DATA LABEL: Public

West Lothian Council

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

4 December 2014

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Thursday 11 December 2014** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

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 Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on 16 October 2014 (herewith).

5. Note Minute of Meeting of NHS Lothian Board held on 6 August 2014 - Report by Chief Executive, Community Health and Care Partnership (herewith).

6. Sexual Health Promotion Update :-

   (a) Presentation by Senior Health Promotion Specialist, Kirsty Kurcik

(b) Report by Senior Health Promotion Specialist (herewith)

7. Consultation on Electronic Cigarettes and Strengthening Tobacco Control in Scotland - Report by Head of Health Services (herewith)

8. Consultation on Proposals to Introduce a Statutory Duty of Candour for Health and Social Care Services - Report by Head of Social Policy (herewith)

9. Consultation on Proposals for an Offence of Wilful Neglect or Ill-Treatment in Health and Social Care Settings - Report by Head of Social Policy (herewith)

10. Chief Social Work Officer Annual Report 2013-14 - Report by Head of Social Policy (herewith)

11. Self-Directed Support - West Lothian Implementation Date - Report by Head of Social Policy (herewith)

12. Health & Care PDSP Work Plan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.01506 281604 or email val.johnston@westlothian.gov.uk**

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 16 OCTOBER 2014.

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

In Attendance – John Cochrane (Senior People's Forum Representative)

Apologies – Councillor Janet Campbell

1. DECLARATIONS OF INTEREST

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

2. MINUTE

The Panel confirmed the Minute of its meeting held on 21 August 2014. The Minute was thereafter signed by the Chair.

3. MINUTE OF MEETING OF NHS LOTHIAN BOARD

A report had been circulated by the Depute Chief Executive, Community Health and Care Partnership to which was attached the Minute of the NHS Lothian Health Board meeting held on 25 June 2014.

Decision

Noted the contents of the report

4. UNSCHEDULED CARE IN WEST LOTHIAN CHCP

The Panel considered a report and presentation (copies of which had been circulated) by the Head of Social Policy advising of progress being made in West Lothian CHCP in providing a more person centred approach to the need for unscheduled care interventions.

The Panel were advised that it was estimated that unplanned admissions to hospital accounted for approximately one third of all health and social care expenditure in Scotland. There was also extensive evidence that a significant proportion of these admissions were considered unnecessary and could have been prevented if more flexible and streamlined community based services were available.

It was clear in the context of demographic and economic pressures that doing nothing and simply increasing the resource commitment on the basis of the current pattern of expenditure was not sustainable. More

importantly it was not desirable in terms of ensuring better outcomes for vulnerable adults.

Shifting the Balance of Care had driven redesign across Scotland to support reduced unplanned admissions, increase the proportion of scheduled admissions and improve the quality of admissions and discharges ultimately to manage more patients with complex clinical needs in the community.

There was an extensive range of initiatives which were contributing to the overall objectives related to *Shifting the Balance of Care* and the report provided a summary of three of these services; these being REACT, the Crisis Care Team and Lothian Unscheduled Care Service.

The REACT service was a "virtual" ward in the community and comprised a medical consultant, qualified nursing staff, pharmacy services and allied health professionals such as physio and occupational therapists. Since becoming operational in May 2013 the REACT team had seen 787 patients, 353 of whom had been admitted to the "virtual" ward. This was equivalent to 2,471 bed days which would have been an additional pressure at St John's Hospital.

The Crisis Care Team operated 24/7 with at least two members of the social care staff on duty at any one time. The team supported REACT by ensuring that personal care and respite for carers was available during the period of the patient's illness which had resulted in a loss of independence. In addition the team offered a single point of contact for all falls responses, telecare alerts and a range of short term supports which did not require immediate clinical intervention.

Staff in all these services also had access to additional medical support through the Out of Hours Nursing Services and Lothian Unscheduled Care Services, both based at St John's Hospital and accessed via NHS24 where all calls were triaged by a nurse adviser.

The report and presentation concluded that the effective collaboration of these three services ensured that there was a tiered intervention approach to unscheduled care and that all teams had constant access to specialist clinical support at all times.

The Panel were asked to note the change in approach to service delivery which was more focussed on early intervention and prevention and delivered better outcomes for people in West Lothian.

Decision

Noted the contents of the report and presentation and commended the work being carried out between the partners.

5. KEEP WELL

The Panel considered a report (copies of which had been circulated) by the Head of Health Services providing the panel with a copy of the Keep

Well Annual Report 2013-14.

The Head of Health Services explained that the Keep Well programme was introduced to Lothian in 2006-07 with the stated aim of reducing cardiovascular disease and associated risk factors in high risk groups. More importantly, by connecting people with health and social services, Keep Well aimed to empower individuals to improve their own wellbeing. As such, the programme's broader objective was to reduce the inequalities which made communities less happy and less healthy.

Appendix A attached to the report provided a copy of the Annual Report and which provided more details regarding the model of Keep Well delivery in Lothian. Data was presented by Local Authority area where appropriate.

In summary NHS Lothian had exceeded the target of delivering 4,800 Keep Well checks in a year and continued to develop its relationships with General Practices (58 practices were engaged throughout Lothian by March 2014) and partners who supported vulnerable groups.

Additionally Scottish Government funding contributions would continue largely unchanged in 2014-15 and would be reduced 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 Panel were asked to note :-

1. The content of the Keep Well in NHS Annual Report 2013-14;

2. That the Annual Report had been approved by the NHS Lothian Health Board and submitted to the Scottish Government; and

3. That work was ongoing to explore the evaluation of Keep Well.

Decision

1. Noted the contents of the report; and

2. Requested that the Head of Health Services provide Panel Members with further details of those people in West Lothian who were targeted for the Keep Well Programme and who had subsequently completed the screening process.

6. SUICIDE STATISTICS 2013

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership advising of the suicide statistics for 2013, released in August 2014.

The Panel were advised that the National Records of Scotland (NRS) released suicide statistics annually in August for the suicides for the

preceding year (January to December). Appendix 1 attached to the report provided a briefing report which had been produced by NHS Lothian following the NRS release.

It was important to note that annual changes in suicides and suicide rates was based on relatively small numbers and so, taken by themselves were not statistically significant. Suicide rates were therefore presented in two ways: as a number per local authority area and as a standardised rate per 100,000 population.

In 2011 the NRS changed its coding practice to take account of changes made by the World Health Organisation (WHO) to coding rules for certain causes of death. Therefore the statistics released demonstrated statistics according to both new and old coding rules.

In accordance with the new coding rules, there were 795 suicides registered in Scotland in 2013. If using the old coding rules this would provide a figure of 746 suicides. Therefore using the old coding rules to allow for comparisons to be made with previous years, the suicide rate for persons in Scotland reduced by 19% between 2000-02 and 2011-13. This was close to the national target of a 20% reduction.

With regards to the Lothian area there were 126 suicides in 2013 (16.9% of the Scottish total) which was a decrease from 143 in 2012. The 2013 total was made up of 96 males and 30 females with much of the variation in the Lothian figures over the last five years due to changes in the number of deaths in males. The report also provided a table of information specific to the West Lothian area.

The report continued to provide information on measures being taken by the council to reduce suicide rates and included suicide awareness training which was provided on an on-going basis and the Choose Life programme which was delivered by the Health Improvement Team.

The Panel were asked to note the suicide statistics for 2013, released in August 2014.

Decision

Noted the contents of the report.

7. HEALTH & CARE PDSP WORK PLAN

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

Decision

Noted the contents of the Work Plan

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS LOTHIAN BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To update members on the business and activities of Lothian NHS Board.

B. RECOMMENDATION

To note the terms of the minutes of Lothian NHS Board dated 6 August 2014 in the Appendix to this report.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs Being honest, open and accountable Working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Working in partnership.
V	**Relevance to Single Outcome Agreement**	We live longer, healthier lives.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	Regularly reported to Health & Care PDSP for noting.
VIII	**Other consultations**	None required.

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of Lothian NHS Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept appraised of the activities of Lothian NHS Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments: 1

1 Minutes of the meeting of Lothian NHS Board held on 6 August 2014

Contact Person: Jim Forrest, Depute Chief Executive, CHCP

01506 281977

Jim.Forrest@westlothian.gov.uk

CMT Member: Jim Forrest, Depute Chief Executive, CHCP

Date: *11 December 2014*

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 6 August 2014 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan; Mr M Ash; Mrs K Blair; Dr M Bryce; Mr J Brettell; Councillor R Henderson; Professor J Iredale; Mr P Johnston; Councillor C Johnstone; Mr A Joyce (Employee Director); Mrs J McDowell; Mrs A Meiklejohn; Mrs A Mitchell; Councillor F Toner; Mr G Walker and Mr G Warner.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources & Organisational Development); Mr J Crombie (Director of Scheduled Care); Dr D Farquharson (Medical Director); Ms M Johnson (Executive Director Nursing, AHPs & Unscheduled Care); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Director of Strategic Planning, Performance Reporting & Information).

In Attendance: Mr B Currie (Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment); Mr P Gabbitas (Joint Director, Edinburgh Community Health Partnership); Mr I Graham (Director of Capital Planning & Projects); Mr C Marriott (Deputy Director of Finance); Mr A Milne (Project Director); Mr P Reith (Secretariat Manager); Mr D A Small (Joint Director, East Lothian Community Health Partnership) and Mr S R Wilson (Director of Communications & Public Affairs).

Apologies for Absence were received from; Councillor D Grant, Dr R Williams, Mr R Wilson and Mrs S Goldsmith.

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. Mr P Johnston declared an interest in respect of agenda item 2.4 'Integration of Health and Social Care' in respect of his position in the Confederation of Scottish Local Authorities in advising on the draft regulations in orders relating to the Public Bodies (Joint Working) (Scotland) Act 2014.

32. Welcome to Members of the Public and Press

32.1 The Chairman welcomed members of the public and press. He also welcomed Mr B Currie (Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment), Mr I Graham (Director of Capital Planning & Projects) and Mr D A Small (Joint Director, East Lothian Community Health Partnership).

33. Items for Approval

33.1 The Chairman reminded members that the agenda for the current meeting had been circulated previously to allow Board members to scrutinise the papers and advise whether any items should move from the approval to the discussion section of the agenda. No such requests had been received.

33.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the previously circulated 'for approval' papers without further discussion.

33.3 Minutes of the previous Board meeting held on 25 June 2014 – Approved.

33.4 Performance Management – The Board received an update on the current performance against all of the current 2014/15 capital HEAT targets, and relevant standards as set out in the circulated appendix. The Board noted that the report included the latest data available, which for some items related to the 2013/14 targets / milestones. These lines would be updated in future editions of the report to include 2014/15 targets / milestones when the data became available.

33.5 Health Care Associated Infection – The Board acknowledged receipt of the Health Care Associated Infection reporting template for June 2014 and noted that NHS Lothian's staphylococcus aureus bacteraemia March 2015 target was a rate of 0.24 per 100 bed days ($\leq$ 184 incidents). The current rate was 0.25 and a multidisciplinary effort was required if progress towards target was to be sustained. The Board supported the Staphylococcus Aureus Bacteraemia Short Life Working Group in encouraging greater clinical engagement with the review of cases and noted NHS Lothian's clostridium difficile infection target by March 2015 was to achieve a rate of 0.32 per 100 bed days ($\leq$ 262 incidences). The current rate was 0.50 and NHS Lothian was currently off trajectory therefore a pan Lothian multidisciplinary effort was essential if the target was to be achieved. It was agreed to support the actions developed by the Clostridium Difficile Infection Short Life Working Group to reduce incidents in NHS Lothian and to support the antimicrobial team activities in relation to antimicrobial prescribing review and reduction of antimicrobial associated with clostridium difficile. The Board also agreed to support the Antimicrobial Management Team in securing additional funding to influence antibiotic prescribing in primary and secondary care and to support the business case for norovirus near patient testing in Liberton.

33.6 Medical Workforce Risk Assessment – The Board noted that there were no further updates to the position reported at the 25 June 2014 Board meeting.

33.7 Patients' Private Funds – Annual Accounts 2013/14 – The Board agreed the draft Patients' Private Fund Accounts for the year ending 31 March 20140, agreed that the Chairman and Chief Executive sign the 'statement of Lothian NHS Board members' responsibilities' on the Board's behalf; agreed that the Director of Finance and the Chief Executive sign the 'abstract of receipts and payments' (SFR 19.0) and approved the draft Patients' Private Funds Accounts for the year ending 31 March 2014.

33.8 Keep Well in NHS Lothian Annual Report 2013/14 – The Keep Well in NHS Lothian annual report 2013/14 was approved.

33.9 Code of Conduct for Members of Lothian NHS Board – The Board agreed to adopt the revise code of conduct for members of Lothian NHS Board.

