



Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

2 December 2016

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within **Council Chambers, West Lothian Civic Centre** on **Thursday 8 December 2016** at **2:00 p.m.**

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 Minute of Meeting of the Health and Care Policy Development and Scrutiny Panel held on Thursday 20 October 2016 (herewith).
5. NHS Lothian Health Board Minute - Report by Depute Chief Executive (herewith)
6. West Lothian Integrated Joint Board Minutes - Report by Depute Chief Executive (herewith)
7. Chief Social Work Officer's Annual Report 2015-2016 - Report by Head of Social Policy (herewith)
8. Winter Plan 2016/17 - Report by Director (herewith)

DATA LABEL: Public

9. Older People's Commissioning Plan - Report by Head of Social Policy (herewith)
10. Learning Disability Commissioning Plan - Report by Head of Social Policy (herewith)
11. Occupational Therapy Information Day - Report by Head of Social Policy (herewith)
12. Workplan - December 2016 (herewith)

NOTE **For further information please contact Elaine Dow on 01506 281594 or email: elaine.dow@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 20 OCTOBER 2016.

Present – Councillors Anne McMillan (Chair), John McGinty, Janet Campbell, George Paul, Frank Toner

Apologies – Councillor Mary Dickson; Mary Benson (Senior People's Forum Representative)

1. DECLARATIONS OF INTEREST

Agenda Item 6 (West Lothian IJB Minute) – Councillor Frank Toner declared a non-financial interest in that he was the former Chair of the IJB.

2. MINUTE

The Panel confirmed the Minute of its meeting held on 25 August 2016. The Minute was thereafter signed by the Chair.

3. NHS LoTHIAN HEALTH BOARD MINUTE

A report had been circulated by the Depute Chief Executive to which was attached the Minute of the NHS Lothian Board meeting held on 22 June 2016.

Decision

To note the contents of the report and Minute

4. WEST LoTHIAN INTEGRATED JOINT BOARD MINUTES

A report had been circulated by the Depute Chief Executive to which was attached the Minute of West Lothian Integrated Joint Board meeting held on 31 May 2016.

Decision

To note the contents of the report and Minute

5. REPORT ON PROJECT SEARCH

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the implementation of Project Search which was a work-based training programme for young people with a learning disability or autism from the West Lothian area.

The Head of Social Policy explained that Project Search was an

innovative employability partnership for young people aged 16 to 24 with learning disabilities and/or autism which prepared students for competitive integrated employment. The West Lothian Partnership, based in Livingston, involved Jabil, an electronic produce solutions company, West Lothian College and West Lothian Council. Jabil was the first manufacturing company in Europe to be involved in Project Search.

Nine young people had joined the programme on 29 August 2016. The students had originally made an application through West Lothian College and the selection process included an assessment of numeracy and literacy skills, along with a range of practical exercises and a final 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 also 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 disabilities and autism in preparation for welcoming the students into the workplace.

The nine students would be based full-time over 5 days on the Jabil site and would have the chance to carry out three job rotations during the college academic year. The rotations would enable students to experience a range of employment opportunities, build skills, develop social understanding and gain a college qualification.

The aim of Project Search was to secure paid employment for young people at the end of the programme and students would be supported throughout the year to achieve that goal.

Plans were also being made to develop a Project Search Business Liaison Group with representation from other local businesses who would be able to identify skills in demand and may also be able to recruit Project Search students in the future.

The report concluded that Project Search was a new and innovative approach which supported people from West Lothian with a learning disability or autism to gain employment and so far feedback from the programme had been very positive.

It was recommended that the Panel note the progress of Project Search.

Decision

- 1) Noted the contents of the report;
- 2) Recorded a note of thanks to all the partners involved in bringing about the initiative; and
- 3) Agreed that a further update be provided to a future meeting of the Panel.

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

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the revised guidance on the role of the Chief Social Work Officer issued by Scottish Ministers.

The guidance, a copy of which was attached to the report at Appendix 1, provided an overview of the Chief Social Work Officer's role and outlined the responsibility for values and standards, decision making and leadership. The guidance also covered accountability and reporting arrangements.

The guidance was for local authorities and would also be of use to bodies and partnerships to which local authorities had delegated social work functions. Local authorities must have regard to the guidance when carrying out their functions under the 1968 Act. The guidance also summarised the minimum scope of the role of the Chief Social Work Officer.

The guidance was intended to :-

- a) Support local authorities in the effective discharge of responsibilities for which they were democratically elected;
- b) Help local authorities maximise the role of the Chief Social Work Officer and the value of their professional advice – both strategically and professionally;
- c) Provide advice on how best to support the role so that the Chief Social Work Officer could 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 operated with different management and organisational structures and in different partnership landscapes;
- d) Assist Integration Joint Boards to understand the Chief Social Work Officer role in the context of integration of health and social care brought in through the Public Bodies (Joint Working) (Scotland) Act 2014;
- e) Be read alongside the wide range of guidance relevant to social work functions of local authorities and relevant guidance issued by the Public Bodies (Joint Working) (Scotland) Act 2014; and
- f) Be sufficiently generic to remain relevant in the event of future management or organisational structural change.

The Panel then heard the Head of Social Policy confirm that West Lothian Council was fully compliant with the guidance.

It was recommended that the Panel note the revised guidance on the role

of Chief Social Work Officer which was issued by Scottish Ministers on 15 July 2016.

Decision

Noted the contents of the report.

7. NEW SUPPORTED HOUSING DEVELOPMENT

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the development at Rosemount Gardens in Bathgate, which was a new supported housing facility for older people.

