Emergency social work service, daytime arrangements, out of hours, crisis care and hospital social work services to run and communicate over festive period. This includes access to services:</p> <ul style="list-style-type: none"> • Access arrangements, xx December 2014 – xx January 2015 • Daytime arrangements • Out of hours • Crisis Care Services • Hospital Social Work Services 			Daily monitoring by leads over festive period

ACTION	TIMESCALE	LEAD	MONITORING
There will be a manager on call over the festive period for response to urgent requests for equipment access through St John's Switchboard	December 2014	JES Manager	
9. EFFECTIVE COMMUNICATION			
CHCP representative at all winter planning meetings	November 2014	Chief Nurse/ Primary Care Manager	Meetings Board St John's Site West Lothian Council
Briefing/copy of winter plan to all on call clinical and management teams over Christmas and New Year	December 2014	Chief nurse	Copy of winter plan with Festive Rotas
Distribution of SITREP to Executive Management Team	Weekly	?	Weekly report distributed
Contact details for CHCP teams to be distributed to LUCS, Acute Medicine, A&E and Observations Ward	December 2014	?	
Copy of Winter Plan on CHCP and Janus Shared Drives	October 2014	Primary Care Manager	Plan on shared drives
Update and share information across health & Social care	October- February	Senior Managers	SMT/EMT

Appendix 2: Summary Social Care Winter Arrangements 2013/14 to update

1.0	Access to Services																																																
1.1	Care Home Placements Health staff including OT's and Out of Hours nursing and LUCS may arrange a Care Home place for an older person in hospital /at home who meet the following criteria <ul style="list-style-type: none">• Declared fit for discharge by an appropriate clinician• Unable to return home without services that are not currently available• Agrees to move to a Care Home for a period of time prior to returning home• Requires care due to a change in home circumstances i.e. carer illness Care Home vacancies will be identified by the Group Manager for care homes the Social Care Emergency Team (SCET) out of hours and through the Service Matching Unit (SMU) during normal working hours. This arrangement will include all West Lothian Council Care Homes and respite beds.																																																
1.2	Care at Home Designated Health and Social Care staff will complete a basic risk assessment in order to facilitate a discharge home with a package of care. The duty SDRT Team Leader will take the lead in this Care at Home providers will: <ul style="list-style-type: none">• Ensure that services are contactable through on call systems throughout the holiday period.• Be aware that enhanced capacity may be required during this period. SDRT Team Leader 01506 775651																																																
1.3	Access Arrangements, 23rd December 2013– 6th January 2014 <table><tr><th>Date</th><th>Daytime</th><th>Out of Hours</th></tr><tr><td>23rd December</td><td>As per normal</td><td>SCET</td></tr><tr><td>24th December</td><td>As per normal</td><td>SCET</td></tr><tr><td>25th December</td><td>SCET</td><td>SCET</td></tr><tr><td>26th December</td><td>SCET</td><td>SCET</td></tr><tr><td>27th December</td><td>SCET</td><td>SCET</td></tr><tr><td>28th December</td><td>SCET</td><td>SCET</td></tr><tr><td>29th December</td><td>As normal</td><td>SCET</td></tr><tr><td>30th December</td><td>As per normal</td><td>SCET</td></tr><tr><td>31st December</td><td>As per normal</td><td>SCET</td></tr><tr><td>1st January</td><td>SCET</td><td>SCET</td></tr><tr><td>2nd January</td><td>SCET</td><td>SCET</td></tr><tr><td>3rd January</td><td>SCET</td><td>SCET</td></tr><tr><td>4th January</td><td>SCET</td><td>SCET</td></tr><tr><td>5th January</td><td>As per normal</td><td>SCET</td></tr><tr><td>6th January</td><td>As per normal</td><td>SCET</td></tr></table>	Date	Daytime	Out of Hours	23 rd December	As per normal	SCET	24 th December	As per normal	SCET	25 th December	SCET	SCET	26 th December	SCET	SCET	27 th December	SCET	SCET	28 th December	SCET	SCET	29 th December	As normal	SCET	30 th December	As per normal	SCET	31 st December	As per normal	SCET	1 st January	SCET	SCET	2 nd January	SCET	SCET	3 rd January	SCET	SCET	4 th January	SCET	SCET	5 th January	As per normal	SCET	6 th January	As per normal	SCET
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5 th January	As per normal	SCET																																															
6 th January	As per normal	SCET																																															
1.4	Daytime Arrangements <ul style="list-style-type: none">• For adult / older people community care referrals during daytime hours contact local social work centres in West Lothian• For Children and Families referrals during daytime hours contact local social work centres in West Lothian																																																

	<ul style="list-style-type: none"> For hospital referrals during daytime hours contact the hospital social work teams - <p>Bathgate Social Work Centre 01506 776700 Livingston Social Work Centre 01506 777777 Broxburn Social work Centre 01506 775666</p>
1.5	<p>Out of Hours</p> <p>For emergencies out of office hours related to social work (including advice, child protection register, MHO service, home care and information) contact the Emergency Social Work Service</p>
	<p>Social Work Emergency Centre (SCET)</p> <p>The Emergency Social Work Service operates Mon to Thursday from 1645 to 0845 the next day and during the weekend from Friday's at 1545 until 0845 Monday morning.</p> <p>During Christmas and New Year Public Holidays the Emergency Social Work Service will provide 24 hour cover from 1600 on Wednesday 24th December until 0845 on Monday 29th December, and again from 1600 on Wednesday 31st December until 0845 on Monday 5th January.</p> <p>SCET 01506 777405</p>

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Appendix 3: Service Availability over Festive Period

	Crisis Care	Reablement	GP Practices	LUCS	REACT	OT	Physio
Monday 22 rd December			Open 8am-6pm	6pm-8am			
Tuesday 23 th December			Open 8am-6pm	6pm-8am			
Wednesday 24 th December			Open 8am-6pm	6pm --8am-			
Thursday 25 th December			Closed	8am-8am 24 hours			
Friday 26 ^h December			Closed	8am-8am 24 hours			
Saturday 27 th December			Closed	8am-8am 24 hours			
Sunday 28 th December			Closed	8am-8am 24 hours			
Monday 29 th December			Open 8am-6pm	6pm-8am			
Tuesday 30 st December			Open 8am-6pm	6pm-8am			
Wednesday 31 st December			Open 8am-6pm	6pm-8am			
Thursday 1 nd January			Closed	8am-8am 24 hours			
Friday 2 rd January			Closed	8am -8am 24 hours			
Saturday 3 th January			Closed	8am-8am 24 hours			
Sunday 4 th January			Closed	8am-8am 24 hours			

Appendix 4
Volunteer Network Information

Community Health and Care Partnership**CRISIS CARE SERVICE****REPORT BY HEAD OF SOCIAL POLICY**

Meeting of
9 December 2014

Agenda Item
[11]

SUMMARY

The purpose of the report is to inform the Board of the purpose, performance and impact of the Crisis Care service.

RECOMMENDATION

Board is asked to note the positive impact of the implementation of the Crisis Care service which focuses on early interventions to prevent negative outcomes.

BACKGROUND

Implemented in 2012, Crisis Care works in partnership with the community nursing service and Rapid Elderly Assessment Care Team (REACT) to provide a 24/7 response for people who are or have recently experienced a health or social care crisis and require support to be able to deal with the immediate crisis in their own home. Responses have been streamlined, moving from a complex multi-agency response to a single point of contact, freeing valuable time for other professionals to target their resources more appropriately.

Unlike other similar models, this service is universal i.e. the response is not limited to people who already have Home Safety service in their homes.

This early intervention allows the opportunity for a responsive assessment in the context of an approach which is designed to maximize independence. One of the key service objectives is to ensure that any unnecessary admissions to care homes and hospitals are avoided.

Key features of the Crisis Care service are

- Single point of contact for falls response
- Comprehensive multi-disciplinary assessment and fast track to specialist services such as falls prevention, assistive technology, occupational therapy and re-ablement
- Emergency short term intensive support including visiting support and monitoring overnight.(0-5 days)
- Respite for Carers including designated key holding services at times of holiday and illness

Feedback from key stakeholders is consistently very positive with General Practitioners in particular valuing the single point of contact. A referral pathway has been agreed with the Scottish Ambulance Service (SAS) consistent with the National recommendations; The Prevention and Management of Falls in the Community A Framework for Action for Scotland 2014/2015 The Scottish Government (2014).

Service Levels and Performance

Typically, over a three month period, the service responds to between seven and eight hundred emergency calls. Of this approximately 26% are related to falls and each initial assessment is then screened to consider the risk of future falls. Where appropriate this is followed up with a comprehensive falls prevention programme.

The average response time is consistently low and currently under 30 minutes. It is recognized that the speed of response, particularly to falls, has a significant impact on recovery.

Given that nationally 80 per cent of individuals the SAS responds to post fall are conveyed to A&E, the single point of contact as an alternative makes a significant contribution to preventing unnecessary admissions to hospital.

Additionally, over the six month period 1st April 2014 – 30th September 2014 a total of 83 service users were supported with short term intensive interventions, the average length of intervention being 7 days.

This is deemed to equate to a total of 71 admissions having been avoided when applying the following criteria:

- ❖ Required support for more than a 24 hour period and also required multiple interventions each day hence level of support required on a short term basis was significant and would otherwise have required admission to a care setting.

The main reason for Crisis Care input being required on a short term basis was as follows:

- Illness / hospitalisation of the main care giver
- Increase in level of care required over a short period of time which could not be accommodated by other care at home services
- No previous supports in place to respond and deal with immediate situation.

Conclusion; The Crisis Care service is now well established in West Lothian and delivers a crucial element of the integrated pattern of services which seek to shift the balance of care in favour of community based services.

PREVIOUS CONSIDERATION BY THE BOARD

None.

IMPLICATIONS

Equality/Health	This provision was developed under the auspices of the Reshaping Care for Older People programme and as such no relevance assessment or EQIA is required.
Financial/Resource	Service provision already funded from existing resources.
Legal	None.
Risk Register ID No	N/A

REFERENCES

The Prevention and Management of Falls in the Community A Framework for Action for Scotland 2014/2015 The Scottish Government (2014).

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

INTEGRATED CARE FUND**REPORT BY CHCP DIRECTOR**Meeting of
9 December 2014Agenda Item
[12]**SUMMARY**

To advise the Board of the Scottish Government's Integrated Care Fund.

RECOMMENDATION

Board is asked to approve the contents of this report.

BACKGROUND

The Scottish Government announced that additional resources of £100m will be made available to health and social care partnerships in 2015-16 to support delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen our approach to tackling inequalities.

The £100m resource builds upon the Reshaping Care of Older People (RCOP) Change Fund (which will continue as planned until April 2015). The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding will support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi-morbidity is common in adults under 65, as well as in older people.

The Scottish Government recognises that the full ambitions of the RCOP ten year programme of reforms have yet to be fulfilled; in particular there has been only limited progress in achieving the required shift in resources away from institutional care. For this reason the government expects partnerships to continue to make progress with Reshaping Care for Older People within the context of emerging integrated health and social care arrangements. Strategic Commissioning is considered be critical to achieving this.