33.10 Committee Memberships and Terms of Reference – The Board agreed to appoint Shulah Allan to the Healthcare Governance Committee to replace Robert Wilson; to appoint Peter Johnston to the Staff Governance Committee to replace Robert Wilson; to agree an amendment to the terms of reference in the Staff Governance Committee reducing the number of Non Executive members from 6 to 4; to agree an amendment to the terms of reference of the Remuneration Committee reducing the threshold requiring the committee to approve any redundancy or retirement exit package where the costs were in excess of £100k to in excess of £50k, as agreed by the Remuneration Committee and to note that a Chair for the St Johns Hospital Stakeholder Group was required, failing which the Board Chairman would take the Chair.

33.11 Schedule of Board and Committee Meetings for 2015 – The Board agreed the previously circulated dates for Board and Committee meetings in 2015.

33.12 Appointment of Pharmacy Practices Committee Members – The Board agreed to ratify the appointment of five deputy contractor pharmacists to the Pharmacy Practices Committee; to approved the ad-hoc appointment of non contractor pharmacist members from other Health Boards and to approve the ad-hoc appointment of lay members from other Health Boards.

33.13 South East of Scotland Research Ethics Committee's Annual Reports for 2013/14 – The Board approved the South East of Scotland Research Ethics Committee Annual Reports for 2013/14.

33.14 Child and Adolescent Mental Health Services and Psychological Therapies – 18 Weeks Referral to Treatment HEAT Targets – The Board acknowledged that a successful migration to TRAK had been completed on 13 June 2014 and noted the delay in performance reporting to ISD which was being addressed by e-health and the TRAK supplier. The Board supported the quality assurance measures that had been established and the continued support to TRAK users as they became familiar with the system.

33.15 The Board noted the performance for May for Children and Adolescent Mental Health Services was consistent with the predicted performance detailed to the Board in June and that performance for May for psychological therapies succeeded the predicted performance detailed to the Board in June. The Board acknowledged that recruitment to achieve the additional capacity was still underway with good progress in recruiting experienced staff being made to date and noted there would be a further update on performance to the November Board meeting.

33.16 Audit and Risk Committee Minutes of 23 June 2014 – Adopted.

33.17 Strategic Planning Committee Minutes of 12 June 2014 – Adopted.

33.18 East Lothian Healthcare Partnership Minutes of 8 May 2014 – Adopted.

33.19 East Lothian Shadow Health and Social Care Partnership Minutes of 5 June 2014 – Adopted.

33.20 Edinburgh Shadow Health and Social Care Partnership Minutes of 16 May 2014 – Adopted.

Items for Discussion

34. Royal Hospital for Sick Children and Department of Clinical Neurosciences at Little France - Full Business Case

34.1 The Deputy Director of Finance introduced a previously circulated report providing the Board with the full business case for the Royal Hospital for Sick Children and Department of Clinical Neurosciences at Little France Full Business Case. He explained that the full business had been through the full governance process and advised that the Board was being asked to first approve the submission of the full business case to the Scottish Government Health & Social Care Directorate's Capital Investment Group. Subject to the approval of the full business case by the Scottish Government, the Board was being asked to delegate the approval of the final terms of the Non Profit Distribution Project Agreement and associated contract documentation to the Finance & Resources Committee. Subject to the approval of the final terms of the project agreement by the Finance & Resources Committee the Board was asked to delegate the signing of the project agreement and associated contract documentation at financial close to the Chief Executive or the Director of Finance for NHS Lothian.

34.2 The Deputy Director of Finance introduced the Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment who advised the Board that the full business case had been developed following the Scottish Capital Investment Manual Guidance and was based on the outlined business approved by the Scottish Government in September 2012.

34.3 The Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment explained that the process had taken longer than usual as the new project was linked to the older Public Finance Initiative Contract with Consort which required the completion of a number of supplemental agreements for the clinical enabling works. The funding competition was being led by the Scottish Futures Trust on behalf of the Scottish Government and four bidders for the building works had been shortlisted. The planning application for the work would be considered by the City of Edinburgh Council at its Planning Committee meeting on 27 August.

34.4 The Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment explained that in any project of this size design change was a risk but rigorous governance processes where in place to ensure that any necessary changes were carefully vetted.

34.5 Mrs Mitchell asked if the clinical enabling works presented any further risks for delay and the Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment advised that these had already been taken into account and were being worked on.

34.6 Mrs Blair commented that the full business case had been discussed in detail at the Finance & Resources Committee and questioned whether, given the history around bed capacity, the proposed development would be large enough to meet future requirements.

34.7 The Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment advised that, based on all the available figures, the proposed design would have sufficient capacity but that there was a limited capacity to increase the clinical space should this subsequently prove necessary.

34.8 The Executive Nurse Director commented that the Project Director, Royal Hospital for Sick Children & Department Clinical Neuroscience Redevelopment and his team were working closely with the clinicians and management and were aware of the significant challenges presented. The Acute Hospitals Committee would be kept informed of progress.

34.9 Mr Walker reminded the Board that the business case in its various stages had been through the Board and Finance & Resources Committee and was an example of really good project management. The process had not been an easy one and he congratulated the project team on a very well managed project which had successfully gone through a vigorous vetting process and he commended the report to the Board.

34. 10 The Board agreed to approve the submission of the full business case to the Scottish Government Health & Social Care Directorates Capital Investment Group. The Board agreed that, subject to the approval of the full business case by the Scottish Government, the approval of the final terms of the Non Profit Distribution Project Agreement and associated contract documentation be delegated to the Finance & Resources Committee.

34.11 The Board agreed that, subject to the approval of the final terms of the Project Agreement by the Finance & Resources Committee, the signing of the Project Agreement and associated documentation at financial close be delegated to the Chief Executive or the Director of Finance for NHS Lothian.

35. East Lothian Community Hospital Initial Agreement

35.1 The Chairman welcomed Mr D A Small, Joint Director, East Lothian Community Health Partnership and Mr A Milne, Project Director to the meeting.

35.2 The Joint Director, East Lothian Community Health Partnership introduced a previously circulated report inviting the Board to approve the initial agreement for the proposed East Lothian Community Hospital and agreed to support the initial agreement being submitted to the Scottish Government for approval.

35.3 The Joint Director, East Lothian Community Health Partnership advised the Board that NHS Lothian wished to review services and provide improved facilities within East Lothian. The initial agreement was a demonstration of strategic intent which sought support from the Scottish Government to develop an outline business case. The initial agreement considered a range of options which would be refined

and tested through the outline business case and would be brought through the appropriate governance procedures as the preferred way forward was developed.

35.4 The Joint Director, East Lothian Community Health Partnership advised that as this was an initial agreement there were a number of risks, particularly with costs and funding which would require to be worked out in more detail before an outline business case could be produced.

35.5 Mr Ash, as Chair of the East Lothian Community Health Partnership, advised that East Lothian welcomed this project and commented that he was impressed with the clinical input and the involvement of interested groups. With the advent of the integration of Health and Social Care, the need for flexibility was very important and the Community Health Partnership would be looking to bring in more partners.

35.6 Mrs Allan questioned why the fourth option, which would include space for the three general practitioner surgeries, third sector and enhanced imaging, was not preferred.

35.7 The Joint Director, East Lothian Community Health Partnership advised that whilst there were significant benefits in having general practitioners in the centre, the existing practices were all in good condition and the additional costs would be significant. It was, however, not a move that he would rule out, depending on how things developed.

35.8 Mr Brettell commented that the Finance & Resources Committee had expressed concerns about the increase in revenue costs and emphasised the importance of identifying where the necessary resources would come from.

35.9 The Joint Director, East Lothian Community Health Partnership advised that he was well aware of the issue and the project team were keeping a close eye on this.

35.10 Professor Iredale commented that a central medical facility in a rural area was much more cost effective and provided better services than isolated facilities.

35.11 The Deputy Director of Finance advised the Board that a funding route had not yet been agreed.

35.12 The Director of Public Health & Health Policy commented that she was heartened by the openness to option 4. Work on the strategic plan was identifying the costs inherent in the way in which care was currently being delivered and how this could be undertaken more efficiently.

35.13 The Chief Executive advised the Board that this project fitted into the strategic plan and would allow patients from Liberton Hospital to be repatriated to East Lothian as well as East Lothian patients currently in Midlothian Community Hospital to be repatriated, freeing up capacity in Edinburgh.

35.14 The Board agreed to recognise the fit of East Lothian Community Hospital with its strategic priorities and approved the initial agreement for submission to the Scottish Government for approval.

36. Partnership Centre Bundle Outline Business Case

36.1 The Deputy Director of Finance introduced the previously circulated outline business case for the proposed partnership centre bundle which included the Blackburn Partnership Centre, Firrhill Partnership Centre and the North West Edinburgh Partnership Centre.

36.2 The Deputy Director of Finance advised that the proposed partnership centre bundle had been through the Finance & Resources Committee and that the revenue implications were contained within the financial plan, subject to the delivery of the Local Reinvestment Plan.

36.3 The Chairman welcomed Mr P Gabbitas, Joint Director, Edinburgh Healthcare Partnership to the meeting.

36.4 The Joint Director, Edinburgh Healthcare Partnership advised the Board that the proposals reflected the opportunities available and would allow for the creation of a new general practice in Muirhouse. The reason for bundling the three Partnership Centres together was for affordability as the project would be procured through the HUB Initiative with the bundle being delivered through a sub-HUBCo. Mrs Meiklejohn asked how child and adolescent mental health services would be addressed with this model and the Joint Director, Edinburgh Healthcare Partnership advised that a number of options and opportunities had been identified and were under consideration.

36.5 Mrs Allan asked why the bundling was thought best if the speed of the process would be as fast as the slowest project.

36.6 The Deputy Director of Finance advised that the Scottish Futures Trust had responsibility for getting leverage from the market place and bundling small projects together was more cost effective.

36.7 Mr Walker commented that he was very supportive of the project and sought clarification about existing GP practices.

36.8 The Joint Director, Edinburgh Community Health Partnership advised that the existing Muirhouse practice had been involved in the first few years of the project but despite the Community Health Partnership's best endeavours, the partners had decided they did not wish to participate. Given that this had been the only general practice in a very large area it was felt that introducing a new practice into the area extended patient choice.

36.9 The Director of Public Health & Health Policy commented that whilst the quality of the general practice in the area was excellent it was a very large area. She asked if the new building would have capacity for training had been factored in.

36.10 The Joint Director, Edinburgh Community Health Partnership emphasised that the present Muirhouse Practice was excellent and the decision to introduce a second practice was not a comment on quality. He confirmed that teaching and research requirements had been factored into the design process.

36.11 The Board agreed to support the outlined business case for the Partnership Centre Bundle and supported the decision to make use, for this project and the Royal Edinburgh Hospital Campus Phase 1 Project, of the Scottish Futures Trust national funding arrangement. In doing so it was noted that NHS Lothian would waive its right to run individual funding competitions for these projects.

36. Integration of Health and Social Care

36.1 The Director of Strategic Planning, Performance Reporting & Information introduced a previously circulated report inviting the Board to approve the integration model to be used in each of the 4 integration schemes that the Board had a duty to prepare and to approve its response to the draft regulations and orders relating to the Public Bodies (Joint Working) (Scotland) Act 2014 before it was submitted to the Scottish Government. He emphasised this was an opportunity for the Board to influence how the Act would be implemented.

36.2 The Board noted that the recommended preferred choice was that of a corporate body and this had been agreed with all four local authorities. The Boards response referred to the forthcoming Community Impairment Bill and asked a number of questions about potential conflicts. Clarification was also being sought on the memberships of Integration Joint Boards.

36.3 Mrs Mitchell commented that the paper was very comprehensive and all that could now be done was to await Parliaments decision.

36.4 Mrs Blair commented that she very much welcomed the request for more clarity and suggested there was a need to emphasis the skills of members of Integration Joint Boards and not just the numbers. At some point it would also be necessary to discuss children services.

36.5 The Director of Strategic Planning, Performance Reporting & Information advised that there was a transition fund available to help with the integration of services and that it was being proposed that Executives as well as Non Executives being included in the membership of Integration Joint Boards. He advised that discussions were ongoing with the Edinburgh Shadow Health and Social Care Partnership on children services and emphasised there was a need for stronger governance around children's care in Edinburgh.

36.6 Mr Johnston welcomed the paper and commented that the recommendation in respect of partnership representation on Integration Joint Boards also referred to local authority trade union representation. Given the different history between local authorities and their trade unions his recommendation was that NHS Lothian's response should focus on NHS partnership representation and that it should be left to CoSLA and the local authorities to make recommendations about their own trade union representation.

36.7 The Director of Public Health & Health Policy commented that there was overwhelming evidence that engaging staff at all levels led to better outcomes for patients and clients.

36.8 Mr Joyce welcomed the inclusion of NHS Partnership Forum representation on Integration Joint Boards and he was aware that the relationship between local authorities and trade union was more of an industrial model. He questioned whether the local authority trade unions had been consulted on this proposal.