The Head of Social Policy explained that Rosemount Gardens was 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 3 May 2016, it offered 30 new tenancies for older people in an ideal location close to Bathgate town centre. The building had 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 was currently undergoing extensive refurbishment which had been achieved by decanting tenants from Rosemount Court to Rosemount Gardens whilst refurbishment works were ongoing.

The Head of Social Policy continued that with Rosemount Gardens being situated very close to Rosemount Court and Jane Place this had provided an ideal opportunity to adopt a more streamlined and flexible approach to the use of staff resources across all three provisions. And that the service model had been designed to ensure that staff could work flexibly across all three sites, offering economies of scale and ensure that tenants in all three complexes could benefit from additional investment.

The Panel were further advised that the tenancies within the new build had now all been allocated via the council's sheltered housing allocations policy. Also tenants who were decanted from Rosemount Court had been given the opportunity to take up a permanent residency within Rosemount Gardens should they wish thus avoiding the disruption of a second move.

The report concluded that the development of Rosemount Gardens in conjunction with a new model of support enabled older people to live independently in the community with the opportunity for an improved quality of life both now and in future years.

It was recommended that the Panel note the investment in supported housing for older people and the progress made in developing a purpose built facility and model of support which had the potential to maximise independence and choice.

Decision

- 1) Noted the contents of the report; and
- 2) Noted the good work being done in the community to provide flexible care for older people.

8. OCCUPATIONAL THERAPY INFORMATION DAY

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of a public information event to promote occupational therapy (OT) services to members of the public during National OT Week.

Occupational Therapy was a health and social care profession regulated by the Health and Care Professions Council. Occupational Therapy took a whole-person approach to both mental and physical health and well-being, enabling individuals to achieve their full potential. OT provided practical support to enable people to facilitate recovery and overcome any barriers that prevented them from doing activities (occupations).

OT teams operated within both community and acute sectors and in West Lothian there was a well-established partnership approach to joint working with benefits in efficiency and sharing good practice.

The joint OT teams were planning to hold an open day to promote the service to members of the public. This would incorporate "Soapbox" presentations, OT specific stalls, covering subjects such as Leisure, Self & Health Management, Self-Care and Work-Education and some stalls from relevant companies.

The event was planned for Tuesday 8 November from 10am to 3pm at Howden Park Centre, Livingston. It was intended to publicise the event through posters and plasma screen information in the main Health and Care Partnership Buildings. It was also hoped that members of the Panel would also give their support to the event.

The Panel were asked to :-

1. Note the OT Information Day event planned for Tuesday 8 November 2016 from 10am to 3pm in Howden Park Centre, Livingston; and
2. Encourage attendance at the event by members of the PDSP and other selected members.

Decision

- 1) Noted the contents of the report;
- 2) Noted that officers would pursue the use of all forms of social media to promote the event;
- 3) Noted that officers would send an invite to all elected members

following the conclusion of the meeting; and

- 4) Requested that officers give consideration to how best promote online access to aids and adaptations.

9. WEST LOTHIAN PUBLIC INFORMATION CAMPAIGN - DIRECT ACCESS TO HEALTH AND SOCIAL CARE SERVICES

The Panel considered a report (copies of which had been circulated) by the Clinical Director, West Lothian Health Services & Care Partnership advising of a new initiative to encourage the public to make better use of direct access to health and social care services.

The Panel were advised that traditionally GP practices had been the first point of contact for the public when they required access to health services with GP's being frequently asked about access to social care. In the context of a national shortage of GP's, practices were having to develop new ways of working to manage an increasing level of patient demand and ensure that scarce GP time was used appropriately.

There were numerous services that patients could access directly without going through their GP, however people were not always aware of these nor did they know how to go about it.

Therefore a poster campaign had been developed and which outlined a wide range of services that patients could access for themselves along with details on how to do this. This not only aimed to reduce the demand on GP practices but also empower the public to take care of their own health.

Attached to the report at Appendix 1 was a sample poster.

The report concluded that the poster campaign was an example of joint working supported by health and social care as well as third sector organisations such as West Lothian Leisure. The posters would be displayed in key locations throughout West Lothian such as GP practices, community pharmacies, West Lothian Leisure facilities and appropriate council facilities. In the long run it was hoped to expand the campaign using take-home leaflets and bus advertising.

It was recommended that the Panel support and help raise awareness of the campaign.

Decision

- 1) Noted the contents of the report;
- 2) Agreed agree to support the initiative, however officers were asked to consider the following suggestions :-
 - a) Give consideration to using digital and social media to promote the campaign;

- b) Make the leaflet look more professional including the use of appropriate graphics and logos;
- c) Give consideration to using the reverse of routine NHS/GP correspondence sent to patients to advertise the campaign; and
- d) Give consideration to how best to monitor the success of the campaign.

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



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 3rd August 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 apprised 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 3rd August 2016

Contact Person: Jim Forrest, Depute Chief Executive
01506 281977
Jim.Forrest@westlothian.gov.uk

CMT Member: Jim Forrest, Depute Chief Executive

Date: 8th December 2016

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 3 August 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs Kay Blair; Councillor H Cartmill; Councillor D Grant; Councillor R Henderson; Mr M Hill; Ms C Hirst; Mr P Johnston; Councillor C Johnstone; Mrs J McDowell; Mrs A Meiklejohn; Mrs A Mitchell; Mr P Murray; Mr J Oates and Mr G Walker.

