DATA LABEL: Public

West Lothian Council

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

13 October 2016

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 20 October 2016** 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 Thursday 25 August 2016 (herewith).

5. NHS Lothian Health Board Minute - Report by Depute Chief Executive (herewith

6. West Lothian Integrated Joint Board Minutes (herewith)

7. Report on Project Search - Report by Head of Social Policy (herewith)

8. The Role of Chief Social Work Officer Guidance issued by Scottish Ministers Pursuant to Section 5(1) of the Social Work 9(Scotland) Act

1968 - Report by Head of Social Policy (herewith)

9. New Supported Housing Development - Report by Head of Social Policy (herewith)

10. Occupational Therpay Information Day - Report by Head of Social Policy (herewith)

11. West Lothian Public Information Campaign - Direct Access to Health and Social Care Services (herewith)

12. Workplan (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 25 AUGUST 2016.

Present – Councillors Anne McMillan (Chair), John McGinty, Jim Dickson (substituting for Janet Campbell), Mary Dickson, George Paul and Frank Toner

Apologies – Councillor Janet Campbell

In Attendance – Mary Benson (Senior People's Forum Representative)

1. DECLARATIONS OF INTEREST

Councillor Toner declared a non-financial interest arising from his position as Chair of the Integrated Joint Board and as a Lothian Health Board Member for which a dispensation from the Standards Commission applied. He also declared a non-financial interest in that he was Vice Chair of the Social Policy Policy Development and Scrutiny Panel.

2. MINUTE

The Panel confirmed the Minute of its meeting held on 2 June 2016. The Minute was thereafter signed by the Chair.

3. NHS LOTHIAN HEALTH BOARD MINUTES

A report had been circulated by the Depute Chief Executive to which was attached the Minutes of the NHS Lothian Health Board meetings held on 6 April and 11 May 2016.

Decision

To note the contents of the report

4. WEST LOTHIAN INTEGRATION BOARD MINUTE

A report had been circulated by the Depute Chief Executive to which was attached the Minutes of the West Lothian Integrated Board meetings held on 23 March, 31 March and 5 April 2016.

Decision

To note the contents of the report

5. REVIEW OF CHILDREN'S HOSPITAL SERVICES IN LOTHIAN

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive providing an update on the review of the Children's Hospital Services in Lothian which had been undertaken by the

Royal College of Paediatrics and Child Health (RCPCH).

The Panel were advised that acute hospital services for children in Lothian were provided on two sites; the Royal Hospital for Sick Children in Edinburgh and St John's Hospital, Livingston. In October 2015 NHS Lothian announced that an independent review into children's health care provision in the Lothians would be undertaken to help shape the future delivery of children's services across Lothian. The review followed the long-standing difficulties and the closure of overnight beds for children at St John's for a six week period in the summer of 2015.

The Royal College of Paediatrics and Child Health was invited to carry out the review of the paediatric service and recommend options for the development of a sustainable workforce model that would meet professional service standards.

The final report was published in June 2016. It highlighted that the review team's overarching view was that the population, activity and demand for full obstetric services in West Lothian merited the retention of inpatient paediatrics at St John's Hospital. As part of the review the significant challenges to medial staff recruitment at St John's were explored and the review team proposed a range of staffing models based on the current establishment and which included alternative models of making greater use of nurse practitioners.

At the meeting of NHS Lothian Board on 22 June 2016 the Board generally accepted the recommendations of the report noting that the RCPCH had made specific recommendations for the St John's Hospital workforce. The Board also supported RCPCH's recommendation for securing a safe and sustainable medical workforce for St John's Hospital by establishing a resident consultant model of care for paediatric inpatient services with additional investment.

It was also recognised by the Board that it would take some time to develop the staffing infrastructure required to implement the resident consultant model of care and that an interim model of care would be required. The Board noted that there would continue to be a 24-hour inpatient service at St John's Hospital and that this would be required to demonstrate a reduced risk of an unplanned service collapse and address related staff governance issues.

The report concluded that West Lothian Council had engaged in and submitted a consultation response as part of the review process and had stated that due to the demographics of West Lothian this provided a compelling case that paediatric services in West Lothian should not be reduced or downgraded. This position had now been supported by the Review Report which stated that paediatric services should remain at St John's Hospital in the short and medium term and this position had since been endorsed by the NHS Lothian Board.

It was recommended that the Panel note the contents of the report.

Decision

To note the contents of the report

6. PHYSICAL DISABILITY COMMISSIONING PLAN

A report had been circulated by the Director in respect of the strategic commissioning plan for Adults with a Physical Disability.

The report recalled that at the meeting on 24 March 2016 the Integration Joint Board (IJB) approved its Strategic Plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

Attached to the report at Appendix 1 was the final draft of the plan and it was noted that its contents had been considered by the West Lothian Strategic Planning Group and would also be presented to the West Lothian Integration Board for approval at its meeting on 23 August 2016.

It was recommended that the Panel note the contents of the report.

Decision

To note the contents of the report

7. SCHEDULE FOR OLDER PEOPLES COMMISSIONING PLAN

The Panel considered a report (copies of which had been circulated) by the Director providing an update on the development of the strategic commissioning plan for Older People.

The report recalled that at the meeting on 24 March 2016 the Integration Joint Board (IJB) approved its Strategic Plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

Attached to the report at Appendix 1 was the schedule for the development of the plan for Older People. The first phase of this had now been completed in respect of the analytical phase – the needs assessment; a copy of which was attached to the report.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and field work including study informants; these had been grouped under six key themes. Attached to the report at Appendix 2 was a summary of the key themes and recommendations from the needs assessment.

The recommendations had been developed to match the level of commitment and desire demonstrated and a focus on the recommendations would lead to a comprehensive programme of change and improvement in the communities in which they lived.

A short life working group had been established to develop the three year commissioning plan and Appendix 3 attached to the report provided the Terms of Reference for the group as previously approved the IJB.

The report concluded that following engagement with the Strategic Planning Group and relevant stakeholders it was intended to present to the commissioning plan to the IJB on 18 October 2016 for approval.

There then followed a discussion and clarity was sought with regards to representation on the IJB and its sub-groups from the Senior Peoples Forum. The Depute Chief Executive explained that whilst there not a singular representative from the Senior People's Forum on the IJB there were many other groups and individuals representing the needs of not only older people but many other groups whose needs were being addressed through commissioning plans. He also advised that such organisations could well be represented on the Strategic Planning Group and the Locality Planning Groups which had recently been set up by the IJB.

A question was also raised with regards to the methodology that was used for the gathering of data for the commissioning plan and whilst the Head of Social Policy was able to advise that a variety of methods were used including the use of focus groups and fieldwork she undertook to provide all panel members with further detailed information at a later stage.

It was recommended that the Panel note the planning schedule detailed in Appendix 1 and note the commitment to present a final draft of the strategic commissioning plan for Older People to the Integration Joint Board (IJB) meeting on 18 October 2016.

Decision

1) Noted the contents of the report; and

2) Agreed that the Head of Social Policy would provide all Panel Members with further details on the methodology and the groups that were contacted as part of the needs assessment process.

8. MENTAL HEALTH COMMISSIONING PLAN

The Panel considered a report (copies of which had been circulated) by the Director providing an update on the development of the strategic commissioning plan for Adults with Mental Health problems

The report recalled that at the meeting on 24 March 2016 the Integration Joint Board (IJB) approved its Strategic Plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

Attached to the report at Appendix 1 was the schedule for the

development of the plan for Adults with Mental Health problems. The first phase of this had now been completed in respect of the analytical phase – the needs assessment; a copy of which was attached to the report.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and field work including study informants; these had been grouped under six key themes. Attached to the report at Appendix 2 was a summary of the key themes and recommendations from the needs assessment.

The recommendations had been developed to match the level of commitment and desire demonstrated and a focus on the recommendations would lead to a comprehensive programme of change and improvement in the communities in which they lived.

A short life working group had been established to develop the three year commissioning plan and Appendix 3 attached to the report provided the Terms of Reference for the group as previously approved the IJB.

The report concluded that following engagement with the Strategic Planning Group and relevant stakeholders it was intended to present to the commissioning plan to the IJB on 18 October 2016 for approval.

It was recommended that the Panel note the planning schedule detailed in Appendix 1 and note the commitment to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the Integration Joint Board (IJB) meeting on 18 October 2016.

Decision

To note the contents of the report.

9. SOCIAL POLICY MANAGEMENT PLAN 2016-2017

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing details of the Social Policy Management Plan 2016-2017.

The report explained that as a means of delivering outcomes effectively and efficiently, West Lothian Council identified management plans as an essential driver for the provision of excellent services. As such they were collated and presented at the service group level, under the responsibility of the Head of Service. The Social Policy Management Plan 2016-2017 was attached as an appendix to the report and set out how the service would drive performance. The measures, targets and actions of the plan would be available for management monitoring and reporting on the corporate performance management system (Covalent).

The Head of Social Policy provided members with details of some of the key successes from 2015-2016 and key actions and activities planned for 2016-2017.

It was recommended that the Panel note the details of the Social Policy

Management Plan 2016-17

Decision

To note the contents of the report and Social Policy Management Plan 2016-17

10. WORKPLAN

The Panel noted the contents of the workplan that had been prepared by the Depute Chief Executive and which would form the basis of the panel's work over the coming months.

Decision

To note the contents of the workplan.

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West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS LOTHIAN BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE

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 22nd June 2016 in the Appendices 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

Appendix 1 Minutes of the meeting of Lothian NHS Board held on 22nd June 2016

Contact Person: Jim Forrest, Depute Chief Executive
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CMT Member: Jim Forrest, Depute Chief Executive

Date: 20th October 2016

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 22 June 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Councillor D Grant; Councillor R Henderson; Mr M Hill; Mrs C Hirst; Mr P Johnston; Councillor C Johnstone; Mr A Joyce; Mrs J McDowell; Mrs A Mitchell; Mr P Murray; Mr J Oates; Mr G Walker and Mrs L Williams.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources and Organisational Development); Mr J Crombie (Chief Officer); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Nurse Director / Director of Strategic Planning, REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Dr E Doyle (for item 20), Dr D Shortland (for item 20), Dr B Stenson (for item 20) and Mr D Weir.

Apologies for absence were received from Mrs S Allan, Mrs K Blair, Councillor H Cartmill, Mrs A Meiklejohn, Dr R Williams and Professor M Whyte.

Welcome and Introduction

The Chairman advised that Councillor Frank Toner had stepped down from the Board and thanked him for his years of service. Councillor Harry Cartmill who would replace Councillor Toner as the West Lothian Council Stakeholder member on the Board was welcomed in his absence.

Professor McMahon was welcomed to the Board in his new capacity as Executive Director of Nursing.

Declaration of Financial and Non-Financial Interest

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

14. Items for Approval

14.1 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 made.

14.2 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.