36.9 The Director of Strategic Planning, Performance Reporting & Information undertook to take these comments on board.

36.10 The Chief Executive commented that the differing approaches to staff involvement between the NHS and local authorities, with NHS Partnership involvement at all stages of policy development meant that there could be significant cultural differences between the two partners and that organisational development in the Integration Joint Boards would be important.

36.11 Mr Ash agreed that NHS Lothian's comments should be confined to the NHS aspects but emphasised that consensus was vital as trying to implement changes without the support of the trades unions would be difficult. He suggested that discussions could be started and arrangements fine tuned if the regulations made any significant changes. It was also important to take into account that integration would be achieved by an amendment to the local government act. It was important that thought be given to how the regulations would impact on the NHS as a whole and he urged that work should start sooner rather than later.

36.12 The Director of Strategic Planning, Performance Reporting & Information advised that NHS Lothian was working with the local authorities on the process and were probably further down the road in that respect than most other NHS Boards.

36.13 Mrs McDowell agreed that NHS Lothian's comments should be on the NHS aspect of the proposals. She endorsed Mrs Blair's comments on the need for experienced people to be members of Joint Integration Boards and asked how this could best be ensured. Mrs McDowell also commented that the introduction of the possibility of deputies could make it more difficult to ensure that the membership of the Integration Joint Boards taking decisions were suitably experienced and qualified.

36.14 The Chairman summarised the discussion and emphasised the fundamental point was about getting effective delivery of services through Integration Joint Boards and this was not simply a numbers or representation game but was about the capability of running and directing these very important vehicles which would require the right balance of skills and capabilities around the table.

36.15 The Chief Executive commented that the critical issue would be budget setting. This had traditionally been a unilateral process but by 2015 would require to be joint. The approaches to budgets to budgets and deficits of care were different between the NHS and local authorities and were already causing financial challenges. It was vital that these issues were resolved and that not only were budgets balanced but that there were no deficits in the provision of care.

36.16 Mr Ash commented that it might be useful to have joint meetings with the four Health & Social Care Partnerships.

36.17 The Deputy Director of Finance advised that Finance Department staff were already having meetings with their counterparts in local authorities.

36.18 Mrs Blair agreed with this focus and emphasised the importance of community care being delivered at the necessary levels.

36.19 The Board agreed to approve the submission of the amended proposed response to the draft sets 1 and 2 regulations and orders and agreed that partnership representation from the NHS on the Integration Joint Boards. The Board agreed to adopt the 'Body Corporate' Integration Model in all 4 integration schemes and that the delegated functions to each integration authority should include those which must be delegated. It was agreed that management should proceed with the development of the 4 integration schemes on that basis.

37. Waiting Times Performance, Progress and Elective Capacity Investment

37.1 The Director of Scheduled Care introduced a previously circulated report giving an update on recent performance on waiting times.

37.2 The Director of Scheduled Care apologised that the changes to the format agreed at the previous Board meeting were not yet ready but explained that they would be in place by the next Board meeting. Work to obtain the data direct from the ISD warehouse was in an advanced stage and this would avoid the need for time consuming data cleansing.

37.3 The Director of Scheduled Care advised the combined performance for admitted and non admitted pathways against the 18 week referral to treatment standard up to June 2014 was 86.6%. The trend in cancer performance (31 days from diagnosis to treatment) remained about the 95% standard and the trend in cancer performance (62 days from urgent referral to treatment) was expected to be fully compliant by the end of the quarter. He congratulated the staff who had had worked hard to achieved these results.

37.4 The Director of Scheduled Care reported that during June, 476 patients were seen beyond the 12 weeks specified by the Patients Rights Act and was close to the trajectory position which took account of unprecedented levels of elective procedure cancelations which stood at 160 as a result of the lack of beds because of exceptionally high numbers of delayed discharges. In the present week there had already been 20 cancellations but despite these challenges it had still been possible to maintain a figure close to trajectory.

37.5 The number of outpatients waiting over 12 weeks at the end of June was 2882, 8% behind trajectory position with the largest rises in ENT and dental. It was thought that the later might be a data quality issue and this was currently being investigated.

37.6 The Director of Scheduled Care emphasised the continuing impact on the elective programme of delayed discharges.

37.7 Mrs Blair commented that the progress on waiting times was very much welcomed but that the number of delayed discharges did raise a question about planning for

the winter and she was concerned about capacity and the need for more effective bed management.

37.8 The Director of Scheduled Care advised that this was central to the functioning of the elective service and daily meetings were being held with the Director of Unscheduled Care to ensure that the problems were addressed at a strategic level and that procedures were not cancelled until absolutely necessary.

37.9 The Executive Director Nursing, AHPs & Unscheduled Care confirmed that the problem was the number of patients for support in the community and this was growing at a time when the levels should be significantly reduced. Winter beds from the previous year were still open and this would have a knock-on effect for the winter plan for 2014/15.

37.10 The Executive Director Nursing, AHPs & Unscheduled Care advised that NHS Lothian was recruiting support workers who would be able to provide personal care at home to facilitate earlier discharges, and The City of Edinburgh Council was increasing recruitment to inspire enablement service.

37.11 Councillor Toner asked if it would be possible to notify patients earlier than the day of the operation that their procedure had been cancelled.

37.12 The Executive Director Nursing, AHPs & Unscheduled Care advised that the position, in respect of beds, was constantly monitored and changed early. Often, emergency patients were admitted overnight and beds that had been available for elective patients the previous day suddenly became unavailable on the day of the operation. Work was ongoing to attempt to smooth the pathway as soon as possible, as staff appreciated that last minute cancellations were very stressful for patients.

37.13 The Director of Scheduled Care advised that 12.8% of NHS Lothian's bed days were locked into delayed discharges. The protocol in place was that if patients were turned away on the day of their operation, they would leave with a new date, but that some times the new date would have to be cancelled because of the unavailability of beds, due to delayed discharges.

37.14 Councillor Henderson advised that The Unscheduled Care Group was meeting weekly, and The City of Edinburgh Council had increased wages for carers and was increasing recruitment. The Council was looking at working with the voluntary sector and other ways to jointly improve the position.

37.15 The Chief Executive commented that there were structural issues involved. Fewer than half of the care homes in Edinburgh would accept patients at the national care home rate of £580 per week. Some care homes were charging £1000 per week. The closure of the Pentlandhill Care Home had lost Edinburgh 120 beds and a further 8 care homes in Edinburgh were closed to admissions by the Care Commission.

37.16 The Chief Executive commented that whiles the strategic agenda was the right one structural issues were causing daily problems. He commented that the City of Edinburgh Council had been courageous in increasing pay levels about the rest of Lothian. He advised that NHS Lothian's care assistants still cost £25 per hour.

37.17 The Board noted that there were massive structural issues involved in the problem. NHS Lothian had been opening wards in old hospitals which did not provide the best accommodation as 5000 hours of extra home care per week was still required. The City of Edinburgh Council had increased its budget for care packages by 12.5% per year every year for the past three years but the over 75 population had almost doubled and between 60 and 120 extra care home were required.

37.18 The Chief Executive explained that between now and April 2015 the Board and its four local authority partners would have to make decisions that would ensure that Integration Joint Boards could deliver services to meet these increased demands. He confirmed that NHS Lothian was working hand in hand with all four local authorities and engaging with the Scottish Government but its ability to make step changes on the very significant structural problems was severely constrained.

37.19 Councillor Johnston expressed concern that the City of Edinburgh Council's actions in increasing pay for care workers would cause problems in outlying areas, particularly Midlothian. The Chief Executive advised that the geographical nature of the workforce meant that this action should only have a minimal impact outwith Edinburgh.

37.20 Professor Iredale commented that independent care home providers had decided that they could make more by selling land than running care homes or letting local authorities or the NHS run them and asked if there was anyway in which additional care homes could be commissioned.

37.21 The Chief Executive advised the City of Edinburgh Council already provided its own care homes and planning applications had been submitted for additional spaces.

37.22 Dr Bryce asked when a national dialogue would take place given the significance of the present asymmetrical market.

37.23 The Chief Executive commented that the care home market was very different across Scotland. Whilst there were hundreds of empty care home places in Fife, there where none in Edinburgh. It may coast six times as much to build a care home in Edinburgh than in Lewis and Edinburgh had a high number of wealthier citizens who could pay the higher rates being charged by many care homes.

37.24 Mr Johnston agreed that the problem was localised and that there was no national plan. Responsibility for this area would transfer to Integration Joint Board and the national contract for care home places was coming to an end. A number of local authorities might still want to retain a national contract figure and process with the coming of Integration Joint Boards. The trend was for patients to spend less time in care homes towards the end of their lives and there was a greater emphasis on supporting patients to live in their own homes. Unfortunately there were no easy solutions to the problem.

37.25 The Chair reminded the Board that the purpose of this discussion was to demonstrate that all the possible options were being pursued and the Board

agreed to note the report on performance and progress on inpatient, outpatient and other waiting times.

38. Quality Report

38.1 The Medical Director introduced a previously circulated report providing assurance on the quality of care provided by NHS Lothian.

38.2 The Board noted the Health and Care Experience Survey 2013/14 for general practice had been published in May and that 14429 patients out of 77371 contacted had sent in feedback on their experiences at their GPs practice. Of the responses, 41% were male and 59 female. 14% were aged 17 – 34, 20% were aged 35 – 49, 30% were aged 50 – 64 and 35% were 65 and over and 68% did not have any limiting illness or disability.

38.3 The Board noted that the overall patient experience was positive in Lothian with 90% (Scotland 91%) of patients expressing positive or very positive care in relation to being treated with dignity and respect, and with compassion and understanding at 83% (Scotland 86%) and overall care 85% (Scotland 88%). The overall care experience for out of hours was 73% compared to 75% for Scotland.

38.4 The Medial Director advised that access to GPs was one of the main issues raised. This was not a surprise and work was already being done to improve the situation.

38.5 A subsequent report expected in August would look at emergency and elective care including surgery.

38.6 It was noted that the collaborative process was being introduced at the Western General Hospital working towards reducing sepsis and infection.

38.7 The Board noted that C-difficile continued to be a challenge and the Executive Director Nursing, AHPs and Unscheduled Care was leading a group examining this. It was noted that there had been an improvement in survival after cardiac arrest.

38.8 Mrs Allan welcomed the report on GP services and advised that it would be discussed at the Edinburgh Community Health Partnership. She was interested to find out if it would be possible to compare these results with the patient experience in other areas of the NHS services.

38.9 The Medical Director advised that a report on this would be coming back to the Health Care Governance Committee for discussion.

38.10 Dr Bryce advised that there would be discussions with the Integration Joint Boards on this and that primary care safety visits were also helping to improve the position.

38.11 Mrs Mitchell advised that she had attended the complaints management open day and asked if there was an analysis of the kinds of complaints received.

38.12 The Director of Human Resources & Organisational Development advised that more detailed figures would be included in the next report and the complaints service was currently under review. It would be part of a person centred approach with a root and branch review and details would be brought back to the Board in due course.

38.13 The Director of Communications & Public Affairs advised that the Health Care Governance Committee did receive a detailed breakdown of complaints.

38.14 The Chief Executive reminded the Board that NHS Lothian also received huge amounts of positive feedback and it was important to learn lessons from instances where things went well as well as from complaints. Part of the review would be the development of a better process and a better learning approach which would be over seen by the Health Care Governance Committee.

38.15 The Board noted the 2013/14 Health and Care Experience Survey results for general practices in Lothian and the quality dashboard and exception reporting contained in the circulated report.

39. Financial Position to 30 June 2014

39.1 The Deputy Director of Finance introduced a previously circulated report giving an overview of the financial position for the first three months of the financial year 2014/15.

39.2 The Deputy Director of Finance reported that in the first three months of the financial year, NHS Lothian hade overspent by £3,995,000 against the revenue resource limit, equating to a 1.37% overspend on budget. Of this, £2,536,000 was a result of non delivery of the local reinvestment plan against the total in year efficiency target. In support of achieving a financially balanced outturn, a further non recurring target of £13.2m had been set for corporate efficiency savings. Of this, £4m had been identified at the end of the quarter and a pro-rata share of £1m had been realised within the position this month. The local reinvestment plan shortfall was principally as a result of a gap in the identification of schemes to meet the overall target. Excluding this, the baseline core position was now at £2,459,000 overspent to date.

39.3 The Deputy Director of Finance advised the Board that steps to mitigate this position were being examined and a more balanced report would go to the August meeting of the Finance & Resources Committee.

39.4 The Chief Executive commented that generally speaking, activity was constant but costs were rising. Patients tended to be much older and more frail and with multiple conditions.

39.5 The Director of Scheduled Care advised that supply costs were being examined in detail as although activity had not seen a huge jump costs were increasing.

39.6 Mrs Blair welcomed the comprehensive nature of the report and supported the need to drill down into the data for more detail but expressed concern about the

timescale and how quickly action could be taken to make more flexible use of the workforce.