There are six principles that must underpin the use of the Fund:

1. Co-production

The use of the Fund must be developed in partnership, primarily between health, social care, housing, third sector, independent sector, people who use support and services and unpaid carers.

2. Sustainability

The Fund needs to lead to change that can be evidenced as making a difference that is sustainable and can be embedded through mainstream integrated funding sources in the future.

3. Locality

Partnerships should develop plans with the people who best know the needs and wishes of the local population. Partners will be expected to weight the use of their funding to areas of greatest need.

4. Leverage

The funding represents around 1% of the total spend on adult health and social care so must be able to support, unlock and improve the use of the total resource envelope. It is important that plans for the use of this resource are embedded in the strategic commissioning process.

5. Involvement

Partnerships should ensure that people who use support and services and unpaid carers are central to the design and delivery of new ways of working.

6. Outcomes

Partnerships will be expected to link the use of the funds to the delivery of integrated health and wellbeing outcomes for adult health and social care.

Integrated Care Plans should focus on tackling the challenges associated with multiple and chronic illnesses for both adults and older people. The use of the Integrated Care Fund should include strands that will lead to reduced demand for emergency hospital activity and emergency admissions.

The Integration Joint Board, through the interim Chief Officer, or Chief Executive in a lead agency, should take responsibility to work with all partners to develop the Plan. The Plan should clearly outline the role of the non-statutory partners and should describe the level of support to carers. Plans should be agreed and signed off by representatives from the NHS, local authority, the third sector, and independent sectors.

West Lothian's allocation is £2.85M; this is over £1M increase in the Older People Change Fund, though it should be stressed that the scope of the fund is significantly greater. It is proposed to use the established Reshaping Care for Older People (RCOP) partnership as the basis of the local partnership to oversee development and implementation of the Integrated Care Fund Plan. It is anticipated that many of the important initiatives progressed under the local RCOP programme will continue within the Integrated Care Fund Plan; this plan has to be submitted to the Scottish Government by 12 December 2014.

PREVIOUS CONSIDERATION BY THE BOARD

- CHCP Board meeting November 2011
- CHCP Board meeting May 2012
- CHCP Board meeting November 2013

IMPLICATIONS

Equality/Health	An equality impact assessment is not required for this report.
Financial/Resource	West Lothian's allocation from the Integration Care Fund is £2.85M subject to approval by the Scottish Government of the local partnership plan.
Legal	None.
CHCP Risk Register ID No	N/A

REFERENCES

1. [Scottish Government - Reshaping Care for Older People](#)
2. [Scottish Government - Integration of Health and Social Care](#)

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

Community Health and Care Partnership**CLINICAL GOVERNANCE**
TRANSITION OF LINLITHGOW FAMILY PRACTICE**REPORT BY CLINICAL DIRECTOR**Meeting of
09 December 2014Agenda Item
[13]**SUMMARY**

The purpose of the report is to 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.

RECOMMENDATION

Board is asked to

1. Note the contents of the report
2. Be reassured that plans are progressing towards a smooth transition and that appropriate clinical governance arrangements are in place.

BACKGROUND**Linlithgow Family Practice**

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. As the current incumbent has given notice of his intention to retire, the practice was advertised in whole and in parts to seek a suitable replacement.

In the interim, West Lothian CHCP has taken on the running of the practice - practice staff have been TUPE transferred to NHS Lothian and the retiring GP has been employed by the CHCP on a locum basis to provide interim cover.

Initially a sole application was received from the Richmond Practice in Bo'ness, but following an unsuccessful attempt to recruit additional GPs the practice advised that they were not in a position to proceed within the agreed timescale.

To embark on a further round of advertising at that point – either by Bo'ness or NHS Lothian – was considered a high risk strategy given the current GP workforce crisis, and as the current incumbent cannot stay on indefinitely to provide cover, the decision was taken to dissolve the practice and disperse the patients to other practices in the local area.

Those patients living outwith the practice area are being advised to reregister with a GP practice local to them, whilst those within the practice area will automatically be reregistered with an alternative practice according to geographical location. Letters have been sent to all patients advising them of the change and of the transfer date, which will be 1st April 2015.

Linlithgow Group Practice, who will be taking on the largest share of the patients, have advertised for additional doctors, and as this practice is attractive to new GPs they have received several applications.

NEXT STEPS

Patients' electronic medical records will be transferred to their new practices on or around 1st April 2015. West Lothian CHCP will support Linlithgow Group Practice with minor alterations to Linlithgow Health Centre to reconfigure the building to best meet their needs.

Once the practice is dissolved, staff will be redeployed to alternative suitable posts within NHS Lothian.

PREVIOUS CONSIDERATION BY THE BOARD

May 2014, August 2014

IMPLICATIONS

Equality/Health

The new arrangements will improve patient safety as group practices have more robust business continuity arrangements than practices which are single-handed.

Financial/Resource

Linlithgow Group Practice will receive initial financial support in recognition of the large influx of additional patients and increased workload, as is standard in cases of this sort.

Legal

Advice has been sought regarding the process to be followed for the transition of the practice

Risk Register ID No

CHCP008

REFERENCES

None.

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

CARE GOVERNANCE
CHIEF SOCIAL WORK OFFICER REPORT 2013 - 14**REPORT BY HEAD OF SOCIAL POLICY**Meeting of
9 December 2014Agenda Item
[14]**SUMMARY**

This report provides Board with the opportunity to comment on the report of the Chief Social Work Officer. This report provides an overview of the statutory work undertaken during the period 2013 -2014.

RECOMMENDATION

Board is asked to note the contents of the report and the strong performance demonstrated by teams across Social Policy.

BACKGROUND

This year for the first time a template and related guidance have been produced which are intended to assist Chief Social Work Officers (CSWOs) in the development of their Annual Reports, so that the reports cover the key issues of interest to a range of relevant audiences, in addition to the key audience of local Council Committees and Elected Members and, in the future, Health and Social Care Partnerships. Use of the template by all CSWOs will also help in sharing of information across services about social work good practice and improvement activities.

To date CSWO reports have differed in structure and approach, making it difficult for CSWOs themselves to use them for peer learning, sharing of good practice or comparison. In discussions with the Scottish Government Chief Social Work Adviser (CSWA) during 2013, CSWOs highlighted that they would find it useful to be supported to develop a more consistent approach to production of their reports. It was also agreed that a more consistent approach would enable the CSWA to work with CSWOs to develop an overview summary of some of the key parts of the reports. This would be of value to CSWOs and would also support the CSWA in their activity to raise the profile and highlight the value and contribution of social work services.

The annual report covering 31.03.2013 – 31.03.2104 is attached as an appendix and covers the following sections:

- Partnership Structures/Governance Arrangements
- Social Services Delivery Landscape/Market
- Finance
- Performance
- Statutory Functions
- Continuous Improvement
- Planning For Change
- User and Carer Empowerment
- Workforce Planning/Development
- Key Challenges for Year Ahead.

CONCLUSION

This year's annual report by the CSWO follows a newly designed template which provides a suggested structure for the annual CSWO Reports. The template is intended to support a more consistent approach to the reports produced by CSWOs.

The format of the template builds on the previous analytical reports on the work of West Lothian social work services reflecting the CSWO's evaluation of the delivery and performance of services and the improvement and change being delivered.

PREVIOUS CONSIDERATION BY THE BOARD

Reported annually to the Board.

IMPLICATIONS

Equality/Health	Equality Impact Assessments will be applied to specific commitments where appropriate.
Financial/Resource	All commitments are consistent with the Council's budget decisions.
Legal	No new implications.
CHCP Risk Register ID No	N/A

REFERENCES

None.

APPENDICES

Chief Social Work Officer Report 2013/2014

CONTACT/DATE OF REPORT

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9 December 2014

Chief Social Work Officer

Annual Report

1.04.13 – 31.03.14

Table of Contents

Section 1 - Overview of West Lothian	Page 3
Section 2 - Partnership Structures/ Governance Arrangements	Page 3
Section 3 - Social Services Landscape/ Market	Page 8
Section 4 – Finance	Page 10
Section 5 – Performance	Page 11
Section 6 – Statutory Functions	Page 14
Section 7 – Continuous Improvement	Page 20
Section 8 – Planning for Change	Page 24
Section 9 – User and Carer Empowerment	Page 24
Section 10 – Workforce Planning/ Development	Page 25
Section 11 – Key Challenges for the Year Ahead	Page 26

SECTION 1- Overview of West Lothian

West Lothian is in Central Scotland, has a population of about 172,080, accounting for 3% of Scotland's total population. It covers an area of 165 square miles, two thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development.

In the east-central band there is a large shale oil field, whilst the area in the west is dominated by Scotland's central coalfield. Both of these natural resources were greatly exploited in the 19th and early 20th centuries and contributed to the development of a number of West Lothian's communities. The rapid development of these 'boom' communities meant the loss of these industries was felt heavily, and this legacy has resulted in some small but prominent concentrations of deprivation.

West Lothian has undergone significant change over the last ten years in demography, physical environment and its economy. These changes have presented opportunities and challenges for West Lothian's communities and the organisations that deliver services in the area.

West Lothian has been one of the fastest growing parts of Scotland and is predicted to continue this trend. By 2035 the population of West Lothian is projected to be 205,345, an increase of 19.3% compared to the 2010 population. The population of Scotland is projected to increase by 10.2% over the same period, comparatively slower growth than in West Lothian. The population aged under 16 in West Lothian is also projected to increase by 13.3% over the 25 year period, however the biggest area of growth is in the older population, with growth in people of pensionable age anticipated to be biggest in West Lothian (52%), with particular increases in the over 75s. Although West Lothian's older population is growing faster than the average for Scotland, it is from a low base: the predicted proportion of over 65s in West Lothian in 2033, at 22%, will remain below the Scottish average of 25%. Despite this, from 2008-2033, the number of 65-74 year olds will increase by 80% in West Lothian, compared to 48% in Scotland and the number of over 75s will increase by 151% in West Lothian compared to 84% in Scotland. Historically population growth has been greatest in Armadale, Bathgate, Broxburn and Livingston, with population decline evident in Polbeth and Whitburn and some of the smaller villages; future population growth will be concentrated in the core development areas.

SECTION 2 - Partnership Structures/ Governance Arrangements

The Chief Social Work Officer (CSWO) in West Lothian is the Head of Social Policy and is responsible for monitoring social work service activity across the Council.

This is to ensure that agreed targets are being met, professional standards are maintained and reports to outside agencies reflect the true position of services either provided directly or purchased by the Council. The CSWO is a member of significant decision making teams and groups, both within the Council and in multi-agency settings, providing reports to and receiving reports from them, and having the opportunity to contribute to decision making as appropriate.

The CSWO is required to report annually to the Council and the arrangements set out here will form the basis of the content of the annual report.

Significant case reviews: the CSWO will sign off all significant case review reports across Social Policy.

External audits and inspections: the CSWO is the lead officer for all social work related audits and inspections, and needs to be notified of any related issues as they arise. In general, the external

body will communicate directly with the CSWO. The CSWO must be informed of any “requirements” imposed by the Care Inspectorate on any of the Council’s registered services (adults or children), or on any registered service purchased by the Council on behalf of service users or delivered within West Lothian to vulnerable clients.