14.3 Minutes of the Board Meetings held on 6 April and 11 May 2016 – Approved.

14.4 Running Action Note – Approved.

14.5 Audit & Risk Committee – Minutes of 18 April 2016 – Endorsed.

14.6 Finance & Resources Committee – Minutes of 4 May – Endorsed.

14.7 Healthcare Governance Committee – Minutes of 15 March 2016 – Endorsed.

14.8 Strategic Planning Committee – Minutes of 24 March and 14 April 2016 – Endorsed.

14.9 East Lothian Integration Joint Board – Minutes of 25 February, 31March and 31 April 2016 – Endorsed.

14.10 Edinburgh Integration Joint Board – Minutes of 11 March and 13 May 2016 – Endorsed.

14.11 Mid Lothian Integration Joint Board – Minutes of 11 February, 17 March and 14 April 2016 – Endorsed.

14.12 West Lothian Integration Joint Board – Minutes of 23 March, 31 March and 5 April 2016 – Endorsed.

14.13 Schedule of Board and Committee Meetings for 2017 – The Board agreed the dates for Board and Committee meetings in 2017.

14.14 Committee Memberships and Terms of Reference – The Board agreed to appoint Lynsay Williams to the West Lothian Integration Joint Board, replacing Julie McDowell.

14.15 To Appoint Susan Goldsmith to West Lothian Integration Joint Board, replacing David Farquharson.

14.16 To nominate Martin Hill as Vice Chair of the West Lothian Integration Joint Board.

14.17 To confirm Peter Johnston as Vice Chair of the Finance and Resources Committee and ex-officio member.

14.18 To confirm Richard Williams as Chair of the Healthcare Governance Committee from 1 February 2016.

14.19 To agree amended Terms of Reference for the Finance and Resources Committee.

14.20 To agree amended Terms of Reference for the Acute Hospitals Committee.

15. NHS Lothian Patient Private Fund – Annual Accounts 2015/16

15.1 The Board agreed the draft Patient Private Fund Accounts for the year ending 31 March 2016 and agreed that the Chairman and Chief Executive sign the 'statement of Lothian NHS Board member's responsibilities' on the Boards behalf.

15.2 It was also agreed that the Director of Finance and the Chief Executive sign the abstract of receipts and payments' (SFR 19.0).

15.3 The Board also agreed to approve the Draft Patients Private Funds accounts for the year ending 31 March 2016.

16. Items for Discussion

16.1 Annual Report and Accounts for the Year Ending 31 March 2016

16.2 The Board noted that the draft annual accounts were subject to separate confidential circulation with the Board papers as they could not be presented in any public domain until laid before Parliament. This had been confirmed by officers within the Scottish Government Health and Social Care Directorate (SGHSCD). Copies had also been circulated to members of the Audit Committee for the meeting held on 20 June 2016.

16.3 The Board noted that the Audit and Risk Committee at their meeting held on 20 June 2016 had considered and approved the annual accounts and had recommended an amendment to the Governance Statement a copy of which was circulated to Board members. The Audit and Risk Committee had highlighted the need to strengthen the assurance process within and between Board Committees and this work would be taken forward through the course of the forthcoming year.

16.4 Members of the Board approved and adopted the annual accounts for the year ending 31 March 2016.

16.5 Members of the Board authorised the designated signatories (Chief Executive, Chair and Director of Finance) to sign the accounts on behalf of the Board, where indicated in the documents. Members of the Board also authorised the Chief Executives signature on the representation letter to the Auditors, on behalf of the Board.

17. NHS Lothian Corporate Risk Register

17.1 The Board noted the new style of report was now shorter in an attempt to reduce duplication with other Board papers. The new style of paper was endorsed by Board members with it being recognised that it picked up some of the issues including risk being worked on as a consequence of work being undertaken by the Corporate Governance Manager.

17.2 The Board were advised that table 1 in the report linked to the Quality and Performance Improvement Report that would be discussed elsewhere in the meeting. It was reported that the Audit and Risk Committee as part of its review of the risk tolerance measures relating to stroke had agreed to recommend to the Board a revised stroke appetite / tolerance measure from just stroke unit to total bundle compliance with a bundle appetite of 80% and tolerance of 75% from April 2016 to March 2017.

17.3 It was reported that the hospital associated infection rate had been achieved in April but not in May. It was recognised that there was bound to be differences in performance throughout the year and the data reported in the Board paper related only to the first two months of the year. It was suggested that a more robust data trend would be available for reporting at the August Board meeting. It was noted that it would be useful to have data reported on a moving average basis over 6 months given that it was not a month on month achievement.

17.4 The Chairman commented that the revised paper linked to the risk register, performance report and Board Governance Committees and demonstrated a better approach to managing risk and performance and albeit still work in progress the paper was a further step in the process of defining the governance process.

17.5 Assurance was sought around the stroke position that one target was not being substituted for an easier one. The Board were advised that the new target meant that NHS Lothian was moving into line with other Boards and that the target had increased from 70% to 80% because it had been felt that a sustained 70% delivery level had been achieved. The data related to performance between February and March 2016 and the target had therefore been achieved. It was agreed that future reports would make the measurement timescale clear. The point was made that the way in which bundled compliance was calculated did not make it easy to understand.

17.6 The Board noted that although the paper did not include a relationship between the corporate risk register with Integration Joint Boards (IJBs) that this would be an aspiration for the future. It was noted that the medical manpower reference to paediatrics at St John's Hospital had featured in the paper because it was topical for the current meeting although there were other medical manpower areas where difficulties were being experienced and these had previously been reported to the Board. The St John's reference had been intended to be a signpost comment rather than a comprehensive statement.

17.7 The point was made in respect of table 1 and the 4 hour access target that this referred to a risk tolerance of 5% of target. The improvement interim target was 95% and NHS Lothian performance had been at 93.3% so ergo within tolerance.

17.8 The Board agree the recommendations contained in the circulated report and agreed that the revised format of the Board paper was helpful.

18. Financial Position to 31 May 2016

18.1 The Board noted that there had been a marginal improvement in the financial plan forecast in respect of income and expenditure. It was noted the financial performance was off trajectory at month 2 with it being felt to be too early to make any year end predictions based on the data available to date. The main drivers for the current overspend were explained. It was noted that although no prescribing data was yet available that it was anticipated this would be a continuing pressure.

18.2 It was reported given there remained a gap between income and expenditure that there would be a need at some point following the quarter 1 financial review to come back to the Board to look at high risk schemes. Work continued with other Health Boards on national schemes although it was unlikely that there would be any financial benefit for NHS Lothian for 2016/17 largely because most of the issues being discussed nationally were already happening in Lothian.

18.3 Dialogue continued with the SGHSCD (Scottish Government Health & Social Care Directorate) around the Local Delivery Plan and the financial plan with it being noted that these had not yet been signed off although correspondence was expected soon. The Board noted that the SGHSCD had undertaken to look at the provision of an additional NRAC (National Resource Allocation Committee) contribution although this would not be at the level of £19m. It was anticipated details of the quantum of the contribution would be known by the end of the month.

18.4 The Board noted that work continued with Directors and managers to attempt to work within budget. It was reported that as the Board had not delivered a balanced financial plan in the current year that there was an increased need to rely on management actions. It was noted at this stage that the Board could not be given assurance about the achievement of year end financial balance. Consideration would be given to the possible factoring in of the 1% of reserves as part of the quarter 1 financial review process.

18.5 The Board were advised that although the new clinical quality approach would anticipate improvements in service both in terms of patient care and efficiency that no gains had yet been assumed in the financial plan. The 21 projects were being looked at as part of the Healthcare Academy work in order to identify areas of likely savings with some early indications emerging. The point was made specialties were being looked at in terms of measuring and reducing unwarranted variation and cost and if a reduction of 5% could be achieved in variation and waste then this would reduce the number of patients breaching the 12 hour target as well as other benefits in resource and patient outcomes although it would not result in a cost reduction. There remained a need to focus on issues that would reduce cost.

18.6 The Board were advised in terms of the quality management approach to the measurement of savings that in the past the NHS in general measured economies of scale meaning that the benefits of small initiatives had gone under the radar.

Cutting edge work was now underway to consider how to measure these and feed this into the financial plan.

18.7 The question was raised about how to get more successful delivery of the £20.4m of recovery plans identified as low and medium risk. It was reported in previous financial years the view had been taken to apply savings of the same amount across all budgets. In the current year a different approach had been applied to leave pressures in the original part of the service with each part of the system being required to mitigate these and identify other savings with a view to operating within resource limits. This approach had been broadly welcomed with it being anticipated that the additional management ownership would provide a better financial focus.

18.8 In response to a question it was reported in relation to additional cost pressures over and above those identified that additional pressures would in all likelihood emerge because of the size of the organisation. It was hoped that time spent with Directors and managers and the resultant increase of ownership of budgets would help to mitigate and minimise this eventuality although issues always emerged despite increased engagement.

18.9 The Board were advised that the current financial issue around junior doctors was surprising. A cost pressure had arisen in 2015/16 relating to rota compliance; fill rates and elements of support provided to junior doctors and nurse specialists. This pressure had continued into 2016/17. A new process had been established where junior doctors and managers paired up to work closer together. Additionally a group of junior doctors were coming together to look at issues like safer sustainable cover and waste variation. The Quality Improvement Programme was starting to reach out to junior doctors and it was felt that this would be a pathway to improvement.

18.10 It was noted that acute drug budgets now had more Clinical Director and Associate Medical Director focus around spend in this specific area. In forthcoming months it was expected there would be a real evidence of improvement through addressing issues like variation although high cost medicines would continue to remain a problem.

18.11 The question was raised in respect of the £20.1m gap in the financial plan whether this would be notionally allocated across areas until an agreement around the sum was reached with the SGHSCD and whether this allocation would be on a pro-rata basis around the set-a-side acute budgets. It was reported that changes to the set-a-side budget would need new IJB Directions. In response it was reported that the £20.1m would not be allocated and would sit where it landed as it was effectively an expenditure forecast against the income baseline. Non recurrent resource had already been allocated against prescribing and acute drugs. It was confirmed that the set-a-side budget and hosted services would have a share of the shortfall as discussed at Joint IJB/ NHS Lothian meetings.

18.12 The Board noted that the issue had been discussed at the Acute Hospitals Committee earlier in the week. A clear correlation had been evident between the ability to generate efficiency savings based on how acute and primary care sectors worked to achieve a reduced length of stay linked to discharging patients for assessment which would free up acute beds. If the system delivered on the

delayed discharge targets then this would facilitate the reduction in beds needed to release resource. The caveat however was that bed numbers could only be reduced if actual improvements happened in areas like length of stay and delayed discharges. There was a significant opportunity cost of failing to deliver delayed discharges and the inability to close beds.