39.7 The Director of Human Resources & Organisational Development advised that this issue had been discussed with Partnership colleagues and whilst the trades unions understood the need for changes in skill mix there were limits to the progress that could be made. As part of NHS Scotland, NHS Lothian had worked on the basis of no organisational change detriment clauses and an assumption of no compulsory redundancy. With a 9-10% turnover of staff it had been calculated that in order to live within our means it would be necessary to make skill mix changes. In addition, in order to maintain safe staffing levels in patient areas there would need to be a variable application of the process.

39.8 The Executive Director Nursing, AHPs & Unscheduled Care advised that one of the drivers around nurse staffing costs was patient safety and this was being looked at in detail. However, containing nursing budgets had to be balanced against patient safety, particularly when additional beds were being opened as a result of delayed discharges.

39.9 The Deputy Director of Finance advised that Audit Scotland had undertaken an audit into efficiency savings and one issue that had been raised was the need for improved communications with staff and this was being worked on.

39.10 The Executive Director Nursing, AHPs & Unscheduled Care advised that unscheduled care staff were meeting with staff right down the line to explain the situation and discussion how to manage the position.

39.11 Mrs Mitchell asked about recruitment of staff in order to minimise the use of bank and agency staff and the Executive Director Nursing, AHPs and Unscheduled Care advised that the use of bank staff gave additional flexibility. Vacancies currently stood at 5% which should allow for holiday etc cover but there was not allowance in the budget for maternity leave. It was intended to phase out the use of agency staff and there was detailed scrutiny of the use of both bank and agency staff.

39.12 The Chair thanked the Deputy Director of Finance and the Board noted that an in-month overspend of £521k was reported in June against the revenue resource limit bringing the year to date position to a £3,995,000 overspend, including unachieved local reinvestment plan.

39.13 It was noted that local reinvestment plan was reporting an in-month delivery of £1,761,000 against a target of £2,517,000 being to a shortfall of £757k in June. For the year to date, savings of £4,240,000 had been achieved against a target of £6,776,000 bringing the year to date shortfall to £2,536,000. This gap created an adverse variance which was included in the overall overspend. Against the £13.2m non recurring local reinvestment plan target, £4m of non recurring savings had been identified for the year with £1m realised in the position for the month of June.

39.14 It was noted that a detailed yearend forecast would be completed following the first quarter review and this would agree the required management action to

address the financial position and any further flexibility available and at that stage further flexibility might be identified.

39.15 It was noted that expenditure of £4.2m had been incurred year to date against the capital resource limit.

40. Corporate Risk Register

40.1 Mr Brettell introduced the previously circulated corporate risk register explaining that the purpose of the report was to outline the summary of the risk dashboard for reporting risk appetite as part of risk register reporting in future. The wording used was being standardised and he commended the proposed framework for reporting NHS Lothian's risk appetite to the Board at each Board meeting.

40.2 Mrs Blair welcomed the work around risk appetite and asked how the control would be reported to the Board when the position was outwith the outside tolerances for risk appetite.

40.3 The Chief Executive advised that this had been discussed at the Risk Management Steering Group and advised that whilst the group was willing to take a financial risk in order to maintain patient safety the level would change and if the Board was seriously overspending the risk appetite would slip.

40.4 The Board agreed to use the updated NHS Lothian Corporate Risk Register to inform assurance requirements; noted that the Risk Management Steering Group had agreed a proposal to carry out a self assessment of the risk management system using the Audit Scotland Best Value Tool Kit for risk management and agreed to adopt the proposed mechanisms for reporting NHS Lothian's risk appetite at each Board meeting.

41. Date and Time of Next Meeting

41.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 1 October 2014 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

42. Invoking Standing Order 4.8

42.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private. The Board agreed to invoke Standing Order 4.8.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

SEXUAL HEALTH PROMOTION UPDATE

REPORT BY SENIOR HEALTH PROMOTION SPECIALIST – SEXUAL HEALTH, NHS LOTHIAN

A. PURPOSE OF REPORT

This report provides the Panel with an overview of the work of the West Lothian Sexual Health and HIV Group. A presentation will also be given at the meeting.

B. RECOMMENDATION

Panel is asked to consider the contents of the report and presentation.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	No new implications. Equality Impact Assessments will be applied where appropriate.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Addresses sexual health inequalities.
V	**Relevance to Single Outcome Agreement**	Number of pregnancies among under 16 year olds per 1000 population. Baseline 6.5 2008/2010. Target 6.8 2014/2016.
VI	**Resources - (Financial, Staffing and Property)**	Within existing budgets.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

This report and accompanying presentation provides an overview of the work of the West Lothian Sexual Health & HIV Group (WLSH&HG) Action Plan 2014 – 2017.

Our vision is to work within the communities of West Lothian to promote the sexual health and wellbeing of those living there by planning services and training provision with individuals, communities, voluntary agencies, health services and the local authority.

WLSH&HG is a multi-agency partnership made up of West Lothian Council, West Lothian CHP, NHS Lothian and voluntary sector agencies. The group works together to address sexual health inequalities demonstrated via higher rates of sexually transmitted infections (STIs) and teenage pregnancies amongst lower socio-economic groups. HIV in particular relates to social exclusion, including factors such as poverty, stigma and discrimination.

The Action Plan dovetails with key documents such as the Scottish Government's Sexual Health & Blood Borne Virus Framework (2011-2016) and the West Lothian Single Outcome Agreement. It aims to contribute to the implementation of policies and strategies that underpin sexual health services and health promotion in West Lothian.

E. CONCLUSION

The West Lothian Sexual Health and HIV Group addresses sexual health inequalities in West Lothian and works within communities to promote sexual health and wellbeing.

F. BACKGROUND REFERENCES

Sexual Health and Blood Borne Virus Framework 2011 - 2016

Appendices/Attachments: None

Contact Person: Kirsty Kurcik, Senior Health Promotion Specialist – Sexual Health, NHS Lothian

0131 537 9482

kirsty.kurcik@nhslothian.scot.nhs.uk

CMT member: Marion Christie, Head of Health Services

Date: *11 December 2014*

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CONSULTATION ON ELECTRONIC CIGARETTES AND STRENGTHENING TOBACCO CONTROL IN SCOTLAND

REPORT BY HEAD OF HEALTH SERVICES

A. PURPOSE OF REPORT

The purpose of this report is to seek approval for the draft response to the consultation on Electronic Cigarettes and Strengthening Tobacco Control in Scotland and recommend its submission to the Council Executive.

B. RECOMMENDATION

The Panel is asked to consider and approve the draft response to the consultation on the use of e-cigarettes and implementation of tighter tobacco controls in Scotland and recommend its submission to the Council Executive.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Making best use of our resources • Working in partnership • Being honest open and accountable
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Creating a Tobacco Free Generation (2013)
III	**Implications for Scheme of Delegations to Officers**	None at present.
IV	**Impact on performance and performance Indicators**	Working in Partnership
V	**Relevance to Single Outcome Agreement**	Linked to SOA; We live longer healthier lives. We live longer healthier lives and have reduced health inequalities
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources.

VII Consideration at PDSP Not previously.

VIII Other consultations None.

D.

TERMS OF REPORT

The Scottish Government proposes to continue to build a robust statutory and policy framework which supports the public health policy objectives on tobacco control. These are to reduce the harm caused by tobacco smoking through

- Preventing the uptake of smoking, particularly among young people
- Protecting adults and children from exposure to second-hand smoke
- Supporting those who do smoke to quit and not to relapse back to smoking.

Tobacco use is the primary preventable cause of ill-health and premature death. Each year in Scotland it is associated with 13,000 preventable deaths (around a quarter of all deaths in Scotland each year) and 56,000 hospital admissions. The annual costs to Scotland's health service associated with tobacco related illness are estimated to exceed £300m and may be higher than £ 500m.

Measures put in place included the complete band on advertising in 2002 and smoke free public places legislation in 2005, an increase in the age for tobacco sales from 16 to 18 in 2007. More recently the ban on display of tobacco and smoking related products in shops.

The consultation outlines 3 main areas that views are being sought on

- Electronic Cigarettes (e-cigarettes)
- Tobacco control
- Tobacco control and E-cigarettes

The draft response provides a view that the proposal should be supported to designate e-cigarettes as an age-related product for purchase by adults aged 18 and over.

Restrict the advertising and promotion of e-cigarettes

Continue and enhance the existing tobacco control measure by banning smoking in cars in the presence of children up to the age of 18 years.

Introduce Smoke Free NHS l grounds

Smoke free children and family areas

Create a mandatory age verification policy for tobacco products and e-cigarettes.

E. CONCLUSION

This report informs the Panel of the consultation on the proposal on Electronic Cigarettes and the Strengthening of Tobacco Control in Scotland. The Panel is asked to consider and approve the draft response and recommend its submission to the

Council Executive.

F. BACKGROUND REFERENCES

A consultation on Electronic Cigarettes and Strengthening Tobacco Control in Scotland

Appendices/Attachments: Consultation response

Contact Person: Gill Cottrell, Chief Nurse WLCHCP

01506 281003

gill.cottrell@nhslothian.scot.nhs.uk

CMT Member: Marion Christie, Head of Health Services

Date of meeting: *11 December 2014*

Electronic Cigarettes and Strengthening Tobacco Control in Scotland

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately. If your response is longer than the answer space provided please use additional sheets and number each response accordingly. Please do not submit responses which are longer than 25 pages.

1. Name/Organisation

Organisation Name

West Lothian CHCP

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

Surname

Forename

2. Postal Address

West Lothian Civic Centre		
Howden South Road		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506-280000	**Email**

***3. Permissions* - I am responding as…**

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

(a) Do you agree to your response being made available to the public (in Scottish Government library

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

Please tick ONE of the following boxes

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

Yes, make my response ☐

(c) The name and address of your organisation ***will be*** made available to the public (in the Scottish Government library

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

Please tick as appropriate

☒ **Yes** ☐ **No**

available, but not my name and address

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

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

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

CONSULTATION QUESTIONS

Age restriction for e-cigarettes

1. Should the minimum age of sale for e-cigarette devices, refills (e-liquids) be set at 18?

Yes ☒ No ☐

2. Should age of sale regulations apply to:

a. only e-cigarette devices and refills (e-liquids) that contain nicotine or are capable of containing nicotine, or

b. all devices / refills (e-liquids) regardless of whether they contain or are capable of containing nicotine?

a ☐ b ☒

3. Whom should the offence apply to:

a. the retailer selling the e-cigarette a ☐
b. the young person attempting to purchase the e-cigarette b ☐
c. both c ☒

4. Should sales of e-cigarettes devices and refills (e-liquids) from self-service vending machines be banned?

Yes ☒ No ☐

5. Should a restriction be in place for other e-cigarette accessories?

Yes ☒ No ☐

6. If you answered "yes" to question 5, which products should have restrictions applied to them?

Comments All e-cigarette accessories We support the proposed changes which means that in general, they will be treated in the sameway as tobacco products

Proxy purchase for e-cigarettes

7. Should the Scottish Government introduce legislation to make it an offence to proxy purchase e-cigarettes?

Yes ☒ No ☐

Domestic advertising and promotion of e-cigarettes

8. Should young people and adult non-smokers be protected from any form of advertising and promotion of e-cigarettes?

Yes ☒ No ☐

9. In addition to the regulations that will be introduced by the Tobacco Products Directive do you believe that the Scottish Government should take further steps to regulate domestic advertising and promotion of e-cigarettes?

Yes ☒ No ☐

10. If you believe that regulations are required, what types of domestic advertising and promotion should be regulated?

a. Bill boards **a** ☒
b. Leafleting **b** ☒
c. Brand-stretching (the process of using an existing brand name for new products or services that may not seem related) **c** ☒
d. Free distribution (marketing a product by giving it away free) **d** ☒
e. Nominal pricing (marketing a product by selling at a low price) **e** ☐x
f. Point of sale advertising (advertising for products and services at the places where they were bought) **f** ☒
g. Events sponsorship with a domestic setting **g** ☒

11. If you believe that domestic advertising and promotion should be regulated, what, if any, exemptions should apply?

Comments Products approved as a medicine only if evidence becomes available that they are an effective treatment for cessation

12. Are you aware of any information or evidence that you think the Scottish Government should consider in relation to regulating domestic adverting in relation to impacts on children and adults (including smokers and non-smokers)?

Comments The difficulty in distinguishing between advertising aimed at young people and adults and smokers and non smokers if advertising is permitted

13. Are you aware of any information or evidence that you think the Scottish Government should consider in relation to regulating domestic adverting in relation to impacts on business, including retailers, distributers and manufacturers?

Comments

<u>Inclusion of electronic cigarettes on the Scottish Tobacco Retailer Register</u>

14. Do you agree that retailers selling e-cigarettes and refills should be required to register on the Scottish Tobacco Retailers Register?

Yes ☒ No ☐

15. Do you agree that the offences and penalties should reflect those already in place for the Scottish Tobacco Retailers Register?