Human resources: the CSWO needs to be aware of any matters which may impinge on ‘Safer Recruitment’ practices within the Council. The CSWO will be involved in all instances where referral of a staff member to the Scottish Social Services Council on conduct issues is being considered; or where referral of a member of staff to the Central Barring Unit (Protection of Vulnerable Groups legislation) or the Disqualified from Working with Children List is being considered.

Senior meetings within the Council or with partner agencies: the CSWO is a member of the:

- Corporate Management Team
- Modernisation Board
- Community Health and Care Partnership Senior Management Team
- Community Health and Care Partnership Board
- Community Health and Care Partnership Sub-Committee
- Community Safety Strategic Group
- Children and Families Management Group
- Community Justice Authority Board
- Disqualified from Working with Children List panel
- Protection of Vulnerable Groups (PVG) Referral Panel
- Preventative Interventions Board
- Chief Officers Group
- Adult Protection committee
- Child Protection committee
- Reducing Reoffending Committee
- Edinburgh, Lothian and Borders Strategic Oversight Group

The CSWO also attends:

- Full Council Meetings as required
- Council Executive Meetings
- Council Executive Management Team as required
- Social Policy, Policy Development and Scrutiny Panel
- Health and Care Policy Development and Scrutiny Panel

There are three types of specific reporting:

1. Regular, planned reports relating to statutory decision making.
2. Regular, planned reports relating to performance, outcomes and trends.
3. Critical incident reports, where the CSWO will need to know of events so that appropriate decisions can be made, action taken, and where necessary, information relayed to other bodies.

Planned Reports: Statutory Decision Making

Delegated statutory decision making: the CSWO must monitor the statutory decision making, which has been delegated to managers across the Council. This will be achieved in two ways:

1. By regular summaries of the activity; and
2. By sampling of a number of cases on an agreed and regular basis.

The main areas for monitoring are listed below. There are some less frequent statutory decisions, which are delegated and these will be discussed with the relevant managers in order for a mutually agreeable system to be developed.

Complaints: the CSWO receives regular reports on Social work complaints, the outcomes and actions taken as a result if the complaint is upheld.

Secure accommodation authorisations: a three monthly report will be sent to the CSWO by the relevant manager, summarising the decisions made in that period and indicating the reasons for the decisions.

Emergency movement of children subject to a supervision requirement: a quarterly summarised report will be submitted.

Adoption and fostering: the CSWO retains an oversight of decisions through delegated authority to the senior managers for Children & Families.

Mental Health Officer decisions: the relevant managers will submit quarterly reports to the CSWO, summarising the decisions made in that period.

Adults with Incapacity Act decisions: the relevant managers will submit quarterly reports to the CSWO, summarising the decisions made in that period.

Multi-Agency Public Protection Arrangements (MAPPA): the relevant managers will submit quarterly reports to the CSWO in relation to all high and very high risk offenders; the CSWO is required to attend MAPPA Level 3 case conferences.

Planned Reports: Performance, Outcomes and Trends

There are performance reporting arrangements in place across the Council, covering a wide range of services and activities. In addition, a range of standards, auditing arrangements and performance management requirements have been developed to monitor and promote best practice. Reports on these will be considered regularly by the CSWO as Head of Service or delegated manager. Pending the finalisation of these, the CSWO or delegated manager will consider the following:

- Unallocated cases: a monthly summary report on unallocated cases in both children's and adult services. This will include sampling of cases, as necessary.
- Non-implementation of children's hearings decisions: as for unallocated statutory cases.
- Non-compliance with other statutory requirements (adults and children): as above. Operational management responsibility for social work service delivery (with the exception of criminal justice services) rests with relevant managers in Community Care and Children and Families, and all of the above is their routine management responsibility.

These arrangements are not intended to create additional performance information, but to allow the CSWO to review information that is routinely used by operational managers.

Critical Incident Reporting

These reports are required so that the CSWO can make a judgment as to whether additional measures need to be put in place, and whether outside agencies need to be informed. This is intended to be a helpful process, by which the CSWO can offer advice and support to lessen the impact of serious incidents, both on the Council as a whole and on individual staff at a stressful time.

- The CSWO must be informed at the earliest possible time of the death of, or serious harm to, a child looked after by the Council; on the Child Protection Register; receiving a service from the Council; or referred for a service, but awaiting allocation. This will take the form of a written report detailing the facts of the incident and the actions put in place.
- The CSWO must be informed of the death of, or serious harm to, an adult subject to a statutory order under the mental health legislation; in residential or supported accommodation, whether provided or purchased by the Council; receiving a service; or referred for a service, but awaiting allocation. This will take the form of a brief report detailing the facts of the incident and the actions put in place.
- The CSWO must be informed of any potentially adverse media attention to social work services. A verbal report from the communications team is required at the earliest opportunity.
- The CSWO must be informed of serious adverse staffing matters, such as the suspension of a member of staff, which may attract media interest or where the continued running of a service is under threat. This will take the form of a verbal report from the senior manager responsible for the service.

Significant Occurrence Notification

Both Community Care and Children and Families operate a significant occurrence notification procedure. All of the above incidents would result in a notification under these procedures, however, there will be other examples covered by the procedures. For consistency, the CSWO should be copied in to all significant occurrence notifications.

Corporate Governance

West Lothian Council, has adopted the Charter Institute of Public Finance and Accounting (CIPFA)/ Society of Local Authority Chief Executives (SOLACE) framework and has developed a Code of Corporate Governance in which each principle has a number of specific requirements which have to be met for the council to show that it complies with the Code, and for each of those requirements a responsible officer in the council has been identified.

In West Lothian it is recognised that good governance is not merely an auditing requirement; it is crucial for effective public services and achieving the social outcomes which are the council's objective.

Partnership Arrangements

West Lothian Council and NHS Lothian, within the West Lothian Community Health and Care Partnership (CHCP), have a long history and proven track record of successful partnership. The CHCP focuses on a number of joint strategic projects and developing and delivering together integrated services for common client groups. The foundation of joint commitment is strongly evidenced by the successful outcomes through the West Lothian Community Planning Partnership and the Life Stage approach which moves resources upstream and targets the most vulnerable in our communities. Other partners have also contributed to joint service planning and delivery.

The imminent changes through the Public Bodies (Joint Working) Scotland Act will require the CHCP to build on a mature partnership already well embedded in West Lothian and apply the legislative changes to maximum effect for clients/ patients.

Community Planning

West Lothian Community Planning Partnership recognises the importance of developing locally focused outcomes that deliver real change at community and individual level.

Customer Engagement

Social Policy actively engages customers and potential customers in the delivery and re-design of services to ensure that these are accessible and focused on their needs and preferences.

Children's Services

Customer Group	Survey Method	Frequency
Service Users	Survey	Annual
Service Users	Consultative Forums	Quarterly (carers) Monthly (LAC)
Partners/key stakeholders	Early Years event	Annual
Having Your Say	Looked After Children's forum	Monthly

Community Care

Customer Group	Method	Frequency
All Disability Groups	Disability Equality Forum	Quarterly
Older People Service Users	Survey	Annual
	Seniors Forum	Quarterly
Learning Disability Service Users	Survey	Annual
	Learning Disability Service Users Forum	Quarterly
Physical Disability Service Users	Survey	Annual

	Physical Disability Service Users Forum	Quarterly
Adult Protection Service Users	Safe and Sound Adult Protection Forum	Quarterly
Mental Health Service Users	Survey	Annual
	Mental Health Service Users Forum	Quarterly

Criminal Justice

Customer Group	Survey Method	Frequency
Service Users	Survey	Annual
Partners/key stakeholders	Survey	Annual
Unpaid Work Recipients satisfaction feedback	Survey	Ongoing but reported/collated annually
Unpaid Work Consultation	Focus group	Annual

Health Improvement

Customer Group	Survey Method	Frequency
Participants on training course	Paper feedback survey form OR participatory appraisal H-diagram	At the end of each course
Participants at stakeholder events	Paper feedback survey form OR participatory appraisal H-diagram	At the end of each event
Stakeholders	Email and Opinion Taker survey	Annually

SECTION 3 -Social Services Landscape/ Market

Inequalities

- Almost 9,000 people in West Lothian (5% of the population) live within some of the most deprived areas in Scotland - 13 out of the 211 datazones in West Lothian are in the 15% most deprived areas of Scotland. In addition to this there are also pockets of deprivation in other areas which are not within a geographically recognised area of deprivation.
- 13% of the population are experiencing income deprivation.
- 36% of housing stock across all tenures in West Lothian is in urgent disrepair according to the Scottish House Condition Survey 2011 – 21% of this is in the private sector.

- 50% of all privately rented housing is classed as being in disrepair.
- 47% of the population is dependent on out of work benefits or child tax credit is - similar to the Scottish average for this measure (46.6%).
- A relatively low proportion of children live in 'income deprived' areas, however an estimated 18% of children in West Lothian are living in severe poverty - below the Scottish average of 19.2%.
- There is a higher rate of Job Seeker's Allowance (JSA) for West Lothian adults than the UK average, but better than national average for those classed as income/employment deprived.
- 6.9% of young people aged 18-24 were unemployed, as at 31st March 2014 compared to 5.5% for Scotland for the same period

Impact of the Economic Downturn

Prior to the economic downturn, the percentage of West Lothian households that were in poverty was relatively stable, however in the last few years this has begun to change. This is a trend that is evident at both a local and national level. Recent analysis of the income domain of the Scottish Index of Multiple Deprivation (SIMD) indicates that there has been an increase in income and employment deprivation in the most deprived SIMD zones in West Lothian. The continuing economic downturn and political changes, mainly around welfare reform, have increased employment deprivation, financial hardship and homelessness, particularly in already deprived areas where there is less resilience. This has served to increase the inequality gap in West Lothian, Scotland and the UK. Compared to some local authorities and the Scottish average the percentage of households in poverty is lower in West Lothian. West Lothian has similar poverty as the City of Edinburgh, Aberdeenshire and Highland and higher than Aberdeen City but lower than Fife, North Lanarkshire and City of Glasgow.

Commissioning

The contracted provision of external care and support services by West Lothian Community and Health and Care Partnership is just over £40 million annually, and service users, their families and carers need to be confident that these services are monitored effectively to ensure that agreed service user outcomes are being achieved. Alongside this the West Lothian CHCP and its partners are implementing a change agenda focusing on personalisation (including the requirements under Self Directed Support), rehabilitation, shifting the balance of care and early intervention and prevention.

The voluntary partnership in West Lothian has already proven to be a positive model for the integrated planning of health and social care services and the development of joint commissioning plans have seen significant further progress in this direction.

Working jointly with strategic partners and through involving service users and their carers, West Lothian Community Health and Care Partnership's overall vision is to commission a range of high quality health and social care services to meet the needs and outcomes of the people living in West Lothian and the communities in which they live.

Contract Monitoring

Contract monitoring and review is a fundamental function in the commissioning of social care services. It is required to evidence best value to the council and its regulators as well as ensuring the delivery of outcomes for vulnerable people living in West Lothian.