18.13 The Board noted that IJBs were effectively commissioning bodies and allocated resource through Directions. The ideal situation would be that NHS Lothian and the IJBs would right what was currently wrong through Directions although it was stressed that quality and safety would always trump any decisions made by a commissioning body and that Directions would not be slavishly followed if these were out of sync with the Boards risk register. The focus of NHS Lothian and the IJBs should be to demonstrate improvements in issues like delayed discharges and length of stay as well as focus on other areas of service sustainability.

18.14 The question was raised about whether details would be available for the August Board meeting about inroads being made around the savings target. It was noted that this position had not yet been reached and that all parts of the system were looking at eliminating the deficit. The quarter 1 financial review would provide further intelligence although it would not eliminate the position.

18.15 It was encouraging that the Finance Directorate were able to demonstrate that they understood the cost base. The point was made that if the current data was annualised then this would equate to a £26.4m overspend at the year end. The question was raised at what point the high risk savings schemes would come forward to the Board accompanied by thorough analysis and plans. The suggestion was made that there was a need to deliver the balance at the end of the second quarter financial review. An issue was raised around the nursing overspend and the agency and bank spend position. There was a concern that bank spend might not reduce with the suggestion being made that this might be appropriate given the flexibility that it provided. It was not felt to be realistic to entirely eliminate spend in bank and agency.

18.16 The Board noted in respect of high risk schemes that following consideration of the quarter 1 financial review that a series of detailed performance meetings would be held with Directors and Senior Managers to address all of the high risk schemes. It was noted that dialogue continued with the SGHSCD and that the current focus was on the small number of Health Boards at risk on not delivering their financial position. It was noted that ongoing future discussions with the SGHSCD would include debate around high risk schemes like bed closures which if they went ahead would be back loaded towards the end of the financial year resulting in a smaller cost saving in-year. Part of the dialogue with the SGHSCD would be about how the benefit of the cost savings sat against care provided and the possible impact to patients over the winter period.

18.17 The Board were advised that the application of the 1% reserve along with the possible increase in the NRAC contribution would make a significant impact on the financial bottom line. It was noted that following discussions with the SGHSCD about accelerating some schemes reference would be made back to the Board about the impact of high risk schemes. It was noted that currently it was not possible to have that dialogue.

18.18 The Board were advised that NHS Lothian was not at NRAC parity and active and productive discussions were being held with the SGHSCD about a 3-5 year review around what the final financial position might look like. However it was not yet felt to be possible to come to the Board in the near future with radical solutions for high risk schemes.

18.19 The Board noted that targets had been set to eradicate nurse agency spend with currently services only being provided in relation to critical care and theatres where staff were otherwise unavailable. National work was underway in this regard. It was reported as a consequence of the move away from agency spend there had been a resulting move back to bank usage largely because nurse vacancies were not being filled. Initiatives were underway to improve the backfill position including nurse recruitment and open days, a focus on the management of single days of sickness absence (£1m benefit) and the management of annual leave (£2m benefit). All initiatives were focussed on retaining quality and safety.

18.20 The Chairman with reference to participation in national schemes commented if NHS Lothian was not obtaining benefit then consideration should be given to withdrawing resource. He also questioned why benefit was not being obtained from these schemes. It was confirmed in response that NHS Lothian was currently providing financial and other resource into the national programme. It was felt that the challenge was that too many people were involved in schemes which resulted in them losing focus. In addition there was a lack of focus on areas that would deliver savings across Scotland. This position had been discussed at the National Chief Executive Group meeting where the need for improvements around issues like imaging and laboratories which would provide national savings were referenced. The Director of Finance at the SGHSCD had been remitted to reconsider schemes where future focus should be directed.

18.21 The Chairman commented that NHS Lothian as a Board should apply upward pressure through Chairs, Chief Executives, Director of Finance and Medical Director etc meetings to effect change. He felt it was unacceptable not to receive a contribution from national schemes.

18.22 A point was raised about whether there were any national discussions around shared services. It was noted that there had been discussion but the process lacked ownership and direction which was a significant gap in the model. The Board were advised that currently there was a gap between rhetoric and reality. A key issue often was the payback period around capital investment and the lack of real savings because of the need to redeploy staff as part of the business case. This often brought into question whether the disruption was worth the risk.

18.23 The Board agreed the recommendations contained in the circulated paper and noted that it was not possible to provide assurance that year end financial position would be achieved at this point.

19. Quality and Performance Improvement

19.1 The Board noted that of the 35 standards that NHS Lothian was assessed against that it was only meeting 11 of these. There was however evidence in the remaining 24 areas that improvements were being made against the national position. It was reported that data continuity issues needed to be taken into account when considering the April position in respect of outpatient and diagnostic waits. It was noted that the Acute Hospitals Committee had been briefed on these areas as well as software problems at the Edinburgh Dental Institute which had led to the exclusion of waits from that location when assessing the overall waiting time position for April.

19.2 The Board noted that during April that standards had been met for both HAI measures although no pro-formas had been included in the Board report. Notification had been received that HAI performance had fallen short of the desired level in May. Pro-formas would be included in future reports to the Board.

19.3 It was reported that clarity was emerging around responsibility for performance standards between the Acute Hospitals Committee and the Healthcare Governance Committee.

19.4 Performance in Child and Adolescent Mental Health Services (CAHMS) had disappointingly deteriorated and a future report would be brought forward to the Board with proposals around the medium to long term position. In terms of drug and alcohol performance this was caveated around ongoing financial discussions including the Alcohol Drug Partnerships (ADPs) and IJBs. This work was considering how to manage and deliver inpatient and community targets.

19.5 The Board noted in respect of the 4 hour access target that for several days the previous week the Western General Hospital had achieved a 100% performance level. In terms of the treatment time guarantee work was being undertaken to identify the implications of withdrawing from the private sector and this would be reported through the appropriate Governance Committees.

19.6 The Chairman commented that the paper represented work in progress and demonstrated linkages with the Governance Committee structure and referenced back to the Boards risk register.

19.7 The point was made that the paper was now in a good format which allowed Board members to understand where performance was not on target. It was noted that the recommendations in the paper invited the Board to accept the report as assurance that performance on 11 measures were currently met. It was felt that for this assurance to be provided that the paper would need a subsidiary action plan which would be tested by the Board Committees in terms of assurance reporting. A request had been made through the Audit & Risk Committee that graded assurance was provided to the Board in future through the Governance Committees along with a clear management view of performance through the Action Plan.

19.8 In respect of CAMHS performance it was reported that discussion at the Strategic Planning Committee had referenced that school teachers were receiving training to pick up early issues in children which could be addressed at a more local level. It

was noted that work was underway with IJBs clarifying responsibilities in this area. Work was also underway to refresh the referral criteria as currently referrals were out stripping capacity. There was also an issue about the number of people involved in the assessment of children. It would be important to look at the total child service resource and how this was deployed to best effect.

19.9 The Board were advised in respect of endoscopy performance that there were two routes into the service. The first was through the diagnostic route via GP referral for cancer concerns which received urgent attention. The second was through national screening programmes like the national bowel screening initiative. The programme resulted in a large number of negative results and there was therefore an issue about the development of criteria before patients were scoped.

19.10 The Board agreed the recommendations contained in the circulated paper subject to 'satisfactory' being removed from recommendation 2.2.

20. Review of Medical Paediatric Inpatient Services in Lothian

20.1 The Chairman welcomed Dr's Shortland, Doyle and Stenhouse to the meeting. He advised that there would be 2 parts to the Board process the first of which would be to receive a summary from Dr Shortland on the process leading to the production of the final Royal College of Paediatrics and Child Health (RCPCH) Report. The second part of the process would involve Mr Crombie presenting the paper to Board members with the Board subsequently being asked to discuss the recommendations.

20.2 Dr Shortland commented that the RCPCH had been approached the previous year by NHS Lothian to undertake an independent review of Medical Paediatric Inpatient Services in Lothian. This had been a complicated review as it had looked at the whole pathway across 3 hospitals and had included engagement with the public as well as considering links between primary and secondary care. The Board noted that the RCPCH was not a regulatory body and could not invoke the report recommendations on the Board. The approach taken had been to benchmark local performance against professional standards and look wherever possible at health outputs. A key consideration when preparing the report was whether NHS Lothian could meet the standards and also whether it would be possible to appoint to the models referenced in the report in terms of doctors, nurses and ancillary workers. In addition it had been considered important to consider whether the preferred model was affordable.

20.3 The Board were advised by Dr Shortland that it had been recognised that NHS Lothian had made superhuman efforts to keep the service at St Johns Hospital open.

20.4 A key issue was around medical staffing in terms of junior doctors, middle grade and consultants. The main problem that the service was facing was the availability of tier 2 middle grade doctors who were crucial for decision making in paediatrics where there was a requirement for patients to be seen by a senior doctor within 4 hours. If middle grade doctors were not available then the responsibility passed to the consultant. Nationally 20% of middle grade staff were out with grade.

20.5 Dr Shortland explained in detail to the Board the difference between the 3 recommendations contained in the circulated paper.

20.6 The Board were advised that the RCPCH Review Team had been impressed with the commitment of staff at the Royal Hospital for Sick Children which was a small tertiary service. It was noted that staffing in subspecialties was an issue. The Acute Recovery Unit was understaffed although plans were underway to address this. It was felt that ambulatory care was not being fully embraced.

20.7 In conclusion Dr Shortland felt that there was a need to provide a safe service and to move away from traditional medical models as the current 3 tier model was not sustainable. There was also a need to embrace ambulatory care. In addressing the St John's Hospital issues it would also be important to maintain tertiary services.

20.8 Mr Crombie commended Dr Shortland and his team for taking this complicated review forward. It was noted that the NHS Lothian proposed response was detailed in the paper circulated with the agenda for the meeting. It was stressed that the review process had been Lothian wide with all affected hospitals being part of the review process.

20.9 The Board noted that a remarkable process of public engagement had been undertaken including an online survey which had been accessed by more than 2000 responders with a significant number of people having signalled interest in participating in the public engagement meeting. Additionally there had been engagement with the 4 local authority stakeholders through public meetings held in each area in Lothian in order to obtain public views on how best to take the service forward.

20.10 The Board noted that the paper addressed the specific recommendations made by the RCPCH for the St John's Hospital workforce as this was the pressing issue. It was advised that the raft of other recommendations made in the report would be subject to further detailed discussion.

20.11 The Board were advised that it was being proposed that option 1 be vigorously pursued as this was the correct decision and if implementable would provide a safe and sustainable service. The complexities of moving to this position should not be underestimated and the RCPCH report had elegantly stated that this would not be a solution that could be achieved overnight and would take a few years to implement. The constitution of option 1 would mean that there would need to be a resident consultant workforce.

20.12 It was noted that under the current national consultant contract that NHS Lothian could not compel existing consultants to work to a resident consultant model. The next step in implementing the RCPCH recommendations would to be engage with the St John's Hospital Consultant Group to determine what changes in support of a consultant model were mutually agreeable. The importance of securing the agreement of the consultant workforce to provide routine out of hours cover to deliver option 1 successfully could not be over stated.