Yes ☒ No ☐

16. If you answered 'no', to question 15, what offences and penalties should be applied?

Comments

<u>E-cigarettes – use in enclosed public spaces</u>

17. Do you believe that the Scottish Government should take action on the use of e-cigarettes in enclosed public spaces?

Yes ☒ No ☐

18. If you answered 'yes' to Question 17, what action do you think the Scottish Government should take and what are your reasons for this?

Comments Prohibit the use of e-cigarettes in enclosed public spaces. We don't know the what the effects of inhaling the vapour are and there would be confusion over whether people are smoking or using an e-cigarette. It will also normalise a new habit-forming past-time, as well as making enforcement more straightforward. We think there is still research to be done to assess the potential risk to others from the vapour, and we would not wish to sanction an activity now which later turns out to be harmful. We also think this would be a reasonable step in avaoiding the normalisation of what is an addictive past-time

19. If you answered, 'no' to Question 17, please give reasons for your answer.

Comments

20. Are you aware of any evidence, relevant to the used of e-cigarettes in enclosed spaces, that you think the Scottish Government should consider?

Comments the messages re the normalisation of e cigarettes should not be reinforced

<u>Smoking in cars carrying children aged under 18</u>

21. Do you agree that it should be an offence for an adult to smoke in a vehicle carrying someone under the age of 18?

Yes x☐ No ☐

22. Do you agree that the offence should only apply to adults aged 18 and over?

Yes x ☐ No ☐

23. If you answered 'no' to Question 22, to whom should the offence apply?

Comments

24. Do you agree that Police Scotland should enforce this measure?

Yes ☒ No ☐

25. If you answered 'no' to Question 24, who should be responsible for enforcing this measure?

Comments

26. Do you agree that there should be an exemption for vehicles which are also people's homes?

Yes x☐ No ☐

27. If you think there are other categories of vehicle which should be exempted, please specify these?

Comments caravans and or motor caravans

28. If you believe that a defence should be permitted, what would a reasonable defence be?

Comments

<u>Smoke-free (tobacco) NHS grounds</u>

29. Should national legislation be introduced to make it an offence to smoke or allow smoking on NHS grounds?

Yes x☐ No ☐

30. If you support national legislation to make it an offence to smoke on NHS grounds, where should this apply?

a. All NHS grounds (including NHS offices, dentists, GP practices) a x☐
b. Only hospital grounds b ☐
c. Only within a designated perimeter around NHS buildings c ☐
d Other suggestions, including reasons, in the box below

Comments

31. If you support national legislation, what exemptions, if any, should apply (for example, grounds of mental health facilities and / or facilities where there are long-stay patients)?

Comments no exemptions should be considered for cigarettes/ e-cigarettes although Health Scotland are considering recommending that second and third generation e-devices (those that do not look like cigarettes) be allowed within hospital perimeter areas

32. If you support national legislation, who should enforce it?

Comments Health Boards in conjunction with Police Scotland

33. If you support national legislation, what should the penalty be for non-compliance?

Comments small monetary fine

34. If you do not support national legislation, what non-legislative measures could be taken to support enforcement of, and compliance with, the existing smoke-free grounds policies?

Comments

<u>Smoke-free (tobacco) children and family areas</u>

35. Do you think more action needs to be taken to make children's outdoor areas tobacco free?

Yes x☐ No ☐

36. If you answered 'yes' to Question 25, what action do you think is required:

a. Further voluntary measures at a local level to increase the number of smoke-free areas a ☐
b. Introducing national legislation that defines smoke-free areas across Scotland b x☐
c. That the Scottish Government ensures sufficient local powers to allow decisions at a local level as to what grounds should be smoke-free c ☐
d. Other actions. Please specify in the box below

Our approach to the questions in the consultation are based on supporting the aim of Scotland being tobacco free by 2034. We believe that all reasonable steps to change cultural attitudes to smoking should be supported unless there is a strong argument to the contrary.

37. If you think action is required to make children's outdoor areas tobacco-free, what outdoor areas should that apply to?

Comments all play and public recreational grounds , beaches and sport and leisure facilities

Age verification policy 'Challenge 25' for the sale of tobacco and electronic cigarettes

38. Do you agree that retailers selling e-cigarettes, refills and tobacco should be required by law to challenge the age of anyone they believe to be under the age of 25?

Yes ☒ No ☐

39. Do you agree that the penalties should be the same as those which are already in place for selling tobacco to someone under the age of 18?

Yes ☒ No ☐

Unauthorised sales by under 18 year olds for tobacco and electronic cigarettes

40. Do you agree that young people under the age of 18 should be prohibited from selling tobacco and non-medicinal e-cigarettes and refills unless authorised by an adult?

Yes ☒ No ☐

41. Who should be able to authorise an under 18 year old to make the sale, for example, the person who has registered the premises, manager or another adult working in the store?

Comments A manager or the person on the register, it would ensure that any test purchasing would be subject to the same regulations as tobacco. We also support sellers being on the Scottish Tobacco retailers register. This means we would know, and be able , to monitor, which shops sell these

42. Do you agree with the anticipated offence, in regard to:

a. the penalty a ☒
b. the enforcement arrangements b ☒

Equality Considerations

43. What issues or opportunities do the proposed changes raise for people with protected characteristics (age; disability; gender reassignment; race; religion or belief; sex; pregnancy and maternity; and sexual orientation)?

Comments none

44. If the proposed measures are likely to have a substantial negative implication for equality, how might this be minimised or avoided?

CommentsWe do not believe this will have substantial negative implication for equality, tobacco already contributes significantly to inequalities

45. Do you have any other comments on or suggestions relevant to the proposals in regard to equality considerations?

Comments

Business and Regulatory Impacts Considerations

46. What is your assessment of the likely financial implications, or other impacts (if any), of the introduction of each of these proposals on you or your organisation?

As a CHCP organisation (including NHS premises) introducing legislation for smoke free grounds will enable us to implement smokefree grounds with less financial cost to the organisation i.e. cost avoidance for clearing smoking related litter.

47. What (if any) other significant financial implications are likely to arise?

We anticipate this will help lower smoking prevalence and reduce smoking related harms thus helping to decrease costs to the NHS/ CHCP and improve the health of our populations

48. What lead-in time should be allowed prior to implementation of these measures and how should the public be informed?

12 months with national and local campaigns

49. Do you have any other comments on or suggestions relevant to the proposals in regard to business and regulatory impacts?

Comments

As a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC), Scotland has an obligation to protect the development of public health policy from the vested interests of the tobacco industry. To meet this obligation, we ask all respondents to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry. We will still carefully consider all consultation responses from the tobacco industry and from those with links to the tobacco industry and include them in the published summary of consultation responses.

Comments not applicable WLCHCP does not receive direct or indirect funding from the tobacco industry

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CONSULTATION ON PROPOSALS TO INTRODUCE A STATUTORY DUTY OF CANDOUR FOR HEALTH AND SOCIAL CARE SERVICES

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of this report is to note the draft response to the consultation on the proposals to introduce a statutory duty of candour for health and social care services and recommend its submission to the Council Executive for approval**.**

B. RECOMMENDATION

The Panel is asked to consider the draft response to the consultation on the proposals to introduce a statutory duty of candour for health and social care services and recommend its submission to the Council Executive for approval**.**

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs; • being honest, open and accountable; • developing employees; • making best use of our resources; • working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The Adult Support and Protection (Scotland) Act 2007.
III	**Implications for Scheme of Delegations to Officers**	None known at present.
IV	**Impact on performance and performance Indicators**	Working in partnership
V	**Relevance to Single Outcome Agreement**	People most at risk are protected and supported to achieve improved life chances We live longer, healthier lives and have reduced health inequalities
VI	**Resources - (Financial, Staffing and Property)**	There are anticipated budgetary and resource costs for all health and social services providers.
VII	**Consideration at PDSP**	Not previously.

VIII Other consultations None.

D. TERMS OF REPORT

The Scottish Government is proposing to introduce legislation that will require organisations providing health and child and adult social care services to tell people if there has been an event involving them where the organisation has recognised that there has been physical or psychological harm caused as a result of their care and treatment.

The Scottish Government wants to introduce an organisational duty of candour in Scotland. This will require services to make sure that they are open and honest with people when something has gone wrong with their care and treatment resulting in harm. It will also require training and support to be provided for staff involved with disclosures and support to be available to people (patient, service user, families) who have been affected by an instance of harm.

The introduction of a statutory duty of candour is considered as a way to improve organisational arrangements to support the disclosure of harm and ensure that there is a clear commitment to ensure that a culture of candour is built as part of a broader culture of safety, learning and improvement. This will place associated responsibilities on organisations to implement suitable structures, processes and reporting arrangements to identify when an adverse event has happened, how to disclose and record it and publish information about disclosures.

The draft consultation response provides a view that health and both child and adult services should work within a duty of candour, but that the response for each adverse event should be responded to proportionately by services rather than in the proposed prescriptive way suggested.

The general tenor of the draft consultation response is that implementing a duty of candour across all heath and both child and adult services is consistent and helpful. However, this will have both an administrative and resource burden with an associated financial implication for organisations. Additionally, the response asks for further detail and guidance on how an organisation's duty of candour will be monitored; further clarity on some of the listed proposed disclosable events and guidance on suitable disclosable events for children.

E. CONCLUSION

This report informs the Panel of the consultation on the proposals to introduce a statutory duty of candour for health and social care services. The Panel is asked to consider the draft response and recommend its submission to the Council Executive for approval.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: 1

Draft Consultation Response

Contact Person: Wendy Ramsay, Lead Officer – Adult Protection.

01506 281847

wendy.ramsay@westlothian.gcsx.gov.uk

Responsible CMT Member: Jennifer Scott, Head of Social Policy

Date of meeting: *11 December 2014*

CONSULTATION ON PROPOSALS TO INTRODUCE A STATUTORY DUTY OF CANDOUR FOR HEALTH AND SOCIAL CARE SERVICES

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation
Organisation Name

Wendy Ramsay

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

Surname

Ramsay

Forename

Wendy

2. Postal Address

West Lothian Civic Centre		
Howden South Road		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506 281847	**Email** wendy.ramsay@westlothian.gcsx.gov.uk

3. Permissions - I am responding as…

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

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

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

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

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

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

Annex B
CONSULTATION QUESTIONNAIRE

Question 1 :
Do you agree that the arrangements that should be in place to support an organisational duty of candour should be outlined in legislation ?

Yes x☐ No ☐

Staff providing care to people should fulfill a duty of candour at work.
The proposed legislative arrangements would be more workable if they were less prescriptive and there was an option to determine the most proportionate response to take on a case by case basis.

Question 2:
Do you agree that the organisational duty of candour encompass the requirement that adequate provision be in place to ensure that staff have the support, knowledge and skill required ?

Yes x☐ No ☐

The requirement that adequate provision be in place to ensure that staff have the support, knowledge and skill required to report matters is useful. However, there will be associated resource issues and financial burdens for agencies to release staff from their core duties to be trained to learn their duty of candour role and responsibilities.

Question 3a: Do you agree with the requirement for organisations to publically report on disclosures that have taken place ?

Yes x☐ No ☐

Publically reporting on disclosures that have taken place seems reasonable, but further work may be needed to determine what level of harm types should be reported.
Further detail in the associated duty of candour guidance and resources to support the process of notification, staff support and public recording will be of benefit to organisations.
Introducing the process of publically reporting will introduce a new system and resources will need to be deployed to establish, sustain and operate the same systems.

Question 3b: Do you agree with the proposed requirements to ensure that people harmed are informed ?

Yesx ☐ No ☐

Yes, people should be informed when adverse incidents happen to them.

Question 3c: Do you agree with the proposed requirements to ensure that people are appropriately supported ?

Yes x ☐ No ☐

The proposed requirements will have both a practical and financial impact for organisations. Organisations will need to have suitable support arrangements in place to offer assistance to patients, service users, families and staff. If existing staff are used to support others or to attend support sessions themselves this will extract them from their core duties to provide a care service. Consequently, backfill arrangements for key service delivery staff will need to be considered, identified and made known to organisations.

Question 4:
What do you think is an appropriate frequency for such reporting ?

Quarterly ☐ Bi-Annually ☐ Annually x ☐ Other ☐ (outline below)

This would be a manageable and proportionate reporting time – scale for the harm categories noted.

Question 5:
What staffing and resources that would be required to support effective arrangements for the disclose of instances of harm ?

Each disclosure of harm dependent on its severity, context and each person's response will vary as will the associated time it takes to conclude. This expected variable from one case to another has implications for organisations' resources and how these will be deployed.
The anticipated staffing and resource implications are:

- Delivery duty of candour training would include a facilitator(s) and venue hire;
- Backfill of staff for staff attending duty of candour training;
- Employing / contracting counselling services to offer support to patients; service users; families and staff;
- Administrative staff regarding administrative processes;
- Required software for recording and reporting on the frequency and number of disclosures;

Question 6a:

Do you agree with the disclosable events that are proposed ?