Executive and Corporate Directors: Mr J Crombie (Acting Chief Executive); Mr A Boyter (Director of Human Resources & Organisational Development); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy) and Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS - Executive Lead REAS & Prison Healthcare).

In Attendance: Dr P Eunson (Consultant Paediatrician) (for Item 25); Ms C Harris (Communications Manager); Dr P Leonard (Consultant Paediatrician) (for Item 25); Mrs F Mitchell (Director, Royal Hospital for Sick Children, Women & Children's Associated Services) (for Item 25); Mr P Reith (Secretariat Manager); Mr D A Small (Chief Officer, East Lothian Integration Joint Board) and Professor B Stenson (Consultant Paediatrician) (for Item 25).

Apologies for absence were received from Mrs S Allan; Mr M Ash; Mr A Joyce; Professor M Whyte; Mrs L Williams; Dr R Williams; Mr T Davison and Mr S Watson

Welcome and Introduction

The Chairman welcomed Councillor Harry Cartmill to his first Board meeting as the West Lothian Council Stakeholder member. The Chairman also reminded Board members that this would be the last Board meeting for both Alison Meiklejohn and Alan Boyter. He advised that on Mr Boyter's retirement Ms Janis Brown had been appointed Interim Director of Human Resources & Organisational Development.

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.

23. Items for Approval

- 23.1 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.

- 23.2 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.
- 23.3 Minutes of the Previous Board Meeting held on 22 June 2016 – Approved.
- 23.4 Running Action Note – Approved.
- 23.5 Acute Hospitals Committee – Minutes of 7 June 2016 – Endorsed.
- 23.6 Audit & Risk Committee – Minutes of 20 June 2016 – Endorsed.
- 23.7 Healthcare Governance Committee – Minutes of 24 May 2016 – Endorsed.
- 23.8 Strategic Planning Committee – Minutes of 9 June 2016 – Endorsed.
- 23.9 Staff Governance Committee – Minutes of 30 May 2016 – Endorsed.
- 23.10 Area Clinical Forum Constitution – Approved the proposed amended Constitution for the Area Clinical Forum.

24. Items for Discussion

24.1 Corporate Risk Register

- 24.2 Dr Farquharson introduced the circulated report and advised that the increased risk of General Practitioner sustainability was deteriorating. This was a national issue but there were some local aspects and an event was being held to discuss the situation and actions that could be taken to address the problem.
- 24.3 It was reported that the new General Medical Services contract should be in place by Autumn and this might encourage the recruitment of General Practitioners. It was noted that the problem was not just in respect of General Practitioners but Community Nurses and a number of consultant specialities.
- 24.4 It was noted that more detail about the allocation of risks to individual Board Committees would be included in the next report.
- 24.5 It was also noted that a number of the current risk tolerance measures in Table 1 had no figures and it was explained that a number of these risks were difficult to measure. In respect of the absence of data for General Practice, discussions were underway with the General Practitioners Sub Committee.
- 24.6 The Board noted that there were also shortages of District Nurses with a number likely to retire in the near future and the necessity of looking at the totality of the workforce was accepted. One of the key drivers of the increasing number of presentations at Accident & Emergency was the shortage of General Practitioners and District Nurses and this was being investigated.

- 24.7 It was noted that a pressing and emerging issue was the suitability of General Practitioner premises, with a number of older General Practitioners approaching retirement seeking to sell off their share of the practice but younger General Practitioners not wanting to own the practice. The Integration Joint Boards and Lothian NHS Board were trying to deal with this situation but it was a real and present risk and would be discussed with the Integration Joint Boards. The situation in respect of General Practice would be discussed at the August Corporate Management Team meeting.
- 24.8 The Board noted that no national mechanism for dealing with this problem was yet in place and NHS Lothian had been endeavouring to prioritise investment where possible.
- 24.9 The Board also noted the need for further clear information with clear bullet point lists of actions being taken to tackle the problem.
- 24.10 The Chairman reminded the Board that the Risk Register and the harmonisation of its various elements was still being developed.
- 24.11 The Board agreed the recommendations contained in the circulated report.

25. Medical Paediatrics Review - Update

- 25.1 The Chairman welcomed Dr Eunson, Dr Leonard, Professor Stenson and Mrs Mitchell to the meeting.
- 25.2 As Chair of the Medical Paediatrics Programme Board Mr Walker introduced the circulated report and advised that two of the clinicians present were members of the Programme Board. The Programme Board would be meeting weekly or bi-weekly and focussing on the sustainability of the service and rotas at St John's Hospital, taking into account the impact on the Royal Hospital for Sick Children.
- 25.3 The Board noted that discussions had already started with clinicians and there had now been agreement that all the consultant posts which were to be advertised should have job planned commitments to provide resident consultant out of hours cover at St John's Hospital as well as to support the Royal Hospital for Sick Children Acute Medical Receiving Unit.
- 25.4 Internal advertisements inviting nursing staff at the Royal Hospital for Sick Children and St John's Hospital to note interest and undertake the Advanced Paediatric Nurse master course starting in the autumn had been circulated. It was expected that two places would be taken up this year. In addition, an external advert had also been placed for the recruitment of trained advanced paediatric nurse practitioners, to work across services in Lothian with a closing date in August 2016.
- 25.5 It was noted that these discussions had highlighted significant concerns from all the clinical teams about Option 2 as defined by the Royal College of Paediatrics and Child Health and a lack of support to implement this model.
- 25.6 The Paediatric Programme Board had now considered all the views expressed and on the advice of its 7 medical and nursing members, had concluded that Option 2 carried too much clinical risk and should not be supported.