20.13 The proposal was made to approve that while the staffing infrastructure for option 1 was being developed, the RCPCH interim solution, option 2, or a variation of this option agreed with St John's Hospital Consultant Team be implemented. It was advised that whichever interim model was agreed there would continue to be a 24 hour inpatients service at St John's Hospital but that this must demonstrate a reduced risk of an unplanned service collapse, stop the reliance on staff having to work excessive hours to cover locum shifts and end treble time payments to staff for this work. The Board were advised that this interim position would be put in place from the end of August 2016. It was noted that consultants had demonstrated a willingness to support a modification of option 2 and work was in progress to develop an option 2+.

20.14 The Board noted that the RCPCH report highlighted the growing pressure on the medical paediatricians at the Royal Hospital for Sick Children (RHSC) specifically the rising number of admissions through the acute receiving unit (ARU) service which had insufficient consultant staff to meet the demand and to meet the College standards for acute paediatrics set out in 'Facing the Future' 2015. The Board were therefore being recommended to make immediate additional investment in consultant staffing for the medical paediatricians/ ARU service at the RHSC.

20.15 As part of the response to the RCPCH report the Board was being asked to approve the proposal to appoint a Non Executive Board lead to Chair a Paediatric Programme Board which would take forward the reports wider recommendations about strategy, workforce, patient focus, infrastructure, safe guarding and governance.

20.16 The Board were advised that an initial assessment of the financial resources needed to deliver option 1 would be around £1.5m although some of this would already be spent and it was important that the position was known from the outset.

20.17 Mr Crombie concluded by emphasising the level of engagement undertaken to help people to understand the review and its aspirations to provide safe and sustainable paediatric services. It was noted that the report before the Board was the start of a journey and would require arduous work which would extend over the next few years. Mr Crombie commended the report to the Board.

20.18 The point was made that whilst the report and summaries had been succinct that there was a concern about timescales for implementation of the recommendations. It was pointed out whilst there had been heroic efforts in the past to keep the St John's Hospital Service open that on occasions this had been unsuccessful. The Board were advised that Mr Crombie had reflected on this point and felt that the timeframe was viable and this would be enhanced by developing measureable time points into the process around issues like recruitment which would be reported back to the Board as part of the assurance process. The creation of the Programme Board Chaired by a Non Executive Board member would provide governance assurance.

20.19 Mr Johnston commented that he welcomed the report and the clear outcome of the independent review process and potential solution. He advised however that he had major reservations about recommendation 2.4 in respect of option 2. He felt there was a need for a clear difference between option 2 and the position in place

when St John's Hospital services had temporarily closed. He pointed out that St Johns did not admit children between 8pm and 8am and this did not constitute a 24/7 service. He was also concerned about the need to maintain neonatal provision. Mr Johnston sought advice on what the clinical view was around the viability of option 2 as a safe and sustainable solution.

20.20 The Board were advised that the difference between option 2 and the position in place during the previous summer closures was that the ward would remain open for children with treatment plans in place which would result in the provision of a paediatric inpatient ward. The situation would be that post 8pm the service would see the transfer of children to the RHSC to allow consultant level assessment to happen. It was noted that when options had been discussed with clinicians they did not want to move to option 2 but preferred the proposed move to option 1. It had been agreed whilst the system was looking to progress to option 1 that they would consider moving to an option 2+ whilst noting the impact on recruitment.

20.21 Mr Johnston commented that the verbal explanation of option 2 was different from what was described in the Board paper. He sought assurance around the timeline of the end of August 2016 for the implementation of option 2.

20.22 The Chief Executive commented that if the RCPCH report recommendation around option 1 was accepted then this would take some time to deliver. Whilst option 1 was being pursued it would be prudent to move to an interim position of implementing option 2. If it was possible to influence the consultant body around job planned resident on-call rotas to provide appropriate cover then option 1 would be pursued vigorously although it was important to recognise these assurances were not currently in place. The Board were assured if between now and the end of August possibilities emerged around an enhanced option 2 model then this would be progressed. It was noted that currently consultants were keen to be included in debate and that this process would continue. Mr Johnston commented he was concerned if consultants did not support option 2 and had issues around a move to a variation model. The Chief Executive reminded the Board that one of the reasons for undertaking the RCPCH review process had been it produced options not previously considered which would maintain a 24 hour service and minimise the impact on patients who were stable and with treatment plans in place.

20.23 The Board were advised by Dr Doyle, Associate Medical Director for Women and Children's Services that option 2 or option 2+ was a viable proposition and that extended hours could be written into job plans and this could include options about extending admittance hours later into the evening. It was noted that option 2 could be delivered with little additional financial cost. The Board were advised that although consultants would prefer that option 1 was implemented that it was felt that option 2 would be a suboptimal interim solution.

20.24 It was noted that paediatricians could provide cover to neonatal services but not the other way round given the current levels of staffing. It was reported that currently there was insufficient staff to provide services on a 24/7 basis for neonatal services nor was there a safe out of hours alternative. In extremis the contingency for paediatrics was through the RHSC. The point was made however if the 24/7 consultant and paediatric advanced nurse practitioner workforce model could be delivered then this would be capable of covering the neonatal service.

20.25 The point was made by a Board member that the staff body were not supporting option 2 because they wanted to move to option 1 which was encouraging. It was pointed out however that NHS Lothian worked within the national perspective and this needed to be a realistic position given that the RCPCH report itself commented that achieving option 1 would take a number of years. On that basis option 2 was supported as a interim move with a view to moving towards an option 2+ position.

20.26 A question was raised about the implementation of option 1 given the previous comments about there being more jobs than consultants in the UK. In that regard consideration needed to be given to making the Lothian job as attractive as possible particularly in respect of on-call commitments. The question was raised about how the Board would know that work towards implementing option 1 was proceeding on track and in line with a critical path analysis approach. The question was also raised about whether any other part of the country had attempted to move to an option 1 model and failed.

20.27 Dr Shortland commented that it was important to recognise that 2% of units would close year on year largely because of the lack of staff. He stressed that the factor that made option1 work was that consultant staff signed up to the resident on-call model in their totality. He commented that the job model would not work if the job intensity was wrong. It was noted that in general clinical staff liked the model as it provided a work life balance. The Board discussed the attractiveness or otherwise of different rota options. It was noted however that to date consultants had not committed to the resident rota requirement. High level discussion would however continue.

20.28 The Chief Executive commented that a different approach from that adopted in the past was now needed. He stressed if the Board accepted the report recommendations then it would be fully endorsing the intent to deliver option 1 subject to obtaining the agreement of consultants to the resident rota. Moving to option 1 would make the service more attractive in recruitment terms and would avoid a two tier rota being in place. It was noted that elsewhere in the country option 1 had been achieved and sustained because consultants and other staff were keen for services to remain open. The successful implementation of option1 was therefore dependant upon the will of the workforce.

20.29 In terms of assurance to the Board that timelines etc for the implementation of option1 were being delivered it was recognised that the Board would want to pay close attention to progress and receive regular reports. It was noted that the management cohort implementing the move towards option 1 would not expect an open ended commitment from the Board to timelines and finance.

20.30 Dr Shortland in response to a question about whether the College would have recommended option 1 if it had felt that consultants would not sign up to the resident on-call rota advised that an assumption to sign up had been a key component of recommending option1. If consultants did not want to travel down that route then a version of option 2 might well have been the preferred model. He commented that the obstetric issue was a key one to the debate. Dr Shortland stressed that the success of option 1 was dependant upon consultant sign up.

20.31 The question was posed in terms of implementability what additional services would need to be provided around a resident consultant model to make it attractive in order to allow services to be provided differently in a way that would be covered by staff availability. Dr Shortland advised that there was published documentation that covered this issue and that in general people would not do more than 40% on resident cover as this allowed other work to be undertaken. If all staff groups signed up to a residential on-call rota then this removed the previous stigma around resident on-call rotas.

20.32 The Chief Executive stressed that the status quo was not deliverable nor sustainable because small numbers of staff were working excessive hours at excessive cost to the service. If the Board supported the recommendation to purse option1 and recognised the risk then an interim move to implement option 2 by the end of August would be progressed. In the intervening period if an option 2+ model presented then this would be pursued. It was noted that the interim option 2 model was sustainable and kept the unit open 24/7 and stopped stable children with treatment plans in place from being transferred.

20.33 Mr Johnston questioned how the Board would be advised of the emergence of any option 2+ model. The Chairman advised that the Board would be advised of any such development at its meeting in August as it would be important that it was kept informed of any significant developments.

20.34 The point was made that a first task for the proposed Non Executive led Paediatric Programme Board would be to address and develop a matrix of success. It was agreed that the Programme Board would be established quickly under the governance auspices of the Acute Hospitals Committee and would report through that mechanism to the Board.

20.35 Mr Johnston commented that the RCPCH report and the Board paper had his whole hearted support with the exception of recommendation 2.4 as it was currently framed. This position might change depending on whether or not an acceptable option 2+ emerged which he hoped would be the case.

20.36 The Board whilst recognising Mr Johnston's position in respect of recommendation 2.4 agreed the recommendations contained in the circulated paper.

21. Date and Time of Next Meeting

21.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 3 August 2016 in the Board Room, Waverley Gate, Edinburgh.

22. Invoking of Standard Order 4.8

22.1 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

WEST LOTHIAN INTEGRATION JOINT BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To update members on the business and activities of West Lothian Integration Joint Board.

B. RECOMMENDATION

To note the terms of the minutes of West Lothian Integration Joint Board dated 31st May 2016 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**	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 West Lothian Integration Joint 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 West Lothian Integration Joint 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:	Minutes of the meeting of West Lothian Integration Joint Board held on 31st May 2016
Contact Person:	Jim Forrest, Depute Chief Executive 01506 281977 Jim.Forrest@westlothian.gov.uk
CMT Member:	Jim Forrest, Depute Chief Executive
Date:	20th October 2016

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 31 MAY 2016.

Present

Voting Members – Councillors Frank Toner (Chair), Martin Hill, Alex Joyce, Danny Logue, Julie McDowell (Vice-Chair), John McGinty, Anne McMillan.

Non-Voting Members – Elaine Duncan (Professional Advisor), Jim Forrest (Director), Jane Houston (Staff Representative), Mairead Hughes (Professional Advisor), Jane Kellock (Chief Social Work Officer), Mary-Denise McKernan (Stakeholder Representative), Martin Murray (Staff Representative), Patrick Welsh (Finance Officer).

Apologies – David Farquharson.

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), Donald Forrest (Finance and Property Services, WLC) James Millar (Standards Officer), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager, WLC), Carol Mitchell (NHS Lothian).

1. ORDER OF BUSINESS, INCLUDING NOTICE OF URGENT BUSINESS

The Chair informed the Board that Susan Goldsmith (Director Finance, NHS Lothian) would join the meeting later and that the order of business would be changed to allow the presentations on the Budget Setting Process (Agenda Item 9) to be heard at an appropriate time after Susan's arrival.