Yes ☐ No x ☐

The disclosable events numbered 9.9, 9.10 and 9.11 are clear.
The other disclosable events 9.12, 9.13, 9.14 and 9.15 are less clear and open to being interpreted differently from one individual to another. This makes them more difficult to work with and be applied consistently across and between agencies.

Question 6b: Will the disclosable events that are proposed be clearly applicable and identifiable in all care settings ?

Yesx ☐ No ☐

With the assistance of further guidance and training this should be achievable within organisations.

Question 6c:
What definition should be used for 'disclosable events' in the context of children's social care?

All work with children focuses on ensuring their needs are met and balancing the risk of intervention against the risks of not intervening. It is therefore difficult to think of a definition of a disclosable event.

Question 7
What are the main issues that need to be addressed to support effective mechanisms to determine if an instance of disclosable harm has occurred ?

Implementing systems and clear thresholds for staff to identify harm and to promptly report it.

Question 8:
How do you think the organisational duty of candour should be monitored ?

Without guidance to provide further definition about this it is difficult to provide a response.

Question 9:
What should the consequences be if it is discovered that a disclosable event has not been disclosed to the relevant person ?

Support and refresher training to staff. The implementation of a continual improvement action plan by organisations.

End of Questionnaire

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CONSULTATION ON PROPOSALS FOR AN OFFENCE OF WILFUL NEGLECT OR ILL-TREATMENT IN HEALTH AND SOCIAL CARE SETTINGS

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of this report is to seek approval for the draft response to the consultation on the proposals for an offence of wilful neglect or ill-treatment in Health and Social Care settings and recommend its submission to the Council Executive.

B. RECOMMENDATION

The Panel is asked to consider and approve the draft response to the consultation on the proposals for an offence of wilful neglect or ill-treatment in Health and Social Care settings and recommend its submission to the Council Executive.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs; • being honest, open and accountable; • developing employees; • making best use of our resources; • working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	• The Mental Health (Care and Treatment) (Scotland) Act 2003. • The Adults with Incapacity (Scotland) Act 2000. • The Adult Support and Protection (Scotland) Act 2007.
III	**Implications for Scheme of Delegations to Officers**	None at present.
IV	**Impact on performance and performance Indicators**	Working in partnership.
V	**Relevance to Single Outcome Agreement**	We live longer, healthier lives. We live in resilient, cohesive and safe communities.

		People most at risk are protected are supported to achieve improved life chances. Older People are able to live independently in the community with an improved quality of life. We live longer, healthier lives and have reduced health inequalities.
VI	**Resources - (Financial, Staffing and Property)**	Within existing resources.
VII	**Consideration at PDSP**	Not previously.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

The Scottish Government is proposing to create an offence which is similar to those that presently exist in relation to mental health patients and adults with incapacity. The proposed offence would cover the wilful neglect or ill-treatment of anyone receiving care or treatment in a range of care services.

Whilst there is general confidence that staff employed in these settings work in a manner that respects and protects the dignity and rights of individuals and their families, we know from events elsewhere, for example, at Mid-Staffordshire NHS Foundation Trust, and at Winterbourne View, there can be instances where people receiving care are deliberately mistreated or neglected by those who have been trusted to look after them.

There are existing offences of wilful neglect or ill-treatment in respect of mental health patients (S.315 of the Mental Health (Care and Treatment) (Scotland) Act 2003) and in respect of adults with incapacity (S.83 of the Adults with Incapacity (Scotland) Act 2000). However, both of these offences cover distinct groups of people and the purpose of this consultation is to explore extending the scope of the offence of wilful neglect beyond those groups.

The proposal will not cover instances of genuine error or accident and other remedies and means of redress, for example, under the Human Rights Act 1998, or through formal complaints procedures, will remain in place.

The consultation outlines five areas that views are being sought on:

1. The type of care settings which the offence should cover;
2. Whether the offence should be based on conduct or outcomes;
3. How the offence should apply to organisations as well as individuals;
4. Penalties;
5. Equality issues.

The draft response provides a view that the proposal should cover all formal health and social care settings, both in the private and public sectors. It also agrees that the proposal should not include informal arrangements, particularly as there is already existing legislation covering harm in such settings. It is suggested that further information is required before an opinion can be given regarding whether or not the proposals should cover social care settings for children.

The general tenor of the response is that the proposals should be consistent with what is already in place for mental health patients and adults with incapacity, particularly in relation to penalties for offences. It is suggested that the volunteers working for voluntary organisations should be covered by the proposal and that the proposal covers organisations as well as individuals.

The full draft response is provided as an appendix to this report.

E. CONCLUSION

This report informs the Panel of the consultation on the proposals for an offence of wilful neglect or ill-treatment in health and social care settings. The Panel is asked to consider and approve the draft response and recommend its submission to the Council Executive.

F. BACKGROUND REFERENCES

http://www.scotland.gov.uk/Publications/2014/10/6637

Appendices/Attachments: 1

Respondent Information Form – Consultation on Proposals for an offence of wilful neglect or ill-treatment in health and social care settings.

Contact Person: Nick Clater, Group Manager – Protection and Emergency Services
01506 281851
nick.clater@westlothian.gcsx.gov.uk

CMT Member: Jennifer Scott, Head of Social Policy

Date of meeting: *11 December 2014*

Consultation on Proposals for an Offence of Wilful Neglect or Ill-treatment in Health and Social Care Settings

RESPONDENT INFORMATION FORM
Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation
Organisation Name

West Lothian Community Health and Care Partnership

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

Surname

Clater

Forename

Nicholas

2. Postal Address

West Lothian Civic Centre,		
Howden South Road		
Livingston		
West Lothian		
Postcode EH54 6FF	**Phone** 01506-281851	**Email** nick.clater@westlothian.gcsx.gov.uk

3. Permissions - I am responding as…

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

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

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

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

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

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

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

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

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

Do you agree with our proposal that the new offence should cover all formal health and adult social care settings, both in the private and public sectors? Please explain your views.

Yes x☐ No ☐

It makes sense that all formal health and adult social care settings are covered. There should be no distinction between the private and public sector – people should be treated the same regardless of the sector within which they are receiving care.

Do you agree with our proposal that the offence should not cover informal arrangements, for example, one family member caring for another?

Yes x☐ No ☐

We agree with the Scottish Government that the nature of unpaid caring (not least

the lack of contractual arrangements) make it distinct from formal health and social care settings. We would therefore not agree that it should be covered in the proposal. However, we would note that wilful neglect can take place in such informal settings and, consequently, this should be dealt with under existing legislation.

Should the new offence cover social care services for children, and if so which services should it cover? Please list any children's services that you think should be excluded from the scope the offence and explain your view.

Yes ☐ No ☐

We would require further information before being able to reach a considered view but we can, initially, see no impediment to the new offence covering social care services for children.

Should the offence apply to people who are providing care or treatment on a voluntary basis on behalf of a voluntary organisation?

Yes x☐ No ☐

We do believe that the offence should apply to people who are providing care or treatment on a voluntary basis on behalf of a voluntary organisation because many of these voluntary organisations receive statutory funding on the basis that they are set up to provide appropriate services to people who are both vulnerable and, potentially, at risk of harm. These agencies are responsible for how they recruit, train and supervise their volunteers.

Do you agree with our proposal that the new offence should concentrate on the act of wilfully neglecting, or ill-treating an individual rather than any harm suffered as a result of that behaviour?

Yes x☐ No ☐

We believe that the harm caused should not be defined within the proposal as that leads to subjective judgements and discussions regarding thresholds. The issue should be the act of commission or omission not the effect of that act. We also agree that consistency is required with what is already in place in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.

Do you agree with our proposal that the offence should apply to organisations as well as individuals?

Yes x☐ No ☐

We believe it important that organisations take corporate responsibility for the actions of their individual employees/volunteers. It is also noted that issues of organisational culture can develop and that, by focusing on individuals only, patterns of behaviour across organisations can be missed or not given sufficient attention.

How, and in what circumstances, do you think the offence should apply to organisations?

Yes x☐ No ☐

We have set out above the issues that may arise in relation to a culture of an organisation but there may also be issues in relation to people operating under management guidance or instruction or issues in relation to lack of training that leads to an offence. In such cases, it may be more appropriate for any offence to be applied to the organisation rather than the individual.

Do you agree that the penalties for this offence should be the same as those for the offences in section 315 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and section 83 of the Adults with Incapacity (Scotland) Act 2000?

Yes x☐ No ☐

We believe there should be consistency with existing legislation and, broadly, the current penalties appear to be proportionate.

Should the courts have any additional penalty options in respect of organisations? If so, please provide details of any other penalty options that you think would be appropriate.

Yes x☐ No ☐

We would require more information regarding any proposals before reaching any view.

What issues or opportunities do the proposed changes raise for people with protected characteristics (age; disability; gender reassignment; race; religion or belief; sex; pregnancy and maternity; and sexual orientation) and what action could be taken to mitigate the impact of any negative issues?

The proposal presents an opportunity to, in theory, ensure people with protected characteristics receive enhanced protection and are therefore less at risk of hate crime or other form of crime.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2013-2014

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

This report provides the Panel 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.

B. RECOMMENDATION

It is recommended that the Panel :

1. note the Chief Social Work Officer's annual report for 2013 -2014;
2. note the submission of this report to the Scottish Government Chief Social Work Advisor

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	– Focusing on our customers' needs – Being honest, open and accountable – Providing equality of opportunity – Developing employees – Making best use of resources – Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	No new implications; Equality Impact Assessments will be applied to specific commitments where appropriate.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	All activities and actions have performance indicators and targets applied.
V	**Relevance to Single Outcome Agreement**	None.

VI	**Resources - (Financial, Staffing and Property)**	All commitments are consistent with the Council's budget decisions.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

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 – March 31.03.2104 is attached at appendix 1 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.

E. 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.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: 1

Chief Social Work Officer Report 2013/2014

Contact Person: Jennifer Scott, Head of Social Policy
01506 281925
Jennifer.Scott@westlothian.gov.uk

CMT member: Jennifer Scott, Head of Social Policy

Date: *11 December 2014*

Chief Social Work Officer

Annual Report

1.04.13 – 31.03.14

Table of Contents

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 if 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 a 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

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

SELF-DIRECTED SUPPORT – WEST LOTHIAN IMPLEMENTATION UPDATE

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To provide the Health and Care PDSP with an update on the implementation of Self-directed Support (SDS) in West Lothian following the Social Care (Self-directed Support) (Scotland) Act 2013 coming into effect on 1 April 2014.

B. RECOMMENDATION

It is recommended that the Panel:

1. Notes the progress of SDS implementation over the period April 2014 to September 2014
2. Notes the completed contents of the Audit Scotland SDS self-assessment checklist for council officers which outlines the current West Lothian position
3. Notes the action plan for the continuing development of SDS in West Lothian

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Being honest, open and accountable • Providing equality of opportunities • Developing employees • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Compliance with the Social Care (Self-directed Support) (Scotland) Act 2013 which came into effect on 1 April 2014 Compliance with the Self-directed Support (Direct Payments) (Scotland) Regulations 2014
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Updated performance indicators in relation to SDS are currently being developed by the Scottish Government. Local SDS performance monitoring indicators have been agreed and will be amended to reflect the Scottish Government reporting requirements once they are published.

V	**Relevance to Single Outcome Agreement**	Our children have the best start in life and are ready to succeed. Older people are able to live independently in the community with an improved quality of life. We live longer, healthier lives and have reduced health inequalities
VI	**Resources - (Financial, Staffing and Property)**	The council care budgets which relate to Self-directed Support eligible care and support have been identified for service user groups. Based on these available budgets, a Resource Allocation Model has been developed for Community Care Services as a means of fairly allocating resources to service users. A similar approach to resource allocation is currently being developed for Children's Services. Implementation funding has been provided by the Scottish Government until March 2015. Additional funding will be required to support ongoing implementation costs from that point and the Scottish Government is currently considering whether it will provide further implementation funding from April 2015.
VII	**Consideration at PDSP**	1 July 2010 Social Policy PDSP Proposals for a Self-directed Support (Scotland) Bill: Scottish Government Consultation 24 February 2011 Social Policy PDSP Self-directed Support: A Draft Bill for Consultation: Scottish Government Consultation 8 November 2012 Social Policy PDSP Preparation for the implementation of the Social Care (Self-directed Support) (Scotland) Bill 6 March 2014 Social Policy PDSP Self-directed Support Update 6 November 2014 Social Policy PDSP Self-directed Support Update
VIII	**Other consultations**	The West Lothian Self-directed Support Providers Forum, Service User, Family and Carers Forum, the initial Scrutiny Panel and key stakeholders and groups have been involved in consultation on SDS implementation planning and delivery. Updates have also been discussed at the Council Executive on 18 March 2014 and the Audit and Governance Committee on 29 September 2014.