A comprehensive Contract Monitoring Framework is in place to provide a consistent approach to the monitoring of externally purchased care and support services. It is recognised that due to the impact on the quality of life, health and wellbeing of services users and their carers, the procurement of care and support service requires specialist consideration in order to ensure a focus on outcomes. The framework incorporates best practise for the monitoring and review of social care contracts.

SECTION 4 -Finance

The total net budget Social Policy in 2013/2014 is £84,893,355.

In common with Social Services across Scotland the council is operating within the constraints of Public Sector funding and as such is required to deliver savings on an annual basis.

Within West Lothian there is a growing population which brings demographic pressures. This is particularly true in Older People services.

Areas of pressure include

- Residential Schools
- Foster Care
- Care at Home for Adults – Particularly Specialist Care for Learning Disability
- Care at Home for Older People has also seen significant growth.

This all reflects a shift in how care is delivered as Residential Care has remained fairly static in recent years. There has been a significant increase in Direct Payments as service users become more aware of Self Directed Support options.

Savings

Social Policy has delivered £1,068,000 of savings in 2013/14. The council has adopted an ambitious project management approach to ensuring a break even budget is achieved at the end of each financial year. Plans are being developed to make further efficiencies over the next three years; however they will be subject to public consultation and political approval.

Through the Life stages approach the council has been in the vanguard of changing the focus from crisis management to prevention. Through implementation of the Health and Social Care Change fund and the Early Years/ Early Intervention change fund the council in partnership with Community Planning partners is now well advanced in applying this approach to service design across the whole of Social Policy with a much greater focus on prevention, including building capacity within communities to help people maintain their independence wherever possible. The Single Outcome Agreement, Achieving Positive Outcomes 2013/ 2023 launched in November 2013 included a separate Prevention Plan. This Prevention Plan brings together a number of strategies and projects, outlining the collective approach across the West Lothian CPP to early intervention and prevention. It outlines how progress will be monitored, outcomes measured, and how the evidence generated will be used to inform future funding decisions and prioritisation of resources. It is recognised that resources will require to be moved upstream and that interventions must be early enough to optimise the opportunity for success. The systems and processes set up for measurement will enable

the West Lothian CPP to make informed decisions about costs and benefits, enabling a greater number of individuals to experience more positive and fulfilling lives and thus reduce future pressure on reactive, high-tariff services.

West Lothian Prevention Plan

<http://www.westlothian.gov.uk/CHttpHandler.ashx?id=3352&p=0>

SECTION 5 - Performance

Performance during the year is monitored and reported using the council's performance and management system, Covalent. The Social Policy Management Plan outlines how services contribute to delivering these outcomes. There is alignment between Management Plans, Activity Budgets and services, providing a link between resources, performance targets and outcomes.

This information is reported annually to the Social Policy, Policy Development and Scrutiny Panel. The service performance is monitored on a monthly basis by the Head of Social Policy at the Senior Management Team meeting.

Social Policy Management Plan 2014 – 2015

<http://www.westlothian.gov.uk/CHttpHandler.ashx?id=3750&p=0>

Social Policy continues to make a significant contribution to the preventative agenda by the work being taken forward by the West Lothian Community Planning Partnership (CPP) and is co-ordinated through the Preventative Interventions Board and Reshaping Care for Older People Board. The service continues to seek areas and opportunities to move resources upstream or to identify existing service gaps that if measures were put in place would lead to improved outcomes and reduce social inequalities across all Life Stage groups.

Regulation, Inspection and Improvement Activity

During 2013-2014, in addition to the routine Care Inspectorate scrutiny of registered services and the annual visit of the Mental Welfare Commission, West Lothian Council's Social Work Services participated in the Joint Inspection of Care and Health Services for Older People Pilot.

The Care Inspectorate and Healthcare Improvement Scotland inspection plans for 2012- 13, approved by Ministers set out a commitment to implement a new scrutiny model for multi-agency inspection of adult services that:

- is targeted, proportionate and risk-based
- provides public assurance that services are delivering quality outcomes
- is informed by assessed needs, rights and risks
- is open and transparent
- focuses on continuous improvement and development
- evaluates the consistency of outcomes for people who are supported by health and social services across Scotland
- reduces the scrutiny landscape by incorporating sampling of regulated services as part of the model of scrutiny
- identifies good practice.

The planned inspections were intended to align with Scottish Government policies for the integration of Health and Social Care and focused on services for older people across the local authority area, including the extent of joint planning of services with NHS and in particular with

Primary Care and Community Services, which enable older people to continue to stay in their own homes and communities.

West Lothian was identified as one of the areas to pilot this new model of inspection. As this is a pilot joint inspection, there was no published inspection report by the Care Inspectorate or Healthcare Improvement Scotland. Instead the lessons learned were used to inform the development of a model report for future joint inspections

Inspection of Registered Services

During the inspection year 2013/2014, all of West Lothian Council's services received the minimum level of inspection

- Children and Families**

Within Children and Families 100% of services achieved a score of 4 and above (Good or Very Good).

	QUALITY OF CARE & SUPPORT	QUALITY OF ENVIRONMENT	QUALITY OF STAFFING	QUALITY OF MANAGEMENT AND LEADERSHIP
WHITRIGG				
JUNE 2013	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD
TORCROFT HOUSE				
APRIL 2014	4 GOOD	5 VERY GOOD	4 GOOD	4 GOOD
APRIL 2013	4 GOOD	4 GOOD	4 GOOD	4 GOOD
LETHAM HOUSE				
DEC 2013	4 GOOD	5 VERY GOOD	5 VERY GOOD	4 GOOD
WHITDALE FAMILY CENTRE				
MARCH 2014	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD
FEB 2013	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD
ADOPTION SERVICES				
MARCH 2013	4 GOOD	NOT ASSESSED	4 GOOD	4 GOOD
FOSTERING SERVICES				
MARCH 2013	5 VERY GOOD	NOT ASSESSED	5 VERY GOOD	4 GOOD

- Adults and Older People**

Within Adults and Older People 82% of services achieved a score of 4 or above, 18% achieved a score of 3 (Adequate).

	QUALITY OF CARE & SUPPORT	QUALITY OF ENVIRONMENT	QUALITY OF STAFFING	QUALITY OF MANAGEMENT AND LEADERSHIP
WHITDALE HOUSE				
FEB 2014	3 ADEQUATE	4 GOOD	4 GOOD	4 GOOD
OCT 2013	3 ADEQUATE	4 GOOD	4 GOOD	4 GOOD
WHITDALE DAY CARE				
FEB 2013	5 VERY GOOD	4 GOOD	5 VERY GOOD	5 VERY GOOD
LIMECROFT CARE HOME				
NOV 2013	4 GOOD	4 GOOD	4 GOOD	4 GOOD
LIMECROFT DAY CARE – No Inspection in 2013/2014				
BURNGRANGE				
JAN 2014	4 GOOD	4 GOOD	4 GOOD	4 GOOD
AUG 2013	3 ADEQUATE	3 ADEQUATE	3 ADEQUATE	3 ADEQUATE
CRAIGMAIR				
NOV 2013	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD
JAN 2013	4 GOOD	4 GOOD	NOT ASSESSED	NOT ASSESSED
HOUSING WITH CARE				
JAN 2014	4 GOOD	NOT ASSESSED	5 VERY GOOD	4 GOOD

Inspection reports are analysed and action plans to address any recommendations produced by the relevant service. These are routinely reported to elected members who have the opportunity to scrutinise progress.

Despite the above external scrutiny, responsibility for the quality of service delivery rests with the Council and not with external scrutiny bodies. Due to some lower than expected grades and rising levels of sickness absence the CSWO initiated an internal review of the council care homes for older people in 2013 and an improvement plan was agreed and is being progressed. The Council's social work services have a range of internal mechanisms to monitor the quality of provision and any improvement activity required. These include:

- Direct supervision of front-line practice by senior practitioners and team managers
- Individual reviews of care plans and packages by case managers
- Analysis of social work complaints
- Monitoring of service level agreement and contracts for the purchase of care
- Regular case file audits

- An annual programme of quality assurance, reviews of teams and services
- Routine performance monitoring
- Self-evaluation through CSE/ WLAM
- Monthly Covalent Performance Reporting

SECTION 6 - Statutory Functions

The Council's scheme of delegation allows senior social work staff to make certain decisions on behalf of the local authority in the following areas:

- Mental health;
- Adoption;
- Secure accommodation and emergency placement of children;
- Protection and Risk Management:
 - Child Protection
 - Adult Protection
 - MAPPA

Details of the annual monitoring in these areas are included in the subsequent paragraphs.

Mental Health

Section 32 of the Mental Health Care & Treatment (Scotland) Act 2003 places a statutory duty upon local authorities to appoint a sufficient number of Mental Health Officers (MHO) within their area to discharge the functions of Mental Health Officers under the –

- Mental Health Care & Treatment (Scotland) Act 2003
- Criminal Procedures (Scotland) Act 1995
- Adults with Incapacity (Scotland) Act 2000

The additional and more recent Adult Support and Protection (Scotland) Act 2007 has also brought significant additional duties and responsibilities for all Council staff including MHOs

A duty Mental Health Officer is available 24 hours a day across the whole Council area; MHOs undertake the full remit of work under the Mental Health Care and Treatment (Scotland) Act 2003.

Part of the work and responsibility of a Mental Health Officer is work emanating from the Adults with Incapacity (Scotland) Act 2000. Under the Act the Council has a protective function towards those adults who lack capacity. The largest area of work for MHOs under the 2000 Act falls within Part 6 of the Act namely Intervention Orders and Guardianship Orders.

Since the introduction of the 2000 Act the trend in Guardianships has changed significantly and the number of applications granted by the Sheriff Courts continue to rise year on year. With the predicted rise in population, and particularly for the over 75 age group, the increase in applications before the Courts is expected to grow.

During the year April 2013 - March 2014 there has been a dramatic 70% rise in the number of applications granted by the Courts for the West Lothian Council area.

The following table indicates assessments undertaken under the Adults with Incapacity (Scotland) Act 2000

	01/04/12- 31/3/13	1/4/13- 31/3/14
New Guardianships granted		(Private) 62 (local authority) 8
TOTAL	39	70
Existing Guardianships		(Private) 201 (local authority) 49
TOTAL	220	250
New Intervention Orders		(Private) 6 (local authority) 4
TOTAL	4	10
Power of Attorneys granted	953	1130

The following table indicates assessments undertaken under the Mental Health (Care & Treatment) (Scotland) Act 2003

	1/4/12- 31/3/13	1/4/13- 31/3/14
Emergency Detention Certificates – Sec 36	48	53
Short term Detention Certificates – Sec 44	100	135
Compulsory Treatment Orders (new applications)	38	30
Assessments (Sect 86, 92, 95)	270	320

Adoption

This legal process breaks the tie between a child and his/her birth family and recreates it with adoptive parents. In 2013/2014 5 children were placed for adoption during the year, this is broadly in line with the previous period 2012/2013 when 6 children were placed.