- 25.7 An alternative interim proposal by the St John's Hospital team which would involve most of them committing on a time limited basis to work in a resident model, pending the recruitment of more consultants and advanced nurse practitioners had been put forward.
- 25.8 Any rota would require to be European working time directive compliant to prevent reliance on overworking so there would be an impact on daytime activity, particularly outpatient clinics.
- 25.9 The Paediatric Programme Board was advising that if the alternative interim proposal from the St John's team could be firmed up quickly and assessed as robust, this should be supported as it would keep the paediatric ward running 24/7. If the interim proposed model could not be delivered immediately then the Programme Board considered the only remaining Option was the short stay assessment unit which was Option 3 in the RCPCH report. This model would see the St John's Hospital paediatric service temporarily revert to a short stay assessment unit with no inpatients overnight, while recruitment to consultant posts took place.
- 25.10 The Board noted that advertising a large number of posts at the same time demonstrated that this was a growing service and there was a high level of confidence that the posts could be filled. It was hoped to be able to have at least four consultants in post by January 2017 and if all positions could not be filled then a second waive of recruitment would be undertaken.
- 25.11 It was reported that there was some question to the availability of Scottish Ambulance Service transport from St John's Hospital to the Royal Hospital for Sick Children at night and it was noted that a risk minimisation approach was being taken.
- 25.12 The Board commended the work undertaken by the Paediatric Programme Board and agreed the recommendations contained in the circulated report.

26. Financial Position to 30 June 2016

- 26.1 Mrs Goldsmith advised that the financial position at the end of June 2016 was reporting a deficit of £4.5m and that a further £6m of National Resource Allocation Committee (NRAC) funding had been received from the Scottish Government reducing the financial plan gap to £14.1m and that further NRAC funding had been set aside for the year 2017-18
- 26.2 It was noted that, taking the additional funding into account, the Board still required to deliver £44.4m of savings in order to breakeven by 31 March 2017. Currently £30.4m of recovery actions had been identified and it was noted that no further benefits were generated from financial recovery activities the Board was predicted to be overspend by £18.2m at the year end.
- 26.3 Mrs Goldsmith advised that work was underway with Deloitte to identify further opportunities for cost savings and project managers were being recruited to drive these forward. Quarterly review meetings were about to be held with all Directors

to identify further cost reductions but that the Board still had time to achieve financial balance by the end of the current financial year.

- 26.4 It was noted that work was underway to identify actions to reduce a number of delayed discharges and national work was underway on a balanced sheet review trying to find more sustainable models for NHS funding in Scotland.
- 26.5 The Board noted that significant progress had been made in reducing the use of Bank and Agency staffing, particularly in critical care and theatres. It was taking longer to recruit new staff in the community and this was necessitating the continued use of Bank staff.
- 26.6 It was noted that a number of recruitment days for nursing staff had been held and as staffing levels increased the rate of sickness absence was improving.
- 26.7 The Board noted that meetings were still taking place with the Integration Joint Boards as their budgets still rested with NHS Lothian in the current financial year.
- 26.8 Integration Joint Board plans would still be under discussion until 2017. It was noted that the scale of the challenge for Integration Joint Boards was significant and the need to redesign services with changes cutting across Boards would be part of the future structure of public services across Scotland.
- 26.9 It was also noted that Local Authorities were having to make substantial savings which would lead to a reduction in the number of Local Authority staff.
- 26.10 The Board agreed to note the financial position at the end of June 2016 was reporting a deficit £4.5m; but a further £6m of NRAC funding had been received from the Scottish Government reducing the national plan gap to £14.1m and that ongoing actions were being progressed to reduce the predicated financial deficit in order to achieve a year-end balanced position, however no assurance could be given of a breakeven position at the year-end.

27. Quality and Performance Improvement

- 27.1 Professor McMahon advised the Board that of the 35 standards assessed, 15 had been met whilst 20 had not.
- 27.2 It was noted that the new process for measuring quality and performance improvement was just beginning to take effect and a targeted report had been submitted to the Healthcare Governance Committee in July. Meetings were being held with the leads in each area and a number of pieces of work were being taken forward.
- 27.3 The Board noted that in terms of performance, Lothian sat in a “pack” of Boards currently not meeting the treatment time guarantees. Delayed discharges were still a problem and a meeting was being held with the Integration Joint Board Chief Officers to discuss the continuing problem with delayed discharges. It was agreed to explore the possibility of linking financial benefits or costs with quality and performance.

- 27.4 It was noted that overall, complaints were reducing and work was focussing on the number of complaints from prisons as these disproportionately skewed the figures. The importance of communicating with complainants to explain why it might take longer to gather information regarding some complaints was important and work was underway to see how this could be built into the system.
- 27.5 It was noted that some problems were being encountered in psychological therapies and there was a need to see patients faster and more frequently. Within the service there were issues regarding recurring funding as staff on temporary contracts were leaving to find permanent jobs. It was agreed that this issue should be referred back to the Healthcare Governance Committee.
- 27.6 The Board noted that work was underway to look at the whole issue of discharges across Lothian.
- 27.7 The Board noted that the position varied between Integration Joint Boards and areas of good practice that were identified should be shared at a forum of Integration Joint Board Chairs.
- 27.8 The Board agreed to accept the report as assurance that performance on 15 measures, including those relating to the hospital score card were currently met.
- 27.9 It was also agreed to ask the relevant committees to form their initial views on assurance for those areas not met.