D. TERMS OF REPORT

D.1 Self-directed Support – Social Care (Self-directed Support)(Scotland) Act 2013

Self-directed Support (SDS) links to the wider personalisation agenda – it is a framework for supporting individuals and families to have informed choice about the way support is provided to them. The aim is to achieve better quality care and support and an improvement in the outcomes people achieve by giving them greater choice and control over how their support needs are met and by whom.

Self-directed Support will, therefore, impact on local social care service delivery as our provision of care and support will need to adapt to the greater range of choices that people will be able to make rather than the provision of services always resting with the council. The expectation of the Scottish Government is that SDS will be promoted through Corporate ownership of social care as a whole system, which includes effective financial management and the commissioning, contracting and purchasing of social care services.

The 2013 Act imposes statutory duties on the council including giving people assessed as eligible for support the choice of the SDS options; enabling people to make informed choices by explaining the nature and effect of the SDS options and making information and advice available; promoting the SDS options and ensuring people have an appropriate level of assistance to make an informed choice of SDS option.

It is worth noting that SDS refers to all mechanisms – or options – for social care services and support delivery, not just Direct Payments (SDS Option 1).

The four SDS Options are:

Option 1 – Direct Payment – a cash payment for the provision of support
Option 2 – Individual Budget – the person selects their support and the council makes the arrangements
Option 3 – Council arranged support – the council selects and arranges the support
Option 4 – A combination of the above – the person selects different options for each type of support

D.2 SDS Implementation – April to September 2014 – Community Care Services

West Lothian recognised that SDS could not be delivered in isolation and determined that it should be implemented as part of a personalised, outcomes-focused approach to assessment and support planning. The community care assessment and care management framework was revised and recording tools developed which adopted an outcomes-focus and linked this to both eligibility criteria and the process for resource allocation. This framework allows us to advise people of their estimated budget to support them in making informed choices and the revised care and support planning processes enable people to make their choice of SDS option for how their services and support should be arranged.

A decision was made to implement SDS across adults and older people's services simultaneously, rather than incrementally, to enable us to move to our revised framework across all services. This avoided the need to run parallel systems with the attendant risks of confusing staff and our service users; inhibiting effective financial monitoring and budget management and failing to deliver the choice of SDS options.

The framework adopted by community care allows us to meet the statutory duties contained within the Act and will also provide a means by which we can gather relevant monitoring and evaluation data. This data includes information on individual estimated and actual budgets to support effective financial planning and risk management and on choice of SDS option to support effective commissioning and procurement.

The information gathered from the first six months post SDS implementation on 1 April 2014 demonstrates that people are being offered the range of SDS options but, as we anticipated at this stage, there has not been a radical move away from council arranged services (Option 3) as yet.

1 April 2014 to 30 September 2014		
SDS Option	Adult Services	Older People's Services
Direct Payment (Option 1)	6%	
Service User choosing their own service (Option 2)	34%	14%
Council arranged services (Option 3)	57%	86%
Mixture of options (Option 4)	3%	

However, in implementing SDS locally we have made gradual but steady progress, adopting a pace that we believe enables us to safely facilitate change but also to react to developments and amend our plans as required.

D.3 SDS Implementation – April to September 2014 – Children's Services

Self-directed Support is also relevant to children, young people and families. SDS in Children's Services is being implemented within the context of GIRFEC (Getting It Right For Every Child) and the Life stages approach.

Across all children's service areas work has taken place on eligibility, assessment processes and the mechanism for the allocation of resources. A new Child's Assessment and Plan is being used across all areas.

The Child Disability Service has been able to progress the implementation of SDS to a greater extent than other areas to date. Further exploration and clarification of our legislative duties is taking place to ensure that implementation is progressed appropriately in areas of risk, such as child protection and youth justice.

D.4 SDS Implementation – April to September 2014 – Budget Management and Financial Monitoring Reports

The Act does not prescribe the approach to resource allocation which councils should adopt saying only that they should provide an amount which is a 'reasonable estimate of the cost of securing the provision of support for the supported person'.

In West Lothian for community care groups the available budgets associated with SDS eligible care and support have been identified and a resource allocation process developed to provide a fair level of resource to service users that they are likely to need based on their assessed eligible needs and outcomes.

The resource allocation process links the identified needs and outcomes of service users in each of the assessment areas to a financial value – on completion of the assessment these are totalled to give the person's indicative budget. Notification of this budget enables the person to choose their SDS option and begin their care and support planning – the indicative budget is further refined as part of this planning and an actual budget confirmed once the care and support plan is finalised.

The key objective of the resource allocation process we have developed is to ensure that the allocation of resources to individuals is both sufficient to meet their needs and aligned to the total budget resources available.

Financial monitoring is essential to effectively manage overall budgets, especially as resources are now allocated on an individual basis. Financial information being gathered at an individual level includes service user category, indicative budgets, actual budgets, choice of SDS option and choice of support purchased under option 2.

Financial Management continue to monitor the expenditure across community care looking at actual agreed expenditure, new packages agreed and trend information to arrive at a forecast outturn position. The data gathered for the first six months of SDS implementation and use of the resource allocation model is being analysed in further detail but currently indicates that overall expenditure is within agreed budgets.

D.5 SDS Implementation – April to September 2014 – Implementation Planning

Workforce Development

The SDS training strategy encompassed a tiered approach to learning. Social Policy designed a suite of training to inform, advise and guide practice which included a basic awareness raising introduction for all staff on Learnpro (e-learning platform), followed by another 2 levels of training, access to which was dependent upon role and responsibilities.

In noting the cultural change and the need for in-depth conversations and care and support planning which focuses on outcomes and a personalised approach in line with the Act, as a precursor to the SDS training itself, a one day session on embedding an outcomes-focused approach in practice was made available to all staff involved in assessment and care and support planning processes.

Staff training to date	
Outcomes-Focused Approach (face to face training)	258 staff
SDS E-learning Module	610 staff
Managers Briefings	72 managers
SDS Practice and Procedures (face to face training)	178 staff

Practitioners will continue to be supported to embed practice through the development of communities of practice for ongoing peer support and development. This will be augmented through leadership at a management level to ensure that the ethos and spirit of SDS is embedded and supported in practice.

Communication and Engagement
As part of promoting effective communication and involvement in the implementation of SDS, the council has undertaken a range of activity.

Articles have been published in Bulletin, the e-bulletin, West Life, Inside News, the West Lothian Courier and the Carers Newsletter. Publicity material including leaflets has been produced and widely distributed. The CHCP and Council website has a dedicated SDS webpage providing information and useful links.

Council officers have given presentations and updates and spoken to many service user, carer, staff and provider groups including the Senior People's Forum, Carer's Voice and the Learning Disability Forum.

A West Lothian SDS Providers' Forum and a West Lothian Forum for service users, families and carers have been established, which provide input to our planning and implementation processes. An SDS Scrutiny Panel, with members drawn from the Fora to work alongside the council, has also had its inaugural meeting.

Procurement
The implementation of SDS and the greater choice and control over their care and support provision that this gives to service users and carers has implications for commissioning, procurement and contracting practice. Future contractual arrangements will have to take the implications of SDS into account recognising that services and support contracted by the council and which will be provided under SDS Option 3 may not necessarily continue to be those chosen in future by service users and carers under SDS Option 2.

The sustainability of existing external contracts and in-house services will require to be monitored and consideration given to the point at which spending on these should be reviewed if too few people are choosing them and alternative plans for developing and investing in new forms of support drawn up. This work will be done in partnership with corporate procurement staff and will inform future commissioning strategies.

D.6 SDS Implementation – Audit Scotland SDS Report – Progress Self-assessment checklist for council officers

Audit Scotland's report on SDS examines what progress councils have made in implementing SDS and makes recommendations to help the future implementation of SDS – they note that their report is also relevant to councils and NHS Boards as they establish new partnership arrangements for health and social care.

The key messages of the report are:

1. Councils still have a substantial amount of work to do to fully implement SDS. Councils need effective leadership from senior managers and councillors and continued support from the Scottish Government through detailed guidance and regular communication.

2. Councils have adopted different methods of allocating the money that they spend on social care. There are risks and advantages with each model. Regardless of the approach taken, councils should manage the risks carefully without unnecessarily limiting people's choice and control over their support.

3. Social care professionals have welcomed SDS because it has the potential to improve support for people who need it. SDS will work best if councils make sure that people can choose from a range of services and support.

The key recommendations of the report are that councils should:

1. Ensure that they have a clear plan and effective arrangements for managing the risks to successfully implementing SDS.

2. Plan how they will allocate money to pay for support for everyone who is eligible as demand for services increases. They should have plans for how and when to stop spending on existing services if too few people choose to use them and plans for developing and investing in new forms of support for people.

3. Assess and report on the short and long-term risks and benefits of the way they have chosen to allocate money and monitor and report on budgets and spending.

4. Work more closely with people to involve them in planning, agreeing and implementing SDS strategies.

5. Work more closely with people and providers to develop a strategy for what social care services will be available to people in the future.

The Audit Scotland Report includes a self-assessment checklist for council officers to help councils to review their progress in implementing SDS, to highlight actions to be taken forward and to inform future planning. The Audit Scotland Report also provided a Self-directed support Issues for Councillors paper which sets out some issues which elected members may wish to consider.

The completed officer checklist for West Lothian is attached as Appendix 1 with the Issues for Councillors paper as Appendix 2.

D.7 SDS Implementation – Phase 2: Project Plan

Performance Monitoring

The implementation of SDS and the move to a more personalised approach to the delivery of social care and support presents a range of challenges to the council including budget monitoring and management; monitoring the impact of SDS on how successfully social care services and support are improving people's lives and outcomes and the monitoring of people's service and support choices and the implications for strategic commissioning and procurement.

As the SDS framework for the delivery of social care and support becomes firmly embedded in practice and the impact of these changes takes effect, officers across Social Policy are monitoring performance and spend and assessing the collective effects of these in order to inform future planning and developments.

Phase 2: Project Plan

The analysis of work completed under Phase 1 of the SDS Implementation Project and completion of the Audit Scotland Self-directed Support self-assessment checklist for council officers have supported the identification of areas of work to be further addressed and informed the development of Phase 2. Key issues include performance and financial monitoring and procurement and commissioning processes.

The key deliverables for the next stage of development are outlined in the action plan attached as Appendix 3.

E. CONCLUSION

West Lothian undertook a range of planning developments and tasks in preparation for the implementation of SDS in West Lothian from 1 April 2014 which were successfully put in place. Since the legislation came into effect, progress in delivering SDS locally has been steady but at a pace which has enabled us to monitor and review developments and adapt accordingly.

The first six months of SDS delivery have provided useful information and learning and this has informed our Project Plan for Phase 2 which is aimed at consolidating progress to date and addressing the key issues which implementation has generated.

F. BACKGROUND REFERENCES

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

6 March 2014 – Social Policy PDSP Self-directed Support Update

18 March 2014 – Council Executive Self-directed Support Update

29 September 2014 – Audit and Governance Committee Audit Scotland Report on Self-directed Support

Appendices/Attachments: 3

Appendix 1 – SDS self-assessment checklist for council officers

Appendix 2 – SDS Issues for Councillors

Appendix 3 – SDS Implementation Phase 2 action plan

Contact Person: Pamela Main, Senior Manager, Community Care Assessment and Prevention

01506 281936

Pamela.main@westlothian.gsx.gov.uk

CMT Member: Jennifer Scott, Head of Social Policy

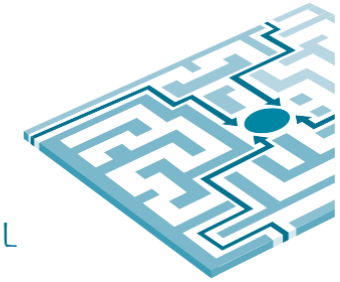
Date of meeting: 11 December 2014

SUPPLEMENT 2

Prepared by Audit Scotland | June 2014

Self-directed support

Self-assessment checklist for council officers



ACCOUNTS COMMISSION

AUDITOR GENERAL

The Auditor General and the Accounts Commission published their joint report, *Self-directed support* (PDF), on 12 June 2014. This paper offers a checklist for council officers to help them review progress in implementing self-directed support in their council. Officers should consider each issue listed and decide which statement most accurately reflects their current situation. This approach will enable councils to identify what actions need to be taken.

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight actions to take forward.

Issue	Assessment of current position: **No** action needed	**No** but action in hand	**Yes** in place but needs improving	**Yes** in place and working well	**Not applicable**	**Comments**
Planning						
We now offer Self-directed support (SDS) to all eligible people when we assess or review their social care needs.		✓ (C&F)	✓ (CC / CWD)			Development is underway – C&F CC Framework monitoring underway
We have a clear vision for the way we want to deliver social care in future: • This vision is widely shared and understood by councillors, senior managers and staff. • Managers and front line staff are given opportunities to examine their procedures and contribute to changes.			✓ ✓			Links to CHCP / H&SC Integration

Cont.