2. DECLARATIONS OF INTEREST

Councillor Logue declared an interest as an employee, NHS Lothian.

Councillor Toner declared an interest as a former Non-Executive Director, NHS Lothian.

3. MINUTES

(a) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 23 March 2016.

(b) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 31 March 2016.

(c) The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 5 April 2016.

4. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information.

Decision

To note the content of the Running Action Note.

5. PROPOSED MEETING DATES 2016/2017

A report had been circulated by the Director outlining a proposed schedule of meetings until June 2017.

The report recalled that the Board had previously agreed that a meeting should take place on 23 August 2016, but that further discussions should take place about potential dates before further decisions were made.

As part of those discussions, the requirements of the legislation about approval of the Board's annual accounts had been considered and Audit Scotland had provided information about their timescales for completing and reporting on their audit work.

To ensure compliance with the Board's Standing Orders and provide Board members with as much notice of meeting arrangements as possible, it was proposed that the following dates, in addition to the meeting already set for 23 August, were agreed for Board meetings after August 2016 until June 2017:-

2016
18 October – 2.00 pm
29 November – 2.00 pm

2017
31 January – 2.00 pm
14 March – 2.00 pm
20 April – 10.00 am
27 June – 2.00 pm

It was also proposed that the IJB meetings continued to be held in Strathbrock Partnership Centre, Broxburn, as this building met requirements for accessibility, parking and meeting space.

It was noted that dates had been drafted after taking into account legislative requirements and available date and time opportunities within NHS Lothian and West Lothian Council meeting calendars.

It was recommended that the Board agree the proposed schedule of meetings.

Martin Hill thanked the Director for his efforts in trying to accommodate Board members' diaries. However, Martin advised that he had a clash of meetings on the proposed date of 29 November 2016.

Decision

To agree the proposed schedule of meetings.

6. CODE OF CONDUCT - REPORT BY STANDARDS OFFICER

The Board considered a report (copies which had been circulated) by the Standards Officer informing Board members of the revised Model Code of Conduct for Members of Integration Joint Boards and seeking its adoption for submission to the Scottish Ministers for approval.

The Standards Officers recalled that on 20 October 2015, the Board had adopted a Code of Conduct on an interim basis, pending the conclusion of work being undertaken by the Scottish Government and the Standards Commission for Scotland to produce a Model Code specifically designed for IJBs as a specific type of public body. The Standards Officer went on to advise that, on 1 April 2016, a new Model Code had been issued and IJBs had been requested to consider it and adopt it for future use by their IJB members. There was scope for each IJB to make changes to it "in exceptional circumstances" but any such changes would require approval when adoption of the Code was reported back to Ministers.

Although the Model Code was almost identical to the Interim Code adopted by the Board in 2015, there were some changes in relation to wording and layout, but very few of any significance for Board members. A copy of the Model Code of Conduct for Members of Integration Joint Boards (April 2016) was attached as Appendix 1 to the report.

The more significant change which members were asked to consider was the inclusion of the statement that Board members who were concerned about their position in relation to the Code of Conduct should first of all seek advice from the Chair. Representations had been made in relation to the draft Model Code to change that to a seeking advice from the IJB's Standards Officer. These representations had not been taken on board.

It was now recommended that the references in the Model Code be changed to direct Board members to the Standards Officer in the first instance, rather than the Chair.

The report went on to explain the procedure for approval (or otherwise) of the adopted Code. The report also provided details of additional statutory guidance issued by the Standards Commission.

The Standards Officer recommended that the Board:-

1. note that the Scottish Ministers had issued a Model Code of Conduct for Members of Integration Joint Boards.

2. adopt the Model Code for submission to the Ministers for approval, but with amendments to Paragraphs 1.8, 5.4, 5.15 and 6.8 to direct Board members to the Standards Officer for advice, rather than to the Chair.

3. Note the recent issue by the Standards Commission of further guidance to members of devolved public bodies on relationships with employees, and the use of social media.

Decision

To approve the recommendations by the Standards Officer.

7. STRATEGIC PLAN IMPACT ASSESSMENT

A report had been circulated by the Consultant in Public Health presenting the Integrated Impact Assessment carried out on the Strategic Plan.

The report recalled that members of the Strategic Planning Group had met on 18 January 2016 to carry out an impact assessment of the draft Strategic Plan. The assessment met the requirements for Equality Impact Assessment and therefore included explicit consideration of the needs of people with protected characteristics as defined in the Equality Act (2010). It also considered the potential for wider impacts on other vulnerable population groups and determinants of health. The completed impact assessment report was attached as Appendix 1 to the report.

The recommendations made in the impact assessment were as follows:-

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.

- There should be clear strategic links made with corresponding plans and governance structures for children's services.

- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.

- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.

- There should be training in the use of 'teachback' for health and social care staff.

- The relevant needs assessment should consider differing needs of men and women as they age.

- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

The Integration Joint Board was recommended to:-

1. approve the recommendations of the Impact Assessment on the Strategic Plan.

2. approve the use of the Integrated Impact Assessment process for subsequent commissioning and other plans.

During discussion, Martin Hill queried the review date in relation to 'Maintain focus on prevention and early intervention in the Plan' (Appendix 1, page 11) which was showing as May 2016. In response, officer undertook to update the review date.

Decision

To approve the recommendations set out in the report.

8. IJB ANNUAL ACCOUNTS COMPLIANCE

A report had been circulated by the Chief Finance Officer setting out final accounts requirements and timescales for the IJB and proposed reporting arrangements to meet compliance with the Local Authority Accounts (Scotland) Regulations 2014.

The report explained that the Chief Finance Officer of the IJB was responsible for preparing the financial statements in accordance with relevant legislation and the Code of Practice on Local Authority Accounting. This required the maintenance of proper accounting records and the preparation of financial statements giving a true and fair view of the state of affairs of the IJB at 31 March 2016.

The Board noted that the Annual Governance Statement required to be approved and submitted as part of unaudited annual accounts provided to Audit Scotland by 30 June 2016. Taking account of this, a draft Annual Governance Statement was appended to the report for approval by the Board.

The report went on to explain the provisions in relation to the unaudited accounts including the requirement for the accounts to be considered by the Board, or a committee whose remit included audit or governance, prior to submission to the external auditor. It was therefore considered appropriate for the unaudited annual accounts to be considered by the IJB Audit Risk and Governance Committee at the committee meeting scheduled on Friday 24 June 2016.

The Board was asked to note that IJBs must give public notice of the right to inspect the annual accounts and this should be done in advance of

submission of the accounts to external audit. In addition, there was a requirement to publish the unaudited accounts on the IJB website following submission to Audit Scotland and until the publication of the audited accounts.

Under the 2014 regulations, the audited accounts were required to be approved by 30 September. Following approval, and by 31 October at the latest, the audited annual accounts required to be signed and dated by the IJB Chair, Director and Chief Finance officer, and then provided to the auditor. The Controller of Audit then required audit completion and issue of an independent auditor's report.

Audit Scotland had confirmed they would be unable to complete their audit of the IJB and associated audit report to meet the timescales of the Board meeting arranged for 23 August 2016 and the next meeting of the Board was not proposed until 18 October 2016. Taking account of this, it was proposed that the annual audited accounts along with Audit Scotland's audit report be presented to the Audit Risk and Governance Committee for consideration and approval at its scheduled meeting on 23 September 2016.

It was recommended that the Board:-

1. note the requirements set out in the report.

2. approve the draft governance statement for inclusion in the unaudited annual accounts.

3. note that the unaudited annual accounts would be considered by the Audit Risk and Governance Committee on 24 June 2016.

4. agree to give authority to the Audit Risk and Governance Committee to consider and approve the audited annual accounts at its meeting on 23 September 2016, allowing Audit Scotland's deadline of 30 September to be met.

Decisions

To approve the recommendations by the Chief Finance Officer.

9. RISK MANAGEMENT - REPORT BY DIRECTOR

A report had been circulated by the Director advising the Board on the approach being taken to the management of risk and of the risk identified.

The Board was informed that the object of risk management was to ensure that risks were properly identified, assessed and managed. Under the terms of the Integration Scheme, the IJB was required to operate a risk management strategy. The risk management strategy would comprise relevant policies and procedures for the management of risk. These were currently in the process of being developed and it was expected that the IJB Risk Management Policy would be submitted to the IJB's August meeting for approval.

The Integration Scheme also required that the IJB maintain a risk register The Director was required to produce and agree a list of the risks to be report and monitored. A risk register had been set up using West Lothian Council's Covalent system and the risks to be reported and monitored were attached as Appendix 1 to the report. The methodology used was outlined in Appendix 2 to the report.

The Board was asked to note that the risks identified represented high level, or strategic, risks to the IJB's objectives. Operational risks were separately recorded in the risk registers of both West Lothian Council and NHS Lothian.

It was recommended that the Board:-

1. note progress on risk management as set out in the report.

2. consider the risks identified, and the control measures in place to mitigate their impact

A number of questions were raised by Board members and these were dealt with by West Lothian Council's Audit, Risk and Counter Fraud Manager.

It was also noted that those members using iPads had found the format of the appendices useful, but those members with black and white paper copies had found the copies to be inadequate.

Decision

1. To note progress on risk management as set out in the report; and

2. To note the risks identified and the control measures in place to mitigate their impact.

10. BUDGET SETTING PROCESS - PRESENTATION BY DONALD FORREST, HEAD OF FINANCE & PROPERTY SERVICES, WEST LOTHIAN COUNCIL AND SUSAN GOLDSMITH, FINANCE DIRECTOR, NHS LOTHIAN

Presentation by Donald Forrest

The Board heard a presentation by Donald Forrest, Head of Finance and Property Services (WLC) providing details of the five year financial strategy approved by West Lothian in January 2013.

It was noted that, in February 2016, the Council had approved updated budgets for 2016/17 and 2017/18.

The approach to corporate and financial planning comprised a consultation process, identification of priorities, the development of workstreams to deliver priorities and the development of a medium term financial strategy to ensure sustainability.

The Head of Finance and Property Services highlighted a number of risks and uncertainties. These were:-

- The council only had a funding settlement for 2016/17
- The level of future grant from 2017/18 onwards had not been indicated
- Possible conditions attached to the funding settlement
- Economy
- Demographics
- Inflation

The Head of Finance and Property Services considered that the council had robust medium term financial planning in place and this would continue in future. Detailed annual budgets would continue to be presented to council each year in compliance with legal requirements.

Presentation by Susan Goldsmith

A detailed presentation was given by Susan Goldsmith. The presentation slides illustrated the income funding sources to NHS Lothian and details of the various expenditure blocks.

The Board was informed that the financial planning process for NHS Lothian comprised:-

- Preparation of a consolidated financial plan based on individual business unit plans
- The development of individual forecasts and specific action plans at a Business Unit level to help strengthen the delivery of financial balance
- Ensuring that the financial impact of IJB strategic plans were reflected in the overall NHS Lothian Financial Plan

Susan then went on to explain the key elements of the 2016/17 financial plan and provided a summary showing the projected 16/17 costs and projected net position.