In 2013/2014

- 10 children were registered for adoption at the Adoption and Permanence Panel
- 13 children were registered for permanent fostering
- 8 children had their plans for permanence with kinship carers confirmed
- 11 matching panels took place to match children with adopters or permanent foster carers.

West Lothian's performance in relation to timely reviews, decisions on permanence and efficient implementation of these decisions is a key priority for services within Children and Families. In May 2014 an Achieving Early Permanence Monitoring and Review Group was established with the aim of identifying barriers to achieving early permanence for looked after and accommodated children either through a timely return home or through identifying alternative legal routes. The information gathered from case reviews will be used to improve services and to better support staff. The group is also monitoring the process of achieving permanence legal orders for the children who have been registered at Panel.

Secure Accommodation of Children

In very limited circumstances, when children are considered to present a serious risk of harm, either to themselves or to others, the Chief Social Work Officer may authorise their detention in secure accommodation. These decisions must be confirmed by a Children's Hearing and must be kept under close review. Courts also have the power to order the detention of children in secure accommodation.

Emergency placement of children is subject to statutory provisions: Children's Hearings may impose conditions of residence on children subject to supervision requirements. Only a Children's Hearing may vary such conditions. The local authority must ensure that these conditions are implemented. If a child who is required to reside at a specified place must be moved in an emergency, the Chief Social Work Officer may authorise the move, following which the case must be referred to a Children's Hearing.

The total number of Children Looked After in West Lothian at 31/03/2013 and 31/03/2014 by statute and length of time under statute is detailed in the table below:

Statute	Age (years)										
	Under 1		1 - 4		5-11		12-15		16 +	Total	
	As at 31 March 2013	As at 31 March 2014	As at 31 March 2013	As at 31 March 2014	As at 31 March 2013	As at 31 March 2014	As at 31 March 2013	As at 31 March 2014	As at 31 March 2014	As at 31 March 2013	As at 31 March 2014
Supervision Requirement at Home	29	1	29	38	76	43	16	34	6	235	122
Supervision Requirement away from Home (excluding a Residential Establishment)	73	12	59	51	109	106	6	56	21	159	246
Supervision Requirement away from Home (in a Residential Establishment but excluding Secure)	0	0	1	0	25	3	23	37	11	50	51
Supervision Requirement away from Home with a Secure Condition	0	0	0		1		1	2	1	2	3
Total	102	13	87	89	211	152	46	129	39	446	422

Protection and Risk Management

The assessment and management of risk posed to individual children, adults at risk of harm and the wider community are part of the core functions of social work.

The effective management of risk depends on a number of factors, including:

- Qualified, trained and supported staff, with effective professional supervision

- Clear policies and procedures and use of agreed or accredited assessment tools and processes
- Consistency of standards and thresholds across teams, service and organisational boundaries
- Effective recording and information sharing
- Good quality performance management data to inform resource allocation and service improvement
- Multi-disciplinary and inter-agency trust and collaboration.

Reflecting the importance of joint working, the following multi-agency mechanisms are well established in West Lothian:

- West Lothian Chief Officers Group
- West Lothian Child Protection Committee
- West Lothian Adult Protection Committee
- Reducing Reoffending Committee

The Chief Social Work Officer is a member of each of the above committees. Membership of the Chief Officer's Group allows the Chief Social Work Officer to have an overview of related risk management activity, both within the Council and across agency boundaries.

Each of the areas of Public Protection has a performance framework in place with regular reporting to the Community Planning Strategic Group.

The Chief Social Work Officer also chairs the Critical Review Team. This is a multi-agency group of people of required seniority who meet as and when required to offer direction and guidance in complex cases (for those aged 15+).

A summary of the volume of protection related activity is detailed below:

Children

	2012/13	2013/14
Child protection referrals	493	628
Joint Investigations	314	290
Initial CPCC	85	95
	2012/13	2013/14
Children on child protection register	101	96
Children looked after at home	235	122
Children looked after away from home	211	300

Domestic Abuse

West Lothian Domestic and Sexual Assault Team (DASAT) offers a unique framework of integrated services, housed within local government, and responding to both domestic abuse and sexual assault. The DASAT is a responsive, evidence-based public service that reduces violence, increases resilience, and promotes recovery.

The Domestic and Sexual Assault Team (DASAT) has expanded in recent years and the following projects have been developed to meet the needs of people experiencing or witnessing Domestic Abuse:

- **Living in Safe Accommodation (LISA)**

LISA aims to keep women and children safe in their own homes and provide multiple housing options to support women beyond just making them safe. It shifts the focus from crisis intervention, refuge provision and the displacement of women and children to meeting adults and children's needs earlier, keeping them safe in their homes and providing multiple specialist housing supports and employability resources to support survivors. The project's overarching priorities are to reduce re-victimisation, re-offending, and trauma and to improve long-term safety and wellbeing of families.

In 43% of the cases, the LISA project has supported survivors before the moment of crisis, preventing women from moving into temporary accommodation and coming into the system through the homeless route.

In 57% of the cases the LISA Project worker has supported women in crisis through planned, assisted moves to communities of their choice with minimal disruption to the children's schooling, thus preventing homelessness and the associated trauma.

- **The Almond Project**

This project provides a specialist service for women in the criminal justice system. The Almond Project provides an assertive outreach service based on a key worker model, which maximises women's access to services and addresses the underlying issues that drive the offending behaviour. The key worker utilises established links across health, social work and housing as well as other support services in the statutory and voluntary sectors to provide a holistic support package tailored to the women's individual needs.

Of the 47 referrals made:

- an average of 96% have successfully engaged with the Almond Project
- the number of women receiving custodial sentences following a Criminal Justice Report has reduced with only seven women receiving a custodial sentence over the last twelve months
- the number of women being subject to Diversion from Prosecution increased meaning fewer women are facing court proceedings
- the number of women who have substance misuse issues and have engaged with services has risen to 100% over the past year
- 83% of women, who had homeless/housing issues have sustained a tenancy for six months or more and have had their housing needs met
- an average of 91% of women who reported mental health issues have noted an improvement in their mental health and are receiving appropriate services

- **West Lothian CEDAR Project**

This project is based on the national CEDAR programme principles but mainstreamed and delivered by West Lothian Children and Young People Teams and supported and quality-assured by the Domestic and Sexual Assault Team (DASAT).

CEDAR is a 12 week group work programme for mothers and children in recovery from domestic abuse. It complements pre-existing provision by addressing barriers to recovery; catering to families who are no longer in crisis but may still be feeling the impact of abuse. The programme has been described as supporting mothers to see domestic abuse "through the eyes of a bairn"; reflecting its child-focussed, empathetic approach

The structure of the programme was developed in Ontario, Canada and has been implemented in local authorities throughout Scotland. The impact of domestic abuse is at the heart of many other social issues and so CEDAR has the potential to act as an early intervention for these families.

- **“Listen 2 Me”**

A local peer group for young survivors of domestic abuse, modelled along the national group Voice against Violence (VAV) is currently being developed. This project will give children and young people a platform to influence decision-making, policy-making and service development.

Adults at Risk

	2012/13	2013/14
Adult Protection referrals	304	278
Inter-agency Referral discussions (IRDs)	143	212
Adult Protection Case Conferences (this includes Adult Protection Case Conference Reviews)	119	109

Offenders in the Community subject to Statutory Supervision at 31 March 2013

	At 31 March 2013			At 31 March 2014		
	Male	female	Total	Male	Female	Total
Community Payback Orders with a requirement for supervision	245	38	283	392	46	438
Community Payback Orders with a requirement for unpaid work	283	23	306	410	49	459
Drug treatment and testing orders	17	3	20	22	3	25
Number of individuals subject to Statutory Through Care	137	3	140	162	5	167

In 2013/14 there has been a significant increase in the use of Community Payback Orders with a requirement for supervision, and Community Payback Orders with a requirement for unpaid work. This increase is related to an expectation from Government to reduce the use of short term prison sentences in favour of the use of community based approaches.

The management of dangerous sexual and violent offenders in the community is one of the highest priorities for criminal justice social work and police working together. Housing and health services also play a significant role in the detailed multi-agency procedures, which are followed in West Lothian. This activity requires to be reported to Scottish Ministers.

When subject to statutory supervision on release from prison, such offenders require to comply with any conditions attached to their release. They are subject to as close monitoring and control by social work, police and health as legal circumstances allow. If the offender breaches the conditions of release, or re-offends, they may be subject to a recall to prison, either by Scottish Ministers or the Parole Board.

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance and currently apply to the management of all registered sex offenders. These arrangements are well established in West Lothian, and ensure effective joint management for this group of offenders. The CSWO attends all Multi Agency Public Protection Panels (MAPPPs) for level 3 offenders.

The number of MAPPA cases assessed as high or very high risk on 31/03/2014 was 2; this represents a slight decrease on the figures for the period at 31/03/2013 when 4 cases were assessed as high or very high risk.

SECTION 7 – Continuous Improvement

Contract Monitoring

Contract monitoring and review is a fundamental function in the commissioning of social care services. It is required to evidence best value to the council and its regulators as well as ensuring the delivery of outcomes for vulnerable people living in West Lothian.

The purpose of this Contract Monitoring Framework is to provide a consistent approach to the monitoring of externally purchased care and support services across Social Policy. It is recognised that due to the impact on the quality of life, health and wellbeing of services users and their carers, the procurement of care and support service requires specialist consideration in order to ensure a focus on outcomes.

The contract monitoring framework aims to ensure that service users receive the highest quality of service, which demonstrates value for money, meets contractual standards and is continuously improved.

The West Lothian CHCP's Commissioning Strategy 2011-2021, the strategic commissioning of care and support services in West Lothian follows a cyclical approach where the commissioning cycle drives the procurement activity which in turn informs the ongoing development of strategic commissioning. Contract monitoring and review is part 4 of the procurement cycle of the strategic commissioning process.

- **Link to Joint Health and Care Commissioning Strategy 2011-2021**

<http://coins.westlothian.gov.uk/coins/submissiondocuments.asp?submissionid=11933>

The West Lothian Assessment Model

The West Lothian Assessment Model is the Council's self-assessment framework which helps services to ensure that they provide good quality and improving services to the people and local communities in West Lothian.

West Lothian Council recognises that there is always a way to make better and more efficient services for the people we serve, balancing quality of service provision with value for money. As a result of this commitment, our services are some of the highest performing in Scotland.

The West Lothian Assessment Model (WLAM) helps the Council to do this by providing a consistent and challenging set of questions or statements that services will use to identify their strengths and weaknesses and importantly, it also provides a structure for improvement.

Services are assessed using evidence, performance information and feedback from customers, partners, stakeholders and staff, to answer a set of questions or statements, in order to identify:

- Where the problems in the service are
- How customers, employees, partners and stakeholders feel about the service
- How the service performs and how this performance compares to others
- Where things can be improved

Self-assessment is an important part of the council's improvement strategy, as it encourages innovation from within and involves our strongest asset in the process, our people.

Investor in People (IIP) West Lothian Council has been recognised as an Investor in People (IIP) since 2001. Recognition is reviewed every three years to ensure that the council continues to meet the standard and also to assess current practice against the broader IIP framework, which has three levels of recognition (bronze, silver and gold).