28. Healthcare Associated Infection

- 28.1 The Board received an updated report on progress towards achievement of local delivery planned performance for healthcare associated infection across NHS Lothian.
- 28.2 Dr Farquharson explained that healthcare associated infection was a separate report from performance management in order to comply with the recommendations of the Vale of Leven report. He commented that there was a real risk of reading too much into the data at this stage but that the introduction of new policies in respect of the control of Staphylococcus Aureus Bacteraemia and Clostridium Difficile infection was improving the position on the previous year where the entry on the Risk Register was graded high due to the reported incidence rates.
- 28.3 The Board noted that the Healthcare Governance Committee in May had discussed the induction of prescribing of antibiotics associated with Clostridium Difficile particularly in General Practice.
- 28.4 It was agreed that this would be monitored in the next report. **DF**
- 28.5 In response to a question from Mr Murray, Mrs Goldsmith confirmed that Finance was looking into the potential saving both in the prescribing costs and treatment costs if the incidence of Clostridium Difficile was reduced.
- 28.6 Professor McCallum confirmed that a significant amount of work on the control of Healthcare Associated Infection was being carried out at national level and could not be captured in individual NHS Boards reports.

28.7 The Board agreed to accept the recommendations contained in the circulated report.

28.8 The Chairman reminded members that the NHS Lothian Realistic Medicine Board seminar would be held on Thursday 18 August 2016 from 12-2pm in the Boardroom at Waverley Gate.

29. Date and Time of Next Meeting

29.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday. 5 October 2016 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

30. Invoking of Standing Order 4.8

30.1 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.



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 23rd August and 18th October 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 apprised 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 meetings of West Lothian Integration Joint Board held on 23 rd August 2016
	Minutes of the meetings of West Lothian Integration Joint Board held on 18 th October 2016
Contact Person:	Jim Forrest, Depute Chief Executive 01506 281977 Jim.Forrest@westlothian.gov.uk
CMT Member:	Jim Forrest, Depute Chief Executive
Date:	8 th December 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 23 AUGUST 2016.

Present

Voting Members – Martin Hill (Chair), Susan Goldsmith, Alex Joyce, Danny Logue, John McGinty, Anne McMillan, Lynsay Williams.

Non-Voting Members – Ian Buchanan (Stakeholder Representative), 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 – Councillor Frank Toner

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), Steve Field (Head of Service, WLC), Clare Gorman (NHS Lothian), James Millar (Standards Officer), Carol Mitchell (NHS Lothian).

1. CHAIR'S OPENING REMARKS

The Chair welcomed to the meeting Susan Goldsmith and Lynsay Williams. Susan and Lynsay had been appointed to the IJB as replacements for Julie McDowell and David Farquharson.

The Chair then referred to the Quality Scotland Annual Scottish Awards for Business Excellence 2016. West Lothian Health and Social Care Partnership had won an award in the category Committed to Excellence Assessment. The Chair congratulated Jim Forest and staff on their achievement.

2. DECLARATIONS OF INTEREST

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

Susan Goldsmith declared an interest as an employee, NHS Lothian.

3. MINUTE OF MEETING OF WEST LOTHIAN IJB

The Board approved the minute of meeting of the West Lothian Integration Joint Board held on 31 May 2016.

Matters Arising – Code of Conduct

The Board noted advice by the Standards Officer that the Code (which had been agreed by the IJB in May 2016) had been submitted to Scottish

Ministers and had been approved.

4. MINUTE OF MEETING OF WEST LoTHIAN INTEGRATION SPG

The Board noted the minute of meeting of the West Lothian Integration Strategic Planning Group held on 7 April 2016.

5. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information. It was noted that a number of items on the Running Action Note would be dealt with later in the meeting.

Decision

To note the Running Action Note.

6. IJB 2016/217 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the IJB's 2016/17 delegated resources taking account of NHS Lothian's submission of the 2016/17 Local Delivery Plan and resulting updated level of delegated resources to the IJB.

The report explained that NHS Lothian's Local Delivery Plan, containing 2016/17 budget plans, had been submitted to the Scottish Government on 31 May 2016. The Local Delivery Plan outlined a funding gap of over £20 million. Since then, the Scottish Government had agreed to provide NHS Lothian with an additional £6 million of recurring funding to recognise NHS Lothian's unfavourable position in relation to NRAC funding.

Appendix 1 to the report was a letter from NHS Lothian Director of Finance noting an updated allocation of resources to the IJB for delegated functions. A table within the report provided details of the split of the funding and gap between the three elements of the NHS Lothian contribution.

The report went on to examine the key risks around the NHS Lothian contribution to the West Lothian IJB, the key risk being that NHS Lothian as yet did not have a balanced budget position, although the extent of the budget gap had reduced significantly over recent months. In addition, a number of specific risks would require to be closely monitored, and these were listed in the report.

In relation to Alcohol Drug Partnership Funding, the Lothian wide funding for 2016/17 of £8.887 million represented a 23% reduction compared to 2015/16. A separate report to the Board would be considered later in the meeting setting out further detail of ADP plans for the current year and future years.

As previously reported to the Board, the council's budget contribution to the IJB had been approved by Council on 23 February 2016. While the council's budget contribution represented a balanced budget position, there remained a number of risks as noted in the report.

The Chief Finance Officer then informed the Board of successful bids for Scottish Government funding that had recently been confirmed and as a result had not yet been taken account of in IJB resources. This related to £515,000 for Technology Enable Care (TEC) and £351,000 for Primary Care and Mental Health, awarded in line with the investment plans submitted within the successful bids.

Finally, the report examined the key points relating to the financial assurance process.