It was noted that measures to fund the gap had been identified, and these were:-

- Further Recovery Actions
- National Savings Initiatives
- NRAC Acceleration
- Quality Management System – Waste/Variation/Unnecessary

Interventions

Finally, Susan outlined the West Lothian IJB budget position.

The Chair reminded the Board that a report would be prepared for the IJB following confirmation of the final resources allocation by NHS Lothian.

A number of questions raised by the Board were then dealt with by Donald Forrest and Susan Goldsmith.

Decision

To note the terms of the presentations.

11. PLANNING CYCLE - REPORT BY DIRECTOR

A report had been circulated by the Director advising the Board of a proposed planning cycle which would allow detailed scrutiny of the Strategic Plan and associated Care Group Commissioning Plans.

The report recalled that the IJB had previously approved its strategic plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

It was proposed that the IJB meeting schedule be structured to allow the IJB an appropriate level of scrutiny for each stage of the commissioning cycle. In addition the Strategic Plan had a specific commitment to report overall progress on an annual basis. Appendix 1 to the report provided the detail of the proposed planning cycle.

The Board was recommended to agree the planning cycle as detailed in Appendix 1 to the report.

Decision

To approve the terms of the report.

12. SCHEDULE FOR PHYSICAL DISABILITY COMMISSIONING

A report had been circulated by the Director advising the Board of the schedule for the development of the strategic commissioning plan for Adults with a Physical Disability.

Appendix 1 to the report provided a schedule for the development of the plan for Adults with a Physical Disability. The first phase of this had already been completed in respect of the analytical phase – the needs assessment.

Appendix 2 to the report provided a summary of the key themes and recommendations from the needs assessment.

Appendix 3 provided the Terms of Reference for a short life Working Group that had been established to develop the three year commissioning plan. The intention was to prepare the plan in conjunction with the Strategic Planning Group, including relevant stakeholder engagement, thereafter to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

It was recommended that the Board note the planning schedule as detailed in Appendix 1, in particular to note the commitment to present a final draft of the strategic commissioning plan for Adults with a Physical Disability to the IJB meeting on 23 August 2016 for approval.

Decision

To note the terms of the report.

13. WORKPLAN

A copy of the Workplan had been circulated for information.

Referring to Julie McDowell's departure from the Board, the Chair conveyed his appreciation of the work carried out by Julie in her role as Vice-Chair of the IJB. On behalf of the IJB, the Chair thanked Julie for her contribution to the Board.

Decision

To note the Workplan.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

REPORT ON PROJECT SEARCH

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of the report is to provide an update to the panel on the implementation of Project Search, a new work-based training programme for young people with a learning disability or autism in West Lothian, which took its first intake of students on 29th August 2016.

B. RECOMMENDATION

It is recommended that the panel notes the progress of Project Search.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs; providing equality of opportunities; making best use of our resources; working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Developing the Young Workforce, Scotland's Youth Employment Strategy, Scottish Government, 2014 'The keys to life' 2013, Scottish Government strategy for learning disability services. 'A Working Life for All Disabled People' Scottish Government Supported Employment Framework 2010. 'Working for Growth, A Refresh of the Employability of the Employability Framework for Scotland' 2012.
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Number of adults with a learning disability/autism provided with support to enable them to obtain employments or training for employment.
V	**Relevance to Single Outcome Agreement**	We are better educated and have access to increased and better quality learning and employment opportunities. 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)**	£23,000 met from one-off time-limited resource in 2015. Annual Project Search fee of £1,000 per annum 1FTE Employment Support Worker job coach based at Jabil.
VII	**Consideration at PDSP**	None
VIII	**Other consultations**	West Lothian College, NHS Lothian, WLCHCP Learning Disability Employment Team

D. TERMS OF REPORT

Project Search is an innovative employability partnership for young people aged 16 to 24 with learning disabilities and/or autism which prepares students for competitive, integrated employment. The West Lothian partnership, based in Livingston, involves Jabil, West Lothian College and West Lothian Council's supported employment team. Jabil is an electronic product solutions company providing comprehensive electronics design, production and product management services to global electronics and technology companies. Jabil is the first manufacturing company in Europe to be involved in Project Search.

Nine young people joined the programme on 29th August 2016. Students made application to the project through West Lothian College and the selection process included an assessment of numeracy and literacy skills, a range of practical exercises and a job interview at Jabil.

In preparation for the August start, students took part in a two-week summer school which focused on developing confidence, independent travel skills, health and safety in the workplace, creating personal profiles and visits to Jabil to make introductions to staff. An information evening was held for parents and carers to highlight how young people could be supported through the programme. Sessions were also held for Jabil staff throughout the summer to raise awareness of learning disability and autism in preparation for welcoming students to the workplace.

The nine students are based full-time over 5 days on the Jabil site and have the chance to carry out three job rotations during the college academic year. The rotations enable students to: experience a range of employment opportunities, build skills, develop social understanding and gain a college qualification. Students benefit from having a full-time job coach from West Lothian Council and a lecturer from West Lothian College on site with support from workplace mentors from Jabil also available. A range of placements are being offered in areas such as circuit board assembly, testing, stores, facilities, inspection, reception, finance, etc.

The aim of Project Search is to secure paid employment for young people at the end of the programme and students will be supported throughout the year to achieve that goal. Plans are being made to develop a Project Search Business Liaison Group with representation from other local businesses who will be able to identify skills in demand and may also be able to recruit Project Search students in the future.

E. CONCLUSION

Project Search is a new and innovative approach which supports young people from West Lothian with a learning disability or autism to gain employment. The first intake of students took place on 29th August 2016 and feedback on the programme so far has been very positive.

F. BACKGROUND REFERENCES

None

Appendices/Attachments:	None
Contact Person:	Pamela Main, Senior Manager, Assessment and Prevention
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	Jane Kellock Head of Social Policy
Date of meeting:	20 October 2016

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE - POLICY DEVELOPMENT AND SCRUTINY PANEL

THE ROLE OF CHIEF SOCIAL WORK OFFICER GUIDANCE ISSUED BY SCOTTISH MINISTERS PURSUANT TO SECTION 5(1) OF THE SOCIAL WORK (SCOTLAND) ACT 1968

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of the report is to inform Panel Members of the revised guidance on the role of the Chief Social Work Officer issued by Scottish Ministers

B. RECOMMENDATIONS

It is recommended that the Panel notes the revised guidance on the role of the Chief Social Work Officer which was issued by Scottish Ministers on 15th July 2016.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs. Being honest, open and accountable. Making best use of our resources. Working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Local Government etc. (Scotland) Act 1994 Social Work (Scotland) Act 1968
III	**Implications for Scheme of Delegations to Officers**	No new implications.
IV	**Impact on performance and performance Indicators**	None
V	**Relevance to Single Outcome Agreement**	None
VI	**Resources - (Financial, Staffing and Property)**	None

VII Consideration at PDSP None

VIII Other consultations None

D. TERMS OF REPORT

Background

The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.

The guidance document provides an overview of the Chief Social Work Officer's role, outlining the responsibility for values and standards, decision making and leadership. The guidance also covers accountability and reporting arrangements.

The Chief Social Work Officer Role

The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions.

Purpose of the Guidance

The guidance is for local authorities and will also be of use to bodies and partnerships to which local authorities have delegated social work functions. Local authorities must have regard to this guidance when carrying out their functions under the 1968 Act. Recognising the democratic accountability which local authorities have in this area, clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in delivery of social work services.

The guidance summarises the minimum scope of the role of the CSWO. It will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role. Effective delivery of and support for the role will assist local authorities to be assured that there is coherence and effective interfacing across all of their social work functions.

The guidance is intended to:

a) support local authorities in effective discharge of responsibilities for which they are democratically accountable;
b) help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally;
c) provide advice on how best to support the role so that the CSWO can be effective in their role both within the local authority and in regard to other entities, such as Community Planning Partnerships, whilst recognising that local authorities operate with different management and organisational structures and in different partnership landscapes;

d) assist Integration Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act).
e) be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued relating to the 2014 Act
f) be sufficiently generic to remain relevant in the event of future management or organisational structural change.

E. CONCLUSION

The revised guidance by the Scottish Government provides local authorities with guidance on the appointment, role and responsibilities of Chief Social Work Officers, including related reporting arrangements. The arrangements in West Lothian are consistent with this guidance.

F. BACKGROUND REFERENCES

Appendices/Attachments:	The Role of Chief Social Work Officer Guidance Issued by Scottish Ministers pursuant to Section 5(1) of the Social Work(Scotland) Act 1968
Contact Person:	Jane Kellock Head of Social Policy
Tel	01506 281920
Date:	20th October 2016

The Role of Chief Social Work Officer

Guidance Issued by Scottish Ministers

pursuant to Section 5(1) of the Social Work (Scotland) Act 1968

Revision of Guidance First Issued In 2009

Revised Version – July 2016

This guidance has been developed in partnership with local government and supported by COSLA

July 2016

The Scottish Government
Riaghaltas na h-Alba

INTRODUCTION

1. The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.

2. This document contains statutory guidance. It is issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. The local authority must have regard to this guidance. It must follow both the letter and the spirit of the guidance. It must not depart from the guidance without good reason. The Guidance replaces guidance previously issued in 2009.

PURPOSE

3. The guidance is for local authorities and will also be of use to bodies and partnerships to which local authorities have delegated social work functions. Local authorities must have regard to this guidance when carrying out their functions under the 1968 Act. Recognising the democratic accountability which local authorities have in this area, clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest and role in delivery of social work services.

4. This guidance summarises the minimum scope of the role of the CSWO. It will assist elected members in ensuring that the role is delivered effectively and that the local authority derives maximum benefit from the effective functioning of the role. Effective delivery of and support for the role will assist local authorities to be assured that there is coherence and effective interfacing across all of their social work functions.

5. The guidance is intended to:

(a) support local authorities in effective discharge of responsibilities for which they are democratically accountable;

(b) help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally;

(c) provide advice on how best to support the role so that the CSWO can be effective in their role both within the local authority and in regard to other entities, such as Community Planning Partnerships, whilst recognising that local authorities operate with different management and organisational structures and in different partnership landscapes;

(d) assist Integration Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act).

(e) be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued relating to the 2014 Act.

(f) be sufficiently generic to remain relevant in the event of future management or organisational structural change.

REQUIREMENT

6. The requirement for every local authority to appoint a Chief Social Work Officer is set out in section 3 of the 1968 Act. This requirement is for the purposes of the local authority functions under the 1968 Act and the enactments listed in section 5(1B) of the Act. The role provides a strategic and professional leadership role in the delivery of social work services. In addition there are certain functions conferred by legislation directly on the CSWO by name.