Following the IIP review concluded in 2014 West Lothian Council successfully achieved Investors in People Gold. This was in the context that only 2% of all organisations with IIP recognition had achieved IIP Gold. This was a significant milestone for the council and a testament to the council's strong leadership, positive culture and our dedicated employees.

Customer Service Excellence (CSE)

The Customer Service Excellence (CSE) standard tests those areas that are a priority for customers, with particular focus on delivery, timeliness, information, professionalism and staff attitude. There is also emphasis placed on developing customer insight, understanding the user's experience and robust measurement of service satisfaction.

Customer Service Excellence is designed to operate on three distinct levels as :

- A driver of continuous improvement
- A skills development tool
- An independent validation of achievement

In 2013/2014 , following a Corporate Assessment, West Lothian Council retained the Customer Service Excellence (CSE) Standard. The CSE assessment report provided a positive evaluation of the council's approach to customer focused service delivery. It identified areas of strength across the council including the extensive service redesign activity based on the Delivering Better Outcomes consultation and the on-going engagement of hard to reach and disadvantaged groups. The assessment also identified organisational improvements in relation to customer service excellence.

Achieving the Customer Service Excellence (CSE) standard across all West Lothian Council services was a challenging undertaking, but it has ensured that we are continually seeking improvement across all areas of our organisation.

Citizen Led Inspection

West Lothian Council uses citizen-led inspections as a form of engagement that empowers local people to inspect and improve public services. Citizen inspectors evaluate the way services are delivered and assess whether they achieve the expected outcomes. In particular, they provide feedback to the local council on how public services can be improved.

The Housing with Care Service recently underwent a Citizen Led Inspection (CLI). The inspection focused on the following areas:

- Leadership
- Service Planning
- People Resources
- Partners and Other Resources
- Service Processes
- Customer Results
- Key Results

The service was scored against the seven criteria as follows:

Criterion	Rating				
	Excellent	Good	Adequate	Weak	Unsatisfactory
Leadership		✓			
Service Planning			✓		
People Resources	✓				
Partners and Other Resources	✓				
Service Processes		✓			
Customer Results	✓				
Key Results	✓				

A detailed action plan has been created by the service to address the areas for improvement which were highlighted by the inspectors. The inspectors will return for a follow up visit in 12 months to assess what improvements have been made to the service as a result of the inspection.

Complaints

Complaints fall into one of the following two categories:

- **Statutory Complaints**

A Statutory Complaint may be made in reference to any of the following issues as they relate to the discharge of social work service functions in respect of an individual client according to legislated power and duties:

- Failure to discharge such functions
- Delay in discharge of such function
- Failure to properly assess the needs of clients and their carers during the discharge of such functions
- Failure to give due consideration to the needs and wishes of individual clients and their carers when making decisions about service provision
- Failure to follow social work services procedure when making a decision or delivering a service in relation to an individual client
- Failure to give due consideration to social work service guidance when making a decision or delivering a service in relation to an individual client
- Providing a service that quantitatively or qualitatively fails to meet the reasonable expectations of a client
- Poor attitude and performance of staff in discharging their duties.
- Failure to properly investigate complaints, advise clients of their rights or respond within identified timescales in relation to complaints

- **Council Complaints**

- Any complaint made which does not fall into the category of a statutory complaint

The Council's social work services are required by statute to report annually on statutory complaints received from service users, would-be service users, their carers and representatives.

2013/14 summary

The Council is committed to improving social work services to the people of West Lothian and recognises that complaints are an important source of customer feedback. The following table sets out the number of complaints received during the last year.

Community Care	51	13 upheld, 4 partially upheld
Criminal Justice	8	1 partially upheld
Children and Families	38	1 upheld, 3 partially upheld
Total	97	

Complaints Review Committees

If a complainant is not satisfied with the service's response, s/he may request that the case be heard by a Complaints Review Committee.

The Social Work Complaints Review Committee, an advisory committee of the Council, exists to examine, objectively and independently, facts presented by the complainant and Social Work Services in relation to a complaint or the circumstances in which a complaint has been submitted.

This is an additional safeguard to ensure that the needs and wishes of the complainant are being fairly considered and the complaints properly investigated.

The procedures relating to the committee are published on the council's website as part of Social Work Services procedures and guidance notes for handling complaints.

Processes are in place to ensure any learning from complaints which have been upheld is applied as appropriate.

Modernisation of Services

Social Policy is in the process of developing a wide range of flexible and agile solutions to assist in providing efficient and effective care in the face of increasing demand, reducing budgets and changes to legislation, while continuously improving outcomes to safeguard adults and protect vulnerable children. We want to transform performance and to ensure a coherent approach to multi-agency working. To achieve this aim we will combine technology investment with service redesign to change the way we work and by enhancing what we already have.

A review of processes across Social Policy has demonstrated that professional staff can spend as much as 70% of their time in an office base, completing paperwork and other support activities. As resources across the council continue to be reduced, there is an increasing requirement to ensure our professional staff are best placed to be able to focus their efforts on direct contact with clients, and on process steps which add value to the overall desired outcomes of the service. Increased use of technology functionality and continuing benefits from adapting flexible working will break the dependency of having professional and para professional workers and social work practice team support staff based in the same location, and lead to:

- A reduction in the reliance on paper based systems
- Visibility of workload and case management for all appropriate staff working on a case
- Use of mobile and flexible working technologies
- Increased time available to spend on client contact

SECTION 8 – Planning for Change

The Social Policy Management Plan is the key document that details the strategic direction for service delivery, plans to improve outcomes and services. The Management Plan does not stand alone but is part of a wider planning and service development approach that has involved both the production of 3 year Service Statements covering all services within Social Policy and wider Joint Plans with a range of partners including:

- The Integrated Children's Services Plan
- The Joint Learning Disability Strategy
- Reducing Reoffending Strategic Plan
- The Joint Physical and Complex Disability Strategy

- The Joint Mental Health Plan
- Preventative Interventions
 - Early Years to Adults Plan
 - Reshaping Care for Older People Plan
- NHS Lothian Strategic Plan 2014 - 2024

Social Policy also contributes to, and as a service is aware of, the benefits of the wider Community Planning process especially where there is a focus on the needs of vulnerable or disadvantaged people. In developing this Management Plan the need to ensure consistency with Single Outcome Agreement objectives continues to be a focus.

The plan details priorities for 2014/15 and the key actions that the service will take to address these. One of the new priorities for the coming year will be the integration of Health and Social Care agencies under the Public Bodies (Joint Working) Scotland Act. Preparation for this is already well underway in respect of a draft Integration Scheme and a draft Strategic Commissioning Plan.

Social Policy Management Plan 2014 – 2015

<http://www.westlothian.gov.uk/CHttpHandler.ashx?id=3750&p=0>

SECTION 9 - User and Carer Empowerment

Social Policy services continue to work in partnership with other agencies, service users and their carers to ensure that the support and care services provided are as person centred and flexible as possible. It is anticipated that an increasing number of people will seek control of their own care and support provision by accessing Direct Payments or other Self Directed Support options.

The Social Care (Self-directed Support) (Scotland) Act 2013; which came into effect on 1st April 2014, is a key building block of public service reform. It is an approach that has its origins in the Independent Living Movement - sharing the core values of inclusion, contribution and empowerment through real choice and respect.

The 2013 Act creates a statutory framework around the activities already underway across Scotland to change the way services are organised and delivered - so that they are shaped more around the individual, better meeting the outcomes they identify as important. So individuals are seen as “people first” - not just service users.

Achieving better outcomes for individuals is complex. It requires a whole system change within and across organisations that supports the best intentions and abilities of individual workers and the people receiving support.

Social Policy is committed to the principles of SDS and recognises that when people have more control over how they live their lives and any support they may require, they are likely to achieve better outcomes.

A comprehensive framework has been established to facilitate the implementation of SDS in West Lothian underpinned by staff training and awareness raising activities.

Social Policy values the role that carers play within West Lothian and in particular how they enable the people they care for to enjoy a quality of life and independence that would otherwise not be possible. However, we recognise that without appropriate support there can be a cost to the carer in terms of their own health and well-being. In recognition of this, Social Policy and key partners worked together to identify how best the statutory and the voluntary sector could support carers in their caring role. This resulted in the development of The West Lothian Carers Strategy and The West Lothian Young Carers Strategy launched in 2013.

SECTION 10 – Workforce Planning/Development

A competent, confident workforce is the cornerstone of effective, high quality services. The Council invests heavily in the support, training and professional development of its social work and social care staff.

It is recognised that there will be a continuing need for staff to be able to adapt to change influenced by earlier intervention strategies, changing legislation, demographic changes and the integration of the adult health and social care sector, whilst demand for service continues to grow in a time of financial constraint and due to rising demographics.

To ensure that the workforce is supported to evolve to meet these challenges the Social Policy Learning & Quality Assurance Team work to deliver on the following key themes:

- the continuation of work to meet the Scottish Social Services Council's (SSSC) registration requirements which is nearing the end phase of the current registration categories
- continued working with our partners to deliver joint learning opportunities
- the continued development of our blended approach to learning with an extended e-learning menu
- the targeting of our resources to ensure mandatory and necessary training is paramount alongside the ongoing development of our in-house learning provision

The service will continue to work strategically to identify and meet learning needs as services change and are redefined, to provide a responsive and innovative approach to future learning and training needs. Specific training that has been planned for the next year includes:

- The Children's Hearing (Scotland) Act 2011
- Getting it Right for Every Child – E Learning Package
- Personal Safety
- Writing Chronologies
- Piloting Competency Assessment for Safer People Handling in Older People's Services
- Specialist Dementia Re-ablement Training

The implementation of the Self Directed Support (SDS) legislation in April 2014, has led to the development and planned delivery of a 1 day outcomes focussed training and a 2 day programme of SDS training. The SDS and outcomes focused learning programmes will continue to be rolled out to meet the needs of the Social Policy workforce on an ongoing basis reflecting the Scottish Government's 10 year Personalisation Plan Programme.

A training needs analysis has been undertaken with all group managers across Social Policy. This has identified staff learning needs which will be incorporated into the ongoing learning and development training prospectus for Social Policy staff.

SECTION 11 – Key Challenges for the Year ahead

Social Policy continues to face financial challenges over the next 3 years with planned reductions in budget allocations and subsequent need to reduce cost. Identification and removal of lower value activities is therefore central to making sure that the impact on care is not a negative one, but in fact one that is improved. Social Policy and Health will look at areas of common understanding, but also focus on areas where such efficiencies could be explored and applied. The imminent changes through the Public Bodies (Joint Working) Scotland Act will require both parent bodies to build on a mature partnership already well embedded in West Lothian and apply the legislative changes to maximum effect for clients/ patients.

Health and social care services are well advanced in applying a much greater focus on prevention, including building capacity within communities to help people maintain their independence wherever possible. It is recognised that resources will require to be moved upstream and that interventions must be early enough to optimise the opportunity for success. The systems and processes set up for measurement will enable the West Lothian CPP to make informed decisions about costs and benefits, enabling a greater number of individuals to experience more positive and fulfilling lives and thus reduce future pressure on reactive, high-tariff services.