The Chief Finance Officer recommended that the IJB:-

1. Note the update financial assurance position on resources delegated to the IJB.
2. Agree that Directions were updated and re-issued to NHS Lothian based on the updated resources allocated to the IJB taking account of the NHS Lothian budget plans submitted to the Scottish Government.
3. Note that financial assurance and monitoring of financial performance would be ongoing during the year and reported on a regular basis to the IJB.

Decision

To approve the recommendations by the Chief Finance Officer.

7. PHYSICAL DISABILITY COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director advising the Board of the development of a strategic commissioning plan for Adults with a Physical Disability.

The report recalled that, at its meeting held on 24 March 2016, the IJB had 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.

The Board was informed that recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants.

A short life Working Group had been established to develop the three year commissioning plan. This group included representatives of key stakeholders, including service users and providers. A draft plan had

been prepared and considered by the Strategic Planning Group on 8 August 2016.

Following comments by the Strategic Planning Group, the draft of the strategic commissioning plan for Adults with a Physical Disability had now been finalised and was attached as Appendix 1 to the report.

The Director recommended that the Board approve the strategic commissioning plan for Adults with a Physical Disability attached as Appendix 1 to the report.

Questions raised by IJB members were then dealt with by Alan Bell, Senior Manager, Community Care Support and Services.

Decision

To approve the strategic commissioning plan for Adults with a Physical Disability as recommended by the Director.

8. NEEDS ASSESSMENT FOR OLDER PEOPLE

The Board considered a report (copies of which had been circulated) by the Director enclosing the planning schedule for the development of the strategic commissioning plan for Older People.

The report recalled that the IJB had approved its strategic plan which included details of how high level outcomes would 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.

Appendix 1 to the report provided the schedule for the development of the plan for Older People, and it was noted that the first phase of this had been completed in respect of the analytical phase – the needs assessment.

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

A short life Working Group had been established to develop the three year commissioning plan, and Appendix 3 provided the Terms of Reference for this group as previously approved by the IJB.

The Board was informed that officers intended 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 Older People to the IJB meeting on 18 October 2016 for approval.

Questions raised by Board members were then dealt with by Alan Bell

(Senior Manager, Community Care Support and Services).

During discussion, Susan Goldsmith commented that she would not be able to approve the final draft of the Strategic Commissioning Plan for Older People without opportunity to discuss in more detail.

Board members then heard that the final draft would take account of the comments made by IJB members and by members of the OPCP Working Group (which concerned the recommendations being relatively light and lacking ambition).

In addition, officers undertook to raise the following questions with Figure 8 Consultancy Services:-

Reference to “culture of silo working” (page 60) – to clarify what is meant by this.

Comparisons with South Lanarkshire, Renfrewshire and Falkirk – to ascertain the rationale for choosing these councils.

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 Older People to the IJB meeting on 18 October 2016 for approval.

Decision

1. To note the planning schedule as detailed in Appendix 1 to the report.
2. To note the commitment to present a final draft of the strategic commissioning plan for Older People to the IJB meeting on 18 October 2016 for approval.

9. SCHEDULE FOR MENTAL HEALTH COMMISSIONING PLAN

The Board considered a report (copies of which had been circulated) by the Director enclosing a schedule for the development of the strategic commissioning plan for Adults with Mental Health problems.

The report recalled that the IJB had approved its strategic plan which included details of how high level outcomes would 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.

Appendix 1 to the report provided the schedule for the development of the plan, and it was noted that the first phase of this had been completed in respect of the analytical phase – the needs assessment.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants; these had been grouped under six

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

A short life Working Group had been established to develop the three year commissioning plan, and Appendix 3 provided the Terms of Reference for this group as previously approved by the IJB.

The Board was informed that officers intended 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 Mental Health problems to the IJB meeting on 18 October 2016 for approval.

Decision

1. To note the planning schedule as detailed in Appendix 1 to the report.
2. To note the commitment to present a final draft of the strategic commissioning plan for Adults with Mental Health problems to the IJB meeting on 18 October 2016 for approval.

10. ALCOHOL AND DRUGS PARTNERSHIP FUNDING 2016/17

The Board considered a report (copies of which had been circulated) by the Director advising the IJB of the reduction in direct grant funding for Alcohol and Drugs Partnerships in 2016/17 and the issues associated with this.

The Board was informed that the West Lothian Alcohol and Drugs Partnership (ADP) was a multi-agency partnership set up in 2008 that had strategic responsibility for coordinating actions to address local issues with alcohol and drugs. Its membership included West Lothian Council, NHS Lothian, Police Scotland, Third Sector, HMP Addiewell. The current ADP Commissioning Plan 2015-2018, which was attached as Appendix 1 to the report, had been developed with collaboration and support of all partners.

The report went on to advise that in 2015/16, £69.2 million had been provided from across the health and justice portfolios for the purposes of supporting the work of Alcohol and Drug Partnerships on treatment services. The Scottish Government draft budget published in December included a reduction in the combined drug and alcohol funding from £69.2 million in the current financial year to £53.8 million in 2016-17.

Since December, the Scottish Government had confirmed ADP funding allocations to NHS Boards for 2016-17 in a letter of 4 July 2016. A copy of the letter was appended to the report. The result was that the ADP funding allocation for Lothian had reduced from £11.470 million to £8.887 million (a 23% reduction).

The Board noted that, as part of its financial planning process for 2016/17, NHS Lothian had passed on the relevant share of increase in its baseline

budget in 2016/17 to all Lothian IJBs along with the full Scottish Government allocation for ADPs. The budget resources available were however unable to redress the 23% reduction in direct Scottish Government funding for ADPs for 2016/17.