7. The Scottish Office explicitly recognised that the need for the role was driven by "*the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not*." (Circular: SWSG2/1995 May 1995)

8. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority. The CSWO's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

THE CHIEF SOCIAL WORK OFFICER ROLE

Overview

9. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions as described in paragraph 6. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions.

10. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

11. It is for local authorities to determine the reporting and management structures that best meet their needs. Where the CSWO is not a full member of the senior management team or equivalent, elected members must satisfy themselves that the officer has appropriate access and influence at the most senior level and is supported to deliver the complex role described in this guidance.

Competencies

12. Scottish Ministers' requirement is that the CSWO role will be held by a person who is qualified as a social worker and registered as such with the Scottish Social Services Council. Local authorities will also want to require this as they will need to ensure that the CSWO:

- can demonstrate extensive experience at a senior level of both operational and strategic management of social work and social care services and;
- has the competence and confidence required to provide effective professional advice at all levels within the organisation and with the full range of partner organisations
- receives effective induction to support them in full delivery of their role

(NB At the time of writing, SI 1996/515, which sets out minimum qualifications for a CSWO is being reviewed with a view to amendment so that the social work degree is specifically included.)

13. Further information on the skills and competencies required of a CSWO is available in the Standard for Chief Social Work Officers (issued by the Scottish Social Services Council in July 2015) which underpins the Level 11 Award for CSWOs which was launched in August 2015 as a further professional accredited qualification aimed at enhancing CSWO competence.

Scope

14. The scope of the role relates to the functions outlined in paragraph 6 whether provided directly by the local authority; through delegation to another statutory body or in partnership with other agencies. Where social work services and support are commissioned on behalf of the authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support. The CSWO also has a role in providing professional advice and guidance to an Integration Joint Board or NHS Board to which social work functions have been formally delegated.

Responsibility for values and standards

15. The CSWO should:

(a) promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers.

(b) work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;

(c) establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance, including, for example, - the *Practice Governance Framework: Responsibility and Accountability in Social Work Practice* (SG 2011);

(d) ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically.

16. The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate (or the Chief Executive of a Health Board if appropriate in the context of a lead agency model), in regard to:

(a) effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards.

(b) appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice.

(c) the development and monitoring of implementation of appropriate care governance arrangements;

(d) approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;

(e) requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;

(f) workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;

(g) continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;

(h) the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

Decision-Making

17. There are a small number of areas of decision-making where legislation confers functions directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions. These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed;
- decisions associated with the management of drug treatment and testing orders
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

18. In addition to these specific areas where legislation confers functions on all CSWOs, there will be a much larger number of areas of decision-making which have been assigned by individual local authorities to Chief Social Work Officers reflecting "*the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not"* noted in paragraph 7. These areas may include responsibilities assigned through guidance or other routes. For example:

- the 2014 guidance on Multi Agency Public Protection Arrangements (MAPPA) makes explicit reference to the role of the CSWO in responsibility for joint arrangements, in co-operation with other authorities.
- although mental health services are delegated to Integration Joint Boards, some of these functions require to be carried out by local authority officers with a social work qualification (Mental Health Officers). Local authorities will want to be reassured via the CSWO that these functions are discharged in accordance with professional standards and statutory requirements

It is for each local authority to make transparent which additional specific areas of responsibility in regard to their social work functions they have assigned to their CSWO

Leadership

19. The CSWO is responsible for providing professional leadership for social workers and staff in social work services. The CSWO should:

(a) support and contribute to evidence-informed decision making and practice – at professional and corporate level – by providing appropriate professional advice;

(b) seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery;

(c) support the delivery of social work's contribution to achieving local and national outcomes;

(d) promote partnership working across professions and all agencies to support the delivery of integrated services;

(e) promote social work values across corporate agendas and partner agencies.

The CSWO role in the context of partnerships and integration

20. In the context of Health and Social Care Integration and the 2014 Act, the CSWO is required to be appointed as a non-voting member of the Integration Joint Board (IJB) (or, in lead agency models, the Integration Joint Monitoring Committee). Scottish Ministers are strongly of the view that the influence of high quality professional leaders in the integrated arrangements is central to the effectiveness of improving the quality of care locally and nationally.

21. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board, as set out in the partnership Integration Schemes and relevant guidance.

22. The local authority should ensure that appropriate arrangements are in place to include the CSWO in relevant strategic and operational forums that provide direct access to the Chief Executive and elected members so that the CSWO is in an optimum position to support and advise them in regard to their social work function responsibilities in their partnership contexts.

Reporting

23. The CSWO has a role in reporting to the local authority Chief Executive, elected members and IJBs – providing comment on issues which may identify risk to safety of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and carers, for individual teams/members of staff/partners as appropriate;
- implications for delivery of national and local outcomes;
- proposals for remedial action;
- means for sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

24. The CSWO should also produce and publish a summary annual report for local authorities and IJBs on the functions of the CSWO role and delivery of the local authority's social work services functions (however these are organised or delivered). A template for this report is available from by the Office of the Chief Social Work Adviser, Scottish Government.

ACCESS, ACCOUNTABILITY AND REPORTING ARRANGEMENTS

25. To discharge their role effectively, the CSWO will need:

(a) direct access to people and information across the local authority, including the Chief Executive, elected members, managers and frontline practitioners and also in partner services, including in Health and Social Care Partnerships. Specific arrangements will vary according to individual councils, but should be clearly articulated locally;

(b) to be able to bring matters to the attention of the Chief Executive to ensure that professional standards and values are maintained;

(c) to be visible and available to any social services worker and ensure the availability of robust professional advice and practice guidance;

(d) to provide professional advice as required to senior managers across the authority and its partners in support of strategic and corporate agendas.

26. Local authorities will need to agree:

(a) how the CSWO is enabled to inform and influence corporate issues, such as managing risk, setting budget priorities and public service reform;

(b) the specific access arrangements for the CSWO to the Chief Executive and elected members;

(c) the relationships, responsibilities and respective accountabilities of service managers and the CSWO;

(d) a mechanism to include an independent, professional perspective to the appointment of the CSWO;

(e) procedures for removal of a CSWO postholder, bearing in mind the need for continuity in the provision of the CSWO functions, the value of independent professional advice and the arrangements for the appointment and removal of the local authority's other proper officers;

(f) clear and formal deputising arrangements (with similar skills and experience available) to cover any period of absence by the CSWO and appropriate delegation arrangements where scale of business requires this.

27. This document complements the wide set of guidance underpinning the delivery of safe, accountable and effective social work practice and high quality social services in Scotland.

This publication is available at **www.gov.scot**

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West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NEW SUPPORTED HOUSING DEVELOPMENT

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of this report is to provide the panel with an update on the development of Rosemount Gardens in Bathgate, a new supported housing facility for older people.

B. RECOMMENDATION

The panel notes the investment in supported housing for older people and the progress made in developing a purpose built facility and model of support which has the potential to maximise independence and choice.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs; • Being honest, open and accountable • Providing equality of opportunities • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Equality Impact Assessed
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Positive impact on: % of residents who feel we have an inclusive society % of community care service users feeling safe % of community care service users satisfied with opportunities for social interaction.
V	**Relevance to Single Outcome Agreement**	SOA: Older people are able to live independently in the community with an improved quality of life.

		SOA: We live in resilient, cohesive and safe communities
VI	**Resources - (Financial, Staffing and Property)**	This development represents a capital investment of £7.3 million and additional revenue of £150 thousand.
VII	**Consideration at PDSP**	
VIII	**Other consultations**	Tenants and relations at Rosemount Court have been invited to regular consultation meetings. Senior Peoples Forum consulted 20th October 2015 Bathgate Local Area Committee 7th December, 2015 Financial Management Unit has been fully engaged in planning and project management

D. TERMS OF REPORT

Rosemount Gardens is a new build supported housing complex in Mid Street Bathgate situated close to an existing sheltered housing complex in Rosemount Court. Now fully completed, having been handed over to the council on the 3rd of May 2016 it offers 30 new tenancies for older people in an ideal location close to Bathgate Town Centre. The building has been designed to be fully accessible and dementia friendly offering an ideal opportunity for the promotion of independent living.

Meanwhile the existing sheltered housing complex in Rosemount Court is currently undergoing extensive refurbishment this having been achieved by decanting tenants from Rosemount Court to Rosemount Gardens whilst refurbishment works are ongoing.

The associated service model has been developed to offer maximum choice and flexibility with core services being supplemented by a menu of choices adapted to individual need and preferences. Designed with a public restaurant, café and hairdressing salon to encourage community participation, the Assisted Living model focuses on keeping supported housing well integrated with the local community. The onsite staff team can provide assist with tenancy support where there is an identified need and have a significant key role in encouraging tenants to remain active participants and valued contributors to the local community.

Being situated in very close geographical proximity to both Rosemount Court and Jane Place (both sheltered Housing complexes) has offered an ideal opportunity to adopt a more streamlined and flexible approach to the use of staff resources across all three provisions. The service model has been designed to ensure that staff can work flexibly across all three sites offering economies of scale and ensuring that tenants in all three complexes can benefit from the additional investment.

Tenancies within the new build have now all been allocated via the council's sheltered housing allocations policy. Tenants who were decanted from Rosemount Court have been given the opportunity to take up a permanent tenancy within Rosemount Gardens should they wish thus avoiding the disruption of a second move.

E. CONCLUSION

The development of this attractive purpose built facility in conjunction with a new model of support enables older people to live independently in the community with the opportunity for an improved quality of life both now and in future years.

F. BACKGROUND REFERENCES

Nil

Appendices/Attachments: Service Leaflet

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Jane Kellock, Head of Social Policy

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Date of meeting: 20th October, 2016

How to apply

Anyone aged 60 years of age and over wishing to be considered for a tenancy at Rosemount Gardens is invited to apply by submitting a housing application to West Lothian Council Housing, Construction and Building Services.

Further details of the application process and the associated cost of living within Rosemount Gardens can be obtained from Housing Services Section within the Council.

To make an enquiry call our Customer Service Centre on **01506 280 000**.

Rosemount Gardens

A new supported housing complex

West Lothian Health & Social Care Partnership
www.westlothianchcp.org.uk

NHS Lothian

West Lothian Council





Rosemount Gardens – Assisted Living

Located close to Bathgate Town Centre in Mid Street, Rosemount Gardens, a new supported housing complex, offers an ideal location for the 30 new tenancies which will be available to older people aged 60 years and over.

In addition to offering comfortable homes for rent, support and easy access to the town centre a range of on- site facilities will help to ensure tenants can easily access all they could possibly need.

On site facilities will include a well laid out garden area, café, restaurant and hairdressing salon.

Key Features

Fully accessible flats designed to meet your needs both now and in the future. All flats are suitable for single people or couples.