Social Policy services continue to have an awareness of the effect that the welfare reform legislation is having on a growth in demand for services, as the impact of the reforms take hold.

Alongside this, personalisation of services will need to be applied across all areas underpinned by legislation and policy directives.

Working in a climate of constrained public spending is a huge challenge for a demand led service such as Social Policy. Along with reduced funding, teams are also faced with an increasing cost of service delivery through factors such as inflationary pressures and an increase in the demand for services due to an increasing population. In West Lothian, the increase in costs is particularly influenced by the growing elderly and young populations.

The council's aim is, and always will be, to ensure that West Lothian continues to be a great place to live, work, visit and do business. To achieve this aim, the council will continue to prioritise funding services that have the biggest and most positive impact on the community.

The Chief Social Work Officer plays a key role in ensuring the council priorities are met, and the most vulnerable members of West Lothian are protected and empowered to live as safe and fulfilling a life as possible.



Jennifer Scott, Chief Social Work Officer, West Lothian CHCP

**2014/15 REVENUE BUDGET- MONITORING REPORT
AS AT 30 SEPTEMBER 2014**

**REPORT BY HEAD OF SOCIAL POLICY
AND HEAD OF HEALTH SERVICES**

Meeting of
9 December 2014

Agenda Item
[15a]

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 September 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 break even. Currently the CHCP Health services outturn for the year is expected to underspend by £70,000.
Legal	None.
CHCP Risk Register ID No	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.

Table 1: West Lothian Council's Aligned Budget

	Annual Budget £000	Forecast Outturn 2014/15 £000	Variance 2014/15 £000
<u>Children and Early Intervention</u>			
Health Improvement	381	355	26
EI Programme	651	611	40
EI Looked After Children	8,691	8,829	(138)
EY Change Fund	977	977	0
SWAT	63	63	0
<u>Young People & Public Protection</u>			
Criminal and Youth Justice	380	385	(5)
Childcare and Protection	14,010	13,522	488
Public Protection	1,397	1,370	27
<u>Community Care</u>			
Learning Disabilities	11,178	11,294	(116)
Mental Health Assessment	1,276	1,408	(132)
Physical Disabilities	5,605	5,807	(202)
Health and Care Change Fund	0	0	0
Older People Assess & Care Mgmt	21,628	21,365	263
Reablement Crisis Care	2,592	2,887	(295)
<u>Community Care & Support Services</u>			
Head of Social Policy	336	336	0
Care Homes & HWC	6,449	6,777	(328)
Occupational Therapy	1,966	1,864	102
Contracts Commissioning & Support	7,644	7,335	309
Mental Health	1,631	1,670	(39)
Total Expenditure	<u>86,855</u>	<u>86,855</u>	<u>0</u>

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. A summary of the key issues in the council's aligned budget are noted below:

Community Care

Adult community based care is reflecting an overspend off £277,000 based on the current level of commitments. There are also a number of high tariff cases that may incur further costs in the current financial year. There is a £98,000 underspend forecast in Elderly Community Based Care again similar to adult community care this figure is likely to reduce in coming months due to new service provision. It should also be noted that there is continuing pressure from external providers with regard to the hourly rate paid for their service which may in turn lead to increased costs in this area.

Crisis Care, Reablement and Domiciliary Care are all demonstrating significant staffing overspends. This is despite having allocated an additional £120,000 in the budget development process. Total expenditure is forecast to increase by £200,000 on last financial year, due to increasing care demands.

Work has been undertaken to understand why staffing costs are so much higher than the agreed establishment. It was found there has been a significant increase in demand for the reablement service as this service contributes directly to reducing the requirement for care hours, care home places and meeting hospital discharge targets. This has led to an increased pressure on staffing within this team. To deal with this pressure 7.69 FTE of fixed term staff have been employed on a one year basis at an annual cost of £175,000. Within the Crisis Care Team the staffing overspend has mainly been incurred due to overtime costs to cover shifts within the team, which is forecast to be £37,000 overspend. Similarly within Domiciliary Care overtime is used to cover shifts, £32,000 overspend is forecast for overtime. The increasing demand for palliative care is also having an impact on Domiciliary Care.

While the overspend can be met in the current year through one off savings/monies, it is not a sustainable position on a recurring basis. As a result, an option will need to be identified and agreed to bring staffing costs in these areas within the budget available. This will need to take account of the impact on the current increasing demand of services as well as the reduction in delayed discharge timescales from 4 weeks to 2 weeks commencing in April 2015.

Direct payments continues to be an area of pressure with a forecast overspend of £261,000. This is likely to continue to increase due to the implementation of Self Directed Support. However, increased Direct payments is being offset by reduced spend in other areas of care. It is intended that budget realignment will be undertaken to account for the growth in direct payments.

Children & Early Intervention

An updated programme budget was reported to the EY Change Fund board in September. The £152,000 underspend was allocated to several projects, meaning

all EYCF uncommitted monies are now committed to future projects. A breakeven position is forecast for the Early Years Change Fund in 2014/15.

Community Care and Support Services

Staffing costs within Council Care Homes and Housing with Care continue to reflect a large overspend of £293,000. This is largely due to sickness absence and it is important that options are identified to manage this pressure.

External care homes are forecast to underspend by £68,000. It is however likely that this underspend will decrease during the course of the year due to new placement over the coming winter months.

Young People and Public Protection

The outwith and residential school placements are continuing to show a significant underspend largely due to a high number of leavers this year. However there have been 3 new placements in recent months and this has been built into the forecast position.

Staffing costs in the councils children's residential units are currently overspent by £88,000. This is largely due to increased costs due to the increased support required in the Newton and Dedridge tenancies.

External Fostering costs remain high at a forecast overspend of £52,000. There is also growing demand in internal fostering represented by a £90,000 overspend, this is largely due to increased kinship care arrangements.

NHS Lothian Aligned Budget Position

The financial position for CHCP Health services for the year to July 2014 is £63,000 overspent. This position consists of a number of variances, which are set out below in Table 2:

Table 2: NHS Aligned Budget Position

	Annual	Variance	Projected	Projected
	Budget	at	Outturn	Variance
Core CHCP Services	£000	30.09.14 £000	2014/15 £000	2014/15 £000
Mental Health	13,623	(485)	14,390	(767)
Community Health	10,556	125	10,380	176
Allied Health Professionals	3,970	26	3,923	47
Other	2,971	31	2,796	175
TOTAL CORE HCH	31,119	(304)	31,488	(369)
GMS	22,969	0	22,801	168
Prescribing	29,773	(298)	30,410	(637)
Resource Transfer	6,649	0	6,649	0

Total	90,511	(602)	91,349	(838)
Hosted Service Community Dental	11,690	407	11,000	690
Hosted Edinburgh Dental Institute	4,911	(56)	4,939	(28)
Hosted Podiatry Service	3,124	(0)	3,098	26
Hosted Psychology Service	7,834	188	7,614	220
Total Hosted	27,559	539	26,651	908
CHCP Total	118,070	(63)	118,000	70

Mental Health

The year to date position for Mental Health is £485,000 overspent and the forecast outturn is a £767,000 overspend. This is mainly due to higher than normal levels of medical agency costs due to vacancies, sickness absence and other staff issues within the medical workforce and higher than normal nurse bank costs mainly in Maple Villa. An action plan has been put in place to reduce the nurse bank cost pressure going forward. Medical staffing issues are likely to remain a cost pressure for the rest of the financial year.

Community Health

The year to date position for Community Health is £125,000 underspent and the outturn forecast is a £176,000 underspend. This is mainly due to vacancies in community nursing offset by high nurse bank costs in Tippetthill Baillie wing. The reasons for this are being investigated.

AHPs

AHPs are showing underspend to date of £26,000 and outturn forecast is £47,000 underspend. This is due to an underspend in staff costs mainly within Psychotherapy offset by a small overspend in supplies.

Other Services

The year to date position for Other Services, which includes Children's Services, FHS Services and the Management team is £31,000 underspent and the outturn forecast is a £175,000 underspend. The underspend is mainly due to vacancies within School Nursing. The forecast outturn forecast relates mainly to funding within reserves that are still to be distributed.

Hosted Services

Hosted Services are showing an underspend of £539,000 and the outturn forecast underspend is £908,000. The underspend relates mainly to vacancies in the Public Dental Service and in Psychology Services and overspends in dental nursing within Edinburgh Dental Institute.

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 to deliver in full

against this target. It is anticipated that all LRP will be delivered recurrently by the end of the financial year.

Prescribing

The year to date prescribing position for NHS Lothian is an overspend of £1,282,000. The West Lothian CHCP is position is £298,000 overspent. This is calculated using actual data for April – July, actual volumes and July price for August and estimated volumes and July price for September and includes unmet LRP of £70,000 for NHS Lothian, £13,000 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. Further schemes have now been developed to close the gap of £1.8m however there is a high risk that this target will not be met in full in the current year. Achievement levels will be monitored throughout the financial year.

Primary Medical Services (PMS) – the GP contract

The year to date position for Lothian and 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)	12,246	-67	60,653	-257
Opt Outs	-708	5	-3,426	6
Board Admin	790	16	3,773	20
Premises	3,851	0	16,639	8
Quality	4,015	-1	18,838	16
Enhanced Services	1,878	1	8,578	2
Other	926	46	9,524	210
GMS Total	22,998	0	114,579	5

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. The benefits in other relate to provisions that have been released.

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 £2.666 million. This is being funded via £1.5 million of resources from the Scottish Government 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, the Council is forecasting a breakeven position and NHS Lothian are forecasting an underspend of £70,000.

REFERENCES

None.

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

**RESOURCE TRANSFER MONITORING REPORT
TO 30th SEPTEMBER 2014****REPORT BY HEAD OF SOCIAL POLICY**

Meeting of
9 December 2014

Agenda Item
[15b]

SUMMARY

Detail of phased expenditure incurred in period to 30th September 2014.

RECOMMENDATION

West Lothian CHCP continues to invest the resource transfer monies effectively in the prescribed areas and continues to maintain a zero delayed discharge position.

BACKGROUND

As detailed in the attached report West Lothian CHCP have invested £3.32 million of the total £6.72 million resource transfer monies to the end of September 2014. The CHCP has maintained a zero delayed discharge position in the second quarter of the financial year.

PREVIOUS CONSIDERATION BY THE BOARD

Reported to Board on a quarterly basis.

IMPLICATIONS

Equality/Health	This report does not require an equality impact assessment.
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Financial/Resource	None.
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Legal	None.
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CHCP Risk Register ID No	CHCP011
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REFERENCES

None.

APPENDICES

Period 6 resource transfer monitoring report.