It was estimated that the total budget reduction impacting on West Lothian commissioned services would be approximately £400,000 in 2016/17.

The Board was informed that the existing ADP commissioned service commitments were based on an expectation of funding comparable to 2016/16 levels. Although contracts could be varied or terminated, a period of at least three months notice was required. In addition such a significant reduction to ADP services, without undertaking an appropriate assessment and prioritisation of service activities, would have risks to delivery of outcomes which related to vulnerable people and disadvantaged communities.

The Director recommended that the IJB:-

1. Note that all additions services came within the scope of the IJB Scheme of Integration.
2. Note that the budget contribution from NHS Lothian to the IJB incorporated the appropriate proportion of all NHS Lothian funding in respect of additions services.
3. Note the reduction in the Scottish Government's direct grant funding for Alcohol and Drugs Partnerships in 2016/17.
4. Agree that the ADP commissioning plan should be reviewed and revised to bring planned expenditure in line with the reduced resources for additions services; this review to be based on the priorities established from the strategic needs assessment and carried out with the same level of stakeholder engagement as for the original development of the commissioning plan.
5. Agree that the revised ADP commissioning plan should be presented to the IJB meeting of 29 November 2016 for approval.

Decision

To note the terms of the report; and

To approve the recommendations outlined in the report.

11. TECHNOLOGY ENABLED CARE PROGRAMME

The Board considered a report (copies of which had been circulated) by the Director concerning the West Lothian Technology Enabled Care Programme (WL TEC Programme) and the associated Scottish Government funding which had been approved by the Scottish Government.

The Board was informed that West Lothian had recently had confirmation of funding of £515,000 by the Scottish Government TEC Fund to participate in the two year national TEC programme.

The funding would allow West Lothian to expand the range of services offered and provide greater opportunity to an increased number of service users.

A number of areas would be developed as a result of the funding and an outline of programme activity was attached as Appendix 1 to the report. A structure programme management approach, as outlined in Appendix 2 to the report, would be followed to ensure control and delivery; this approach would also ensure that the programmed activity is full evaluated thus informing decisions on future sustainability.

Finally, it was noted that officers would report to the IJB on the progress of the programme on a six monthly basis.

Decision

1. To note the West Lothian Technology Enabled Care Programme and the associated Scottish Government funding which had been approved by the Scottish Government.
2. To note that six monthly progress reports on the programme would come to the IJB.
3. To delegate authority to the Director, West Lothian IJB to issue a Direction to West Lothian Council to use the funding (£515,000) to deliver in terms of the funding conditions.

12. DRAFT UNAUDITED ACCOUNTS/DRAFT GOVERNANCE STATEMENT

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer enclosing a copy of the unaudited 2015/16 Annual Accounts of the West Lothian Integration Joint Board (IJB) for information.

The Chief Finance Officer informed the Board of the requirement for IJBs to prepare annual accounts. He went on to advise that, in line with the Local Authority Accounts (Scotland) Regulations 2014, the unaudited annual accounts had to be submitted to the appointed auditor by 30 June.

The Annual Accounts appended detailed the IJB's financial position for 2015/16 taking account of a date of establishment of 21 September 2015. The accounts also included a Management Commentary setting out the purpose and strategic aims of the IJB, and the Annual Governance statement previously approved by the Board.

It was recommended that the Board note the 2015/16 Annual Accounts that had been submitted to Audit Scotland for audit.

Decision

To note the terms of the report.

13. IJB MEMBER INDUCTION

The Board considered a report (copies of which had been circulated) by the Director concerning a proposal for further progressing induction for Board members.

The report recalled that the Board had previously agreed that a series of orientation events would take place for members to visit areas and learn about service specific initiatives. This would enable members to familiarise themselves with local environments whilst being able to meet and interact with a range of teams providing care.

Appendix 1 to the report outlined the dates and themes of each visit.

It was recommended that the Board note the content and dates of Board member induction as outlined in the report.

Decision

To note the terms of the report.

14. WORKPLAN

A copy of the Workplan had been circulation for information.

Decision

1. To note the Workplan.
2. To note that two important items of business would come to the IJB for decision in October and that other items of business planned for October could be re-scheduled, if necessary.

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 18 OCTOBER 2016.

Present

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

Non-Voting Members – Ian Buchanan (Stakeholder Representative), Jim Forrest (Director), Jane Houston (Staff Representative), Mairead Hughes (Professional Advisor), Pamela Main (substitute for Chief Social Work Officer), James McCallum (Professional Advisor), Mary-Denise McKernan (Stakeholder Representative), Martin Murray (Staff Representative), Robin Strang (Stakeholder Representative), Patrick Welsh (Chief Finance Officer).

Apologies – Lynsay Williams, Elaine Duncan and Jane Kellock.

In Attendance – Marion Barton (Head of Health Services), Alan Bell (Senior Manager, Communities and Information, WLC), James Millar (Standards Officer), Carol Mitchell (NHS Lothian).

1. DECLARATIONS OF INTEREST

Councillor Danny Logue declared a non-financial interest as an employee of NHS Lothian.

2. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD HELD ON TUESDAY 23 AUGUST 2016

The West Lothian Integration Joint Board approved the minute of its meeting held on 23 August 2016 subject to an amendment as undernoted:-

Page 57, third paragraph – “2016/16” should read “2015/16”.

3. MINUTE OF MEETING OF WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT RISK AND GOVERNANCE COMMITTEE HELD ON FRIDAY 24 JUNE 2016

The West Lothian Integration Joint Board noted the minute of meeting of the Audit Risk and Governance Committee held on 24 June 2016.