Issue	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	Comments
We have clear strategies and detailed, up-to-date plans to continue implementing and reviewing SDS.			✓			SDS Project Phase 2 Plan in development
We have developed ways of assessing the impact of SDS by monitoring how successfully social care services improve people's lives.			✓			Needs ongoing monitoring Need to address reviews and capacity issues
Our plans address: • how we assess people's needs and identify the impact they want services to have on their lives				✓		
• how we allocate individual budgets				✓		Evaluation has begun
• how we monitor and review the impact of individuals' support on their lives.			✓			Review process / needs are to be addressed
Our plans address: • how we work with providers in the third and private sectors, and local businesses and communities, to develop the services available to people			✓			
• how we work with the NHS so that people receive joined-up health and social care support			✓			Integrated approaches / training to be delivered in Phase 2 H&SC Integration
• how we involve service users, carers and families in planning, agreeing and implementing SDS.			✓			Fora / Meetings / Presentations /Groups – to be further developed in Phase 2

Cont.

Issue	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	Comments
Our plans address: • policies, procedures, training and guidance for front-line staff			✓			Ongoing review
• information, advice and advocacy for people to help them make choices under SDS.				✓		External and internal provision
Leadership						
We regularly (at least quarterly): • report progress against our implementation plans to senior managers and councillors			✓			November 2014 update
• assess the risks and actions we are taking to lessen them			✓			Risk log / monitoring
• monitor and report on the options chosen by people under SDS			✓			Performance reporting – evaluation has begun
• monitor use of in-house services to inform reviews of sustainability.			✓			Monitoring to be further developed
Our staff have the time, information, training and support they need to work with people to design their individual package of support.			✓			Resource / capacity issues Reviews – capacity issues
Our councillors and senior managers are actively involved in engaging with people who use social care services, their carers and providers.				✓		Need to continue making links with the SDS agenda

Cont.

Issue	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	Comments
Working in partnership						
We fully involve users, carers, families, communities and service providers: • in planning, agreeing and implementing our SDS strategy (ie, not just informing and consulting them) • in discussions about SDS that encourage thinking creatively about what services would have the most positive impact.			✓ ✓			Scrutiny Panel (facilitation) Developments in relation to Option 2 & Individual Service Funds (ISF)
We work in partnership with service providers, giving them information, consulting them about our plans and fully involving them in our strategy for developing SDS services in our area.			✓			Contracting and commissioning practice is to be reviewed in the light of SDS
Managing Budgets						
We know at what point each in-house service will no longer be viable and what action we will take if that happens.		✓				Analysis needs to be undertaken
We monitor our spending against our financial plans and we are ready to take action to avoid a potential overspend.			✓			Monitoring and evaluation of individual and organizational budgets

Cont.

Issue	No action needed	No but action in hand	Yes in place but needs improving	Yes in place and working well	Not applicable	Comments
We have assessed the benefits and risks of our chosen approach to allocating individual budgets and reported them to councillors and senior managers.			✓			Follow up PDSP report Monitoring and evaluation
We are planning to develop a RAS. To inform this, we have looked at how similar approaches work for other councils and allowed sufficient time and cost to develop it fully.			✓			Evaluation required
We have decided to introduce a framework agreement with external providers. In the contracts, the standards we require providers to meet and the information we ask them for is not so demanding or restrictive that some new or innovative services would have difficulty meeting them.		✓				Developments in relation to contracts / service specifications, etc.

Actions / work to be incorporated into SDS Implementation Project – Phase 2 Plan

Key

CC = Community Care
C&F = Children & Families
CWD = Children with Disability

SUPPLEMENT 1

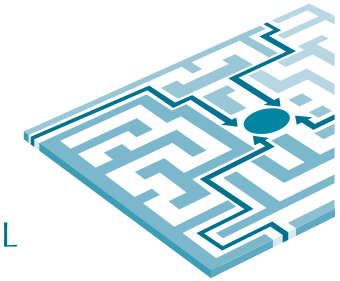
Prepared by Audit Scotland | June 2014

Self-directed support

Issues for councillors

ACCOUNTS COMMISSION

AUDITOR GENERAL



The Auditor General and the Accounts Commission published their joint report, *Self-directed support* (PDF), on 12 June 2014. This paper accompanies that report and sets out some issues that councillors may wish to consider in relation to progress in implementing self-directed support in their council. It also aims to help them pose questions to council officers and seek assurance about local progress and activities.

Page references to main report	Issue	Questions for councillors to consider
Planning		
Pages 5, 9-10 Exhibit 1 (PDF)	The Social Care (Self-directed Support) (Scotland) Act 2013 places a duty on councils, from April 2014, to offer people newly assessed as needing social care a wider range of options for choosing and controlling their support. People receiving support before April 2014 should be offered these options the next time their council reviews their needs with them. With Self-directed support (SDS), professional staff such as social workers and occupational health staff must work in partnership with the person and, where appropriate, their family to identify and agree their needs, what difference they want services to make to their lives and what sort of services and support will help them to achieve it.	• Are all eligible people newly assessed as needing social care offered the four SDS options? • Are people already receiving social care services before April 2014 offered the four SDS options when the council reviews their needs with them? • When people have their needs assessed and reviewed, do social workers and other professional staff help them to identify what impact they want services to have on their lives (their outcomes)?

Cont.

Page references to main report	Issue	Questions for councillors to consider
Pages 13-14, 31 (PDF)	Councils should monitor the use of existing in-house services and be clear about when these services might not be viable, as people choose alternative types of support. Some people will choose to spend their individual budget on these services anyway, and others may opt for the council to choose their services for them. Councils may have difficult decisions ahead about what to do in these circumstances. They may have to: • reduce, merge or close a service • find a way of paying for it • find an alternative way of running it • change it into a service that people will choose to use. Councils should base these decisions on an appraisal of all the options and should take into account the effect on current users. These changes will happen gradually as councils implement SDS.	• Does the council know the point at which each of its in-house social care services may no longer be viable? – does the council monitor use of services to predict whether/when this is going to happen? – does the council have plans for what to do in these circumstances? – does the council appraise all the options for services that may become unviable?
Pages 14-15 (PDF)	SDS needs a change in the council's culture. It has to move away from allocating people to existing services, and work together with people to help them choose what support they want and would best meet their needs. People may choose new and different types of support that staff have not considered before. Changes of this scale require effective leadership from councillors and senior managers, including: • sharing a clear vision with managers, team leaders and front-line staff of the council's approach to SDS and how social care services would be delivered in the future • receiving regular, formal reports about progress in implementing SDS, and being involved in decision-making • being actively involved in meetings and events to engage with people who use social care services and their carers, and providers about the council's approach to SDS.	• What is the council's vision for the way it wants to deliver social care in future? • Is this vision understood and shared by councillors, senior managers and council staff? • What strategies does the council have for implementing SDS? • What detailed plans does the council have for continuing to implement and review SDS over the next few years? • Do councillors receive regular updates on how SDS implementation is progressing? • What are the main risks to the council in implementing SDS, and what are council staff doing to manage these? • What evidence does the council have that SDS is having a positive impact on people's lives? • How could the council engage better with people who use social care services and their carers, and providers and professional staff?

Cont.

Page references to main report	Issue	Questions for councillors to consider
Pages 19-20 (PDF)	Many people need a combination of health and social care support. Under current legislation, an NHS board can transfer money to a council so that a person can receive a direct payment that includes funding from both the council and NHS. There are examples of this working well. However, there is no obligation on NHS boards to release funds to contribute to a direct payment. The SDS Act only places a duty on councils to offer the SDS options in relation to assessed social care needs. NHS boards only have the duty where councils have formally delegated responsibility for social care to the board. For example, NHS Highland is responsible for adult social care services in the Highland area. The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS boards and councils to establish new health and social care partnerships. Under these arrangements, NHS boards and councils will be required, as a minimum, to combine their budgets for adult social care, adult primary healthcare and aspects of adult secondary healthcare. Although the SDS Act does not apply directly to health services, the SDS policy will have implications for health because NHS boards and councils will share money, staff and other resources under the new arrangements. For example, councils can charge people for some social care services while NHS services are free at the point of contact. Councils and NHS boards should be clear about the implications of SDS before they put new partnership arrangements in place.	• What are the implications of SDS for the council as it puts new health and social care partnership arrangements in place? • Will the implications of SDS be addressed by the new partnership arrangements?
Pages 20-21 (PDF)	Some people are confused about what SDS is and what it might mean for them. Councils should spend time working with communities, explaining the benefits of SDS and helping people to think creatively about what services would have the most positive impact on their lives. Without this, people may be less willing to think about alternative approaches to care because they may view alternatives simply as cost-saving measures. It is important that councils provide the information and advice that people need to help them understand their options and choose the best way to arrange their support. Councils should also direct people to independent sources of advice and advocacy.	• Are people who use social care services, and their carers and families, involved in planning, implementing and reviewing the council's approach to SDS? • Does the council engage well enough with people who use social care services and their carers and families? • Does the council provide the right information, advice and advocacy to help people understand their options and make choices under SDS?

Cont.

Page references to main report	Issue	Questions for councillors to consider
Pages 22-23 (PDF)	The Act requires councils to take reasonable steps to promote a variety of providers and support so that people who use services have real choices. Councils should communicate and work with providers to do this successfully. Councils currently work with providers in different ways. In some cases, they only provide information and may talk to providers through formal network meetings. In others, councils involve providers in their SDS implementation programmes by being represented on project boards and other forums and have a say in the council's approach. It is important to involve providers as they can bring new and constructive ideas and experiences and can help deliver the required changes.	• Does the council engage well enough with organisations providing social care services in the area? – are they represented on project boards? – are they engaged as partners in developing SDS plans?
Pages 31-32 Exhibit 6 (PDF)	An important aspect of SDS is how the council calculates an individual budget for each person assessed as having social care needs. This is a new approach for most councils and involves calculating their costs in a very different way. For example, rather than budgeting to run a fixed number of services such as respite centres, day centres, shared living units, or home care services, councils must now budget to pay for individual care and support services for people. Most councils have chosen one of two main ways to allocate individual budgets: a Resource Allocation System (RAS); or an equivalency model. We also saw a third approach at Perth and Kinross Council. Councils should consider carefully which is best for them, how to best meet the needs of local people and how to ensure that social care is sustainable in the longer term.	• What approach does the council use to calculate individual budgets for people who have eligible social care needs? • What are the benefits and risks of the approach the council has chosen compared to other methods? • Will this approach continue to work well over the next few years?
Page 34 (PDF)	Framework agreements are a way for councils to provide assurance about the quality of support or services people choose under SDS option 2, where they ask the council to arrange and pay for their chosen services. A framework agreement between a council and a provider requires the provider to meet certain standards and agree to provide certain information in return for being on the council's list of approved providers. The standards and information required should not be so demanding or restrictive that some new or innovative services would have difficulty meeting them. Providers report that some current framework agreements restrict their ability to be flexible in response to service users' choices.	• How is the council developing SDS option 2? • Does the council have appropriate contracts or framework agreements to support SDS option 2?
Page 34 Exhibit 7 (PDF)	Given the scale of the changes involved in implementing SDS, there are financial risks to the council involved in moving to this new way of working. Councils should ensure that they have considered and set out how they will identify and lessen these risks as more people take on SDS.	• What are the financial risks in implementing SDS, and what are council staff doing to manage these?

Appendix 3

SDS Implementation Phase 2 Action Plan

Area of Delivery	Key Actions	Target date
Governance and oversight	Regular reporting	Ongoing
Continued development of the offer of SDS options in Children's Services	Definition of eligibility Development of budget model Links with GIRFEC requirements	December 2014 March 2015 May 2015
Practice and workforce development	Quality assurance Case studies Community of practice Training for housing, education and health colleagues	March 2015 Ongoing December 2014 March 2015
Performance Management framework	Review of PIs and Scottish Government reporting requirements and develop new framework	December 2014
Financial Management Framework	Analysis of spend for each of the four options Development of a resource allocation model for Carers Develop understanding of at which point in-house services are no longer viable	Ongoing December 2014 March 2015
Contract Management	Review of Council Standing Orders and Social Policy Procurement Procedures and amend to reflect SDS Review all existing block contracts for sustainability Review Scotland Excel Individual Service Fund contract and develop proposal for West Lothian	February 2015 December 2014 December 2014

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

	ISSUE	LEAD OFFICER	PDSP DATE
1	Good Places Better Health	Margaret Douglas	2015
2	Together for Health (T4H)	Marion Christie	TBC
3	Community Health Champions update	Jane Kellock	TBC
4	Frail Elderly Assessment and Management Model	Carol Bebbington	TBC
5	Looked After Children Health Assessment	Anne Neilson, NHSL	TBC
6	Home Oxygen Support	Gill Cottrell	TBC
7	Infant Feeding	Gill Cottrell	TBC