CONTACT/DATE OF REPORT

Jennifer Scott, Head of Social Policy
01506 281925
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9 December 2014

Resource Transfer: Outcomes Monitoring Report 2014/15

Care Programme/Group:	Period: 30 September 2014	Council: West Lothian			
Programme Types ¹ :	2014/15 Resource Transfer Allocation (£'000)	Investment to Date (£'000) ²	Forecast 2014/15 Investment (£'000)	Outcomes ³	Commentary ⁴
1 HIV/AIDS	18	18	18	Payment to Voluntary Org	
2 Learning Disabilities	2,461	1,173	2,461	Provision of accommodation and support services Avoidance of reliance on healthcare services or hospital admission	Zero delayed discharge Timely provision of services to meet complex needs.
3 Mental Health	2,246	1,145	2,246	As Learning Disability	Zero Delayed Discharge. Timely provision of services to meet complex needs.
4 Older People	1,946	947	1,946	Provision of a range of services designed to ensure speedy discharge from hospital and support to remain at home /in community	Zero delayed discharge Timely provision of services to meet complex needs.
5 Other	46	46	46	Payment to Voluntary Org	

¹ Targets drawn from Joint Strategic Plans / care group. This means each council will be asked to report on each joint strategic area each quarter

² The financial value invested by a point in the financial year

³ The outcomes resulting from investments e.g. Reductions in delayed discharges.

⁴ Judgements about whether the programme is on or off target and reasons/evidence; whether or not outcomes are being delivered and what if any revisions to plan are required

STAFF GOVERNANCE**REPORT BY HEAD OF SOCIAL POLICY AND
HEAD OF HEALTH SERVICES**Meeting of
9 December 2014Agenda Item
[16]**SUMMARY**

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

RECOMMENDATION

Board is asked to note updates on the following:

1. PVG Retrospective Checking within NHS Lothian
2. Study Leave Policy and Procedure
3. West Lothian Council 2014 Employee Survey

BACKGROUND

- *PVG Retrospective Checking within NHS Lothian*

The Protection of Vulnerable Groups (PVG) legislation replaced the disclosure arrangements for people who work with vulnerable groups. It helps to ensure that people who have a known history of harmful or abusive behaviour are unable to work with children and protected adults.

To qualify for a PVG check employees must be in a regulated role, which means you must be involved in direct patient care, supervise staff who are involved in direct patient care or work in a children's establishment (e.g. the RHSC or a young person's unit or adolescent unit situated as a separate building but within the grounds of a predominantly adult hospital).

After October 2015 it will be illegal for anyone who is involved in regulated work not to be on the PVG Scheme. NHS Lothian needs to have everyone in regulated work on the Scheme by July 2015.

It is every member of staff's responsibility to complete their PVG forms correctly and pass back to their line manager with the relevant identification. Incomplete forms can potentially lead to Disclosure Scotland terminating applications, so it is essential that all information requested is supplied and contact details are entered on the forms.

The CHCP health staff are currently completing the process with approximately 90% of all staff now having up to date PVG disclosure completed.

- *Study Leave Policy and Procedure*

NHS Lothian is committed to supporting staff education, training and development, recognizing that this will benefit both the individual employee and the services we provide.

The Study Leave Policy and Procedure sets out the process through which staff may apply for support to undertake education, training and development, with a view to keeping up-to-date with and/or acquiring new knowledge and skills. It supports, and should be read in conjunction with, the NHS Lothian Policy on Personal Development Planning and Review (PDPR) and the NHS Lothian Equal Opportunities Policy. Staff covered by Agenda for Change terms and conditions should also refer to the PDPR Procedures and Guidance documentation.

By having an explicit policy the organization aims to:

- Encourage staff to develop within their post and to learn throughout their career
- Provide fairness and equity to all staff accessing education, training and development opportunities
- Manage the process in a way which will ensure fairness and equity in relation to all staff
- Provide information and guidance to managers and staff in relation to the criteria for authorising and applying for CPD (Continuing Professional Development) activity.
- *2014 Employee Survey (West Lothian Council)*

In order to increase employee engagement, focus groups have been held throughout Social Policy to review the results of the 2014 Employee Survey and the outputs from the focus groups are currently being reviewed to prepare a service specific improvement plan. The improvement plan, which requires to be submitted to HR Services by 30 November 2014, will set out improvement activities to be progressed over the next 12 month period and will be reported to the HR Programme Board on a quarterly basis.

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 No

N/A

REFERENCES

None.

APPENDICES

None.

CONTACT/DATE OF REPORT

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9 December 2014

DIRECTOR'S REPORT**REPORT BY CHCP DIRECTOR**Meeting of
9 December 2014Agenda Item
[17]**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. The recent positive report West Lothian Community Planning Partnership received from the Accounts Commission
2. The improvement in performance within the Community Payback service
3. Website usage
4. West Life Issue 28
5. Integration update

BACKGROUND

- *Community Planning - Accounts Commission report*

The Accounts Commission published their audit report on West Lothian Community Planning Partnership on 23 October 2014. The report found West Lothian Community Planning Partnership to be a strong, mature partnership which is making good progress in delivering outcomes for West Lothian. The Partnership is recognised as being particularly strong in terms of its approach to co-locating services and is supported effectively by a dedicated staff resource.

The Accounts Commission recognise that the partnership has some areas for improvement which include, strengthening its focus on scrutiny of contribution of individual partners; making best use of performance information and reporting locally and ensuring partners are progressing towards better and clearer alignment of their priorities. There are plans in place for taking forward community planning development and continuous improvement.

For the full report click on http://www.audit-scotland.gov.uk/docs/central/2014/nr_141023_west_lothian_cpp.pdf

- *Community Payback*

During 2013-14 a total of 39,058 hours of Community Payback Unpaid Work were carried out in West Lothian. This represents a substantial improvement in performance over the previous years (a 73% increase from 22,533 hours in 2012-13). This improvement results from a combination of initiatives including

- ensuring the service maximises the use of Unpaid Work Supervisors
- induction for Unpaid Work for people sentenced in Livingston courts now takes place on the day of sentence, with initial work instructions being given that day
- following a service delivery review, we have removed the option of Saturday work-team placement, and have increased the normal working day for offenders from 6:30 to 7:15 hours.

There are currently no Unpaid Work waiting lists for offenders for what is believed to be the first time in approximately 20 years.

- *CHCP Website*

In the monthly performance report that is produced to indicate usage on the CHCP website, October figures showed another increase in site access in comparison to the previous month. There were 3,576 visits during the month, with the most popular pages being the Home page, local mental health facilities, social work, children and families social work, mental health and care services. The Social Care and Health section on the council website which references CHCP content has now been given more prominence on the council site as a reaction to potential customer needs leading into the winter period.

- *West Life*

Issue 28 of the CHCP staff newsletter, West Life, was published in November featuring articles on Maple Villa, Throughcare / Aftercare service, a day in the life of an orthodontic therapist, update on the Distress Tolerance Programme, Pathways support services and multi-agency GIRFEC (Getting It Right For Every Child) training.

- *Integration Update*

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that health boards and local authorities jointly prepare, consult and submit for approval an integration scheme to Scottish Ministers. The required content of the scheme is described within the Act and supporting Regulations.

Draft Integration Schemes need to be submitted to the Scottish Government by 31 March 2015 (see Appendix), with all integration arrangements in place by 1 April 2016. Work is underway to finalise the draft West Lothian scheme which will require to go out for consultation with key stakeholders prior to approval.

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

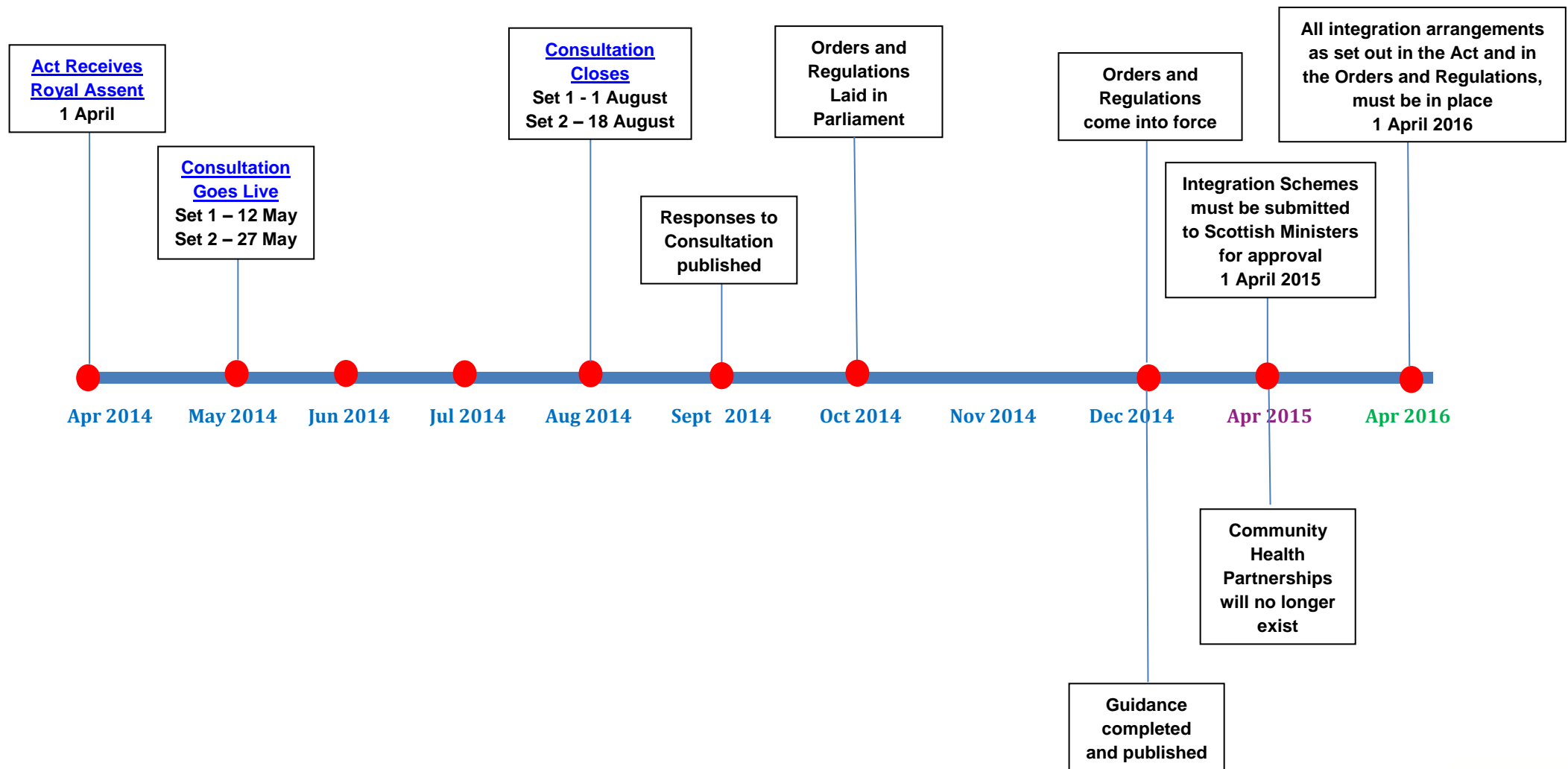
Health and Social Care Integration – Implementation Timescale 2014 - 16

CONTACT/DATE OF REPORT

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9 December 2014

Health and Social Care Integration IMPLEMENTATION TIMELINE 2014 - 2016



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Visit: www.scotland.gsi.gov.uk/hsci