Additional key features include:

- ✓ Managed Heating Systems
- ✓ Specially designed shower rooms
- ✓ Visitors flat
- ✓ Laundry facilities
- ✓ Lift (where applicable)
- ✓ Comfortable restaurant/cafe
- ✓ Dedicated multi-function social areas

Offering Reassurance and Peace of Mind

Rosemount Gardens has been designed to support your independence while offering peace of mind through the provision of security features such as CCTV and intruder alarms.
In addition, each tenancy benefits from the installation of discrete technology which can be customised to suite your particular preferences and needs.

Each tenancy will have heat and smoke detectors and the core technology system allows each tenant to summon help in an emergency via a 24/7 call centre. Examples of additional features include; flood alerts, medication prompts and fall sensors.

An on- site team of Assisted Living staff provide practical advice, support and assistance.

Why Choose Assisted Living?

The Assisted Living model has been developed to offer maximum choice and flexibility with core services being supplemented by a menu of options designed to meet most individual's needs and preferences.

Core services include:

- ✓ Assistance to arrange property repairs and sustain the tenancy
- ✓ Arrange access to advice on a wide range of issues associated with supporting and maintaining your independence
- ✓ Support to identify and access events / activities / clubs operating within the local community
- ✓ On-site activities / events programme based on tenants preferences
- ✓ Provide assistance to arrange the delivery of prescriptions / shopping

It is recognised that being able to have friends and socialise plays a major part in an individual's overall quality of life and wellbeing. The on site staff team will have a key role to play in developing a range of social activities and events which will be attractive to friends, family and members of the local community to ensure that Rosemount Gardens remains connected to the local community and is a lively place to live. The public café and restaurant area within Rosemount Gardens is a comfortable and attractive venue which supports the overall aim of a fully integrated service.

West Lothian Council

HEALTH AND CARE POLICY AND DEVELOPMENT SCRUTINY PANEL

OCCUPATIONAL THERAPY INFORMATION DAY

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To advise the Health and Care Policy Development and Scrutiny Panel of a public information event to promote occupational therapy (OT) services to members of the public and it is being held during National OT Week.

B. RECOMMENDATION

- To note the OT Information Day event planned for Tuesday 8th November 2016 from 10am - 3pm in Howden Park Centre, Livingston.
- To encourage attendance at the event by members of the PDSP and other elected members.

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)**	None
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	No direct impact

V	**Relevance to Single Outcome Agreement**	n/a
VI	**Resources - (Financial, Staffing and Property)**	Within existing revenue budget
VII	**Consideration at PDSP**	n/a
VIII	**Other consultations**	West Lothian IJB

D. TERMS OF REPORT

Occupational Therapy is a health and social care profession regulated by the Health and Care Professions Council. Occupational Therapy takes a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their full potential.

Occupational Therapy provides practical support to enable people to facilitate recovery and overcome any barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life.

Occupational Therapy (OT) teams operate within both community and acute sectors. In West Lothian there is a well-established partnership approach to joint working with benefits in efficiency and sharing good practice. The joint OT teams are planning to hold an open day to promote the service to members of the public. This will incorporate "Soapbox" presentations, OT specific stalls (see headings below) and some stalls from relevant companies:

- Work/Education
  Highlight the role of OT in supporting people in education and paid and unpaid employment, for example vocational rehabilitation and sign-posting to local services.
- Self and Health Management
  Share experiences of how to manage long term conditions for people of any age, both children and adults. Provide information about Self-Management Community Resources and how to contact the OT service, plus Carer Support information.
- Self-Care
  To empower the public with solutions for existing and potential difficulties with the everyday activities associated with caring for themselves, for example provision of equipment and/or adaptations, joint protection & energy saving techniques, how & when to access an Occupational Therapist, as well as sign-posting to other resources.
- Leisure
  Promote awareness of how Occupational Therapy can support children and adults to improve health and well-being through participation in leisure in West Lothian. Information to include how and when to access Occupational Therapy services and examples of leisure opportunities available in West Lothian, as well as how OT can support people with their everyday activities in order to be able to access leisure/hobbies/interests and improve/maintain their quality of life.

The event is planned for Tuesday 8th November 2016 from 10am - 3pm in Howden Park Centre, Livingston. It is intended to publicise the event through posters and plasma screen information in the main Health and Care Partnership buildings.

It is hoped that members of the Health and Care Policy Development and Scrutiny Panel will give their support to the event.

E. CONCLUSION

The planned OT Information Day event provides an opportunity to raise awareness of the service to members of the public and the benefits that can result, particularly in respect of improving or maintaining independence, from the support and advice available.

Members of the PDSP are encouraged to attend and to promote the event with other elected members and the wider community.

Appendices:	None
Contact Persons:	Alan Bell Senior Manager Community Care Support and Services Alan.bell@westlothian.gov.uk
Tel	01506 281937
	Jane Kellock Head of Social Policy
Date of meeting:	20 October 2016

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN PUBLIC INFORMATION CAMPAIGN – DIRECT ACCESS TO HEALTH AND SOCIAL CARE SERVICES

REPORT BY CLINICAL DIRECTOR, WEST LOTHIAN HSCP

A. PURPOSE OF REPORT

The purpose of the report is to advise the panel of a new initiative to encourage the public to make use of direct access to health and social care services.

B. RECOMMENDATION

The panel are asked to support the initiative by;

- helping raise awareness of the campaign
- agreeing to the display of posters and leaflets in appropriate council-run facilities.

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)**	None
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	None
V	**Relevance to Single Outcome Agreement**	We live longer, healthier lives.
VI	**Resources - (Financial, Staffing and Property)**	None
VII	**Consideration at PDSP**	None
VIII	**Other consultations**	None

D. TERMS OF REPORT

Traditionally, GP practices have been the first point of contact for the public when they decide to access health services; GPs are also frequently consulted by those seeking to access social care. In the context of a national shortage of GPs, practices are having to develop new ways of working to manage increasing levels of patient demand and ensure that scarce GP time is used appropriately.

There are numerous services that patients can access directly without going through their GP, however people are not always aware that this is the case, nor do they know how to go about it.

We have developed a poster campaign outlining a wide range of services that patients can access for themselves, with details of how to do so. This not only aims to reduce the demand on GP practices but also to empower the public to take care of their own health.

The idea is informed by Scottish National Outcomes:

- Outcome 1 - People are able to look after and improve their own health
- Outcome 3 - People who use health can social care services have positive experiences
- Outcome 5 - Services contribute to reducing health inequalities
- Outcome 8 - People who work in health and social care services feel engaged
- Outcome 9 - Resources are used effectively and efficiently

and by the West Lothian Integration Joint Board Strategic Plan 2016-26 Strategic Priorities:

- 5.3 - Improvements in achieving the nine national outcomes for integration
- 5.6 - To describe the assets within communities
- 5.9 - To reduce barriers to accessing care
- 5.11 - Impact better quality relationships between service users and those providing them
- 5.16 - Focus our activities to enable people to manage their own conditions
- 5.18 - Providing integrated care that crosses the boundaries between primary, hospital and social care
- 5.23 - Impact effective and appropriate use of resources.

E. CONCLUSION

The poster campaign is an example of joint working supported by both health and social care as well as third sector organisations such as West Lothian Leisure. Posters will be displayed in key locations throughout West Lothian such as GP practices, community pharmacies, West Lothian Leisure facilities and appropriate council facilities. We hope to expand the campaign to offer take-home leaflets for the public, and are also exploring the possibility of promoting the campaign through bus advertising.

F. BACKGROUND REFERENCES

Appendices/Attachments:	Appendix 1 - Example of poster
Contact Person:	Dr Elaine Duncan Clinical Director WL HSCP
CMT Member:	Jim Forrest, Depute Chief Executive
Date:	20th October 2016

Who do you need an appointment with?
Get to the right place first time.

Do you have a problem with your feet: Ingrowing toenails? You can self-refer to Podiatry - pick up a form from your GP reception.

If you have a problem with your mouth or teeth, you should consult your dentist. If you do not have a dentist, **call 0131 537 8444** to find a dentist near you who is taking on new patients.

Red eyes, painful eyes and visual problems such as floaters and cataracts: Opticians are trained to recognise a range of common eye complaints. Opticians can provide certain eye treatments and they can also refer patients on to specialist services, if required.

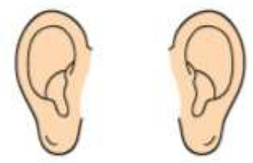
Muscles, Bones and Joints: hip, shoulder, knee and back problems. Call NHS Inform's support service on **0845 604 0001** for advice on bone, joint and muscle problems. You can access physiotherapy through this service too.

Minor Ailments - thrush, verrucas and warts, hay fever, sore throats, conjunctivitis, coughs and colds etc: you can consult your pharmacist for appropriate treatment for minor ailments such as those described above. **Ask at your local pharmacy**.

Pregnancy and Child Care – you can self-refer as soon as you know you are pregnant – call **0131 536 2009** for your booking appointment. The Health Visiting team are available for advice on immunisations, feeding problems, minor skin problems and concerns about development or speech in **children under 5 years old**

The Social Work team are available **01506 775 666 (Broxburn under 16 years only), 01506 282 252 (Livingston anyone under 65), 01506 776 700** (**Bathgate under 16 and over 65**). Here you can access help and obtain advice about benefits, care at home or difficulty with daily tasks (such as washing, dressing, food preparation or getting about the home). For Carer's support, please contact Carers of West Lothian on **01506 448 000.**

Hearing Problem? Many opticians now offer free hearing tests and assistance with existing hearing aids - you can usually get an appointment within a week.



For family planning advice, or if you are concerned you may have a sexually transmitted infection, consult the Chalmers website at: www.lothiansexualhealth.scot.nhs.uk or call **0131 536 1070.**

Concerned about drug or alcohol misuse? There are various drop-in sessions available. Call the Addictions Care Partnership on **01506 282 845** for more information.

Eat Xcite is a 6 week course packed with advice, guidance and support on how to improve your health and lifestyle through your eating and exercise habits. It gives straightforward, real advice, no fads and no gimmicks! Each session is made up of 40mins Education & Discussion and 20mins Exercise with an Xcite Fitness Instructor. Find out more @ www.westlothianleisure.com or call **01506 237950**

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – OCTOBER 2016

	ISSUE	LEAD OFFICER	PDSP DATE
1	Chief Social Work Officer Report Guidance	Jane Kellock	20/10/2016
2	Project Search update	Pamela Main	20/10/2016
3	Rosemount Gardens progress report	Pamela Main	20/10/2016
4	GP Signposting poster	Elaine Duncan	20/10/2016
5	AHP Development Day	Alan Bell	20/10/2016
6	Chief Social Work Officer Annual Report 2015-2016	Jane Kellock	08/12/2016
7	Family Nurse Partnership Update	Mairead Hughes	09/02/2017
	Reporting Activities of Outside Bodies –		
8	Minutes of Lothian NHS Board	Jim Forrest	Standing item
9	Minutes of West Lothian Integration Joint Board	Jim Forrest	Standing Item

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