4. RUNNING ACTION NOTE

A copy of the Running Action Note had been circulated for information. It was noted that an item on the Running Action Note would be dealt with

later in the meeting, but that the item 'Needs Assessment for Older People' had been deferred.

Decision

To note the Running Action Note.

5. ADULTS' MENTAL HEALTH COMMISSIONING PLAN

The Integration Joint Board considered a report (copies of which had been circulated) by the Director seeking approval of the Strategic Commissioning Plan for Adults' Mental Health as presented in Appendix 1 to the report.

The Board was informed that a short life Working Group had been established to develop the three year commissioning plan for Adults' Mental Health. A draft plan had been considered by the Strategic Planning Group and was now before the IJB for approval.

All care group commissioning plans followed a similar structure as follows:-

Section 1 gave an overview, setting out vision, values, aims and outcomes, and the approach taken.

Section 2 detailed the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they were to be addressed by specific commissioning intentions.

Section 3 detailed the specific commissioning commitments, informed by the Needs Assessment, and provided information on the planned spend to meet these commitments.

Section 4 was titled Next Steps and detailed a number of strategic changes. The programmes of change were listed in the report.

It was noted that the IJB budget had not yet developed to the level appropriate to commissioning plans. This in turn limited the extent to which commissioning commitments could be detailed. In addition, organisation arrangements within the scope of the IJB were undergoing considerable change and this was likely to have an impact on commissioning commitments. There followed a discussion around the programmes of change which were set out in Section 4 of the report.

The Director advised that decisions on the investment and disinvestment of resources would require to be made as the actions in Section 4 were progressed.

In response to a question raised, the Senior Manager Community Care Support and Services advised that it had been his intention to circulate an updated Plan for approval by the IJB which incorporated amendments agreed by the Strategic Planning Group at its meeting held on 6 October

2016.

Decision

1. To approve the Strategic Commissioning Plan for Adults' Mental Health as presented in Appendix 1 to the report, but subject to minor amendments as agreed by the Strategic Planning Group at its meeting held on 6 October 2016.
2. To note that reports on the various workstreams would be brought to the Board for monitoring of progress.

6. LEARNING DISABILITY COMMISSIONING PLAN

The Integration Joint Board considered a report (copies of which had been circulated) by the Director seeking approval of the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report.

Prior to presenting his report, the Senior Manager Community Care Support and Services informed the Board of minor amendments to the Plan which had been agreed by the Strategic Planning Group at its meeting held on 6 October 2016.

The Board noted that all care group commissioning plans followed a similar structure as follows:-

Section 1 gave an overview, setting out vision, values, aims and outcomes, and the approach taken.

Section 2 detailed the main recommendations arising from the Needs Assessment, locating these against existing strategies and policies and confirming whether they were to be addressed by specific commissioning intentions.

Section 3 detailed the specific commissioning commitments, informed by the Needs Assessment, and provided information on the planned spend to meet these commitments.

Section 4 was titled Next Steps and detailed a number of strategic changes. The programmes of change were listed in the report.

Questions raised by Board members were then dealt with by Alan Bell (Senior Manager, Community Care Support and Services) and Pamela Main (Senior Manager, Assessment and Prevention).

It was noted that, in relation to strategic change proposals outlined in Section 4 of the report, decisions on the investment and disinvestment of resources would require to be made as the actions were progressed.

The Board was asked to approve the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report.

Decision

To approve the strategic commissioning plan for Adults with a Learning Disability as presented in Appendix 1 to the report, but subject to minor amendments as agreed by the Strategic Planning Group.

7. IJB 2016/17 BUDGET UPDATE

The Integration Joint Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the financial performance in respect of the IJB's 2016/17 delegated resources based on the latest forecast position reported by NHS Lothian and West Lothian Council.

The Chief Finance Officer presented his report, advising that the forecast position reflected the most recent NHS and council outturn position. Both bodies forecasted an overall breakeven budget position for 2016/17 which meant that both parties were currently managing pressures, including in the delegated IJB functions, within total resources available.

The report provided a table showing the most recently reported 2016/17 forecast position by NHS Lothian and West Lothian Council based on their first overall year end forecast.

Appendix 1 to the report provided further detail on the forecast position shown. A summary of key risks and service pressures had been identified and these were noted in the narrative against the relevant components of the delegated budget.

The report outlined the position in relation to approved budgeted savings. While in overall terms satisfactory progress was being made on the delivery of 2016/17 savings, it was vital that savings were fully achieved on a recurring basis. NHS Lothian and the council had established processes in place for monitoring and reporting on the delivery of savings and regular updates would be provided to the Board on progress with delivery of savings.

In relation to the 2017/18 budget plan, work was progressing and it would be important that the IJB worked in partnership with NHS Lothian and the council in the development of plans. In terms of West Lothian Council, budget plans, including adult social care functions, for 2017/18 were well progressed and were largely agreed along with the council's 2016/17 budget. A key issue that might impact on this was the Scottish Government's budget announcement for 2017/18, expected on 15 December 2016. In terms of NHS Lothian, it was intended to have the 2017/18 financial plan concluded as far as possible by the end of the calendar year. The recurrent element of the financial gap for 2017/18 was currently estimated at £60 million for NHS Lothian overall which took account of 2016/17 pressures being met by one off funding. The NHS Board was estimating that efficiency savings of up to 7% would be required for 2017/18.

There followed a brief discussion concerning the Board's role in monitoring action being taken to manage key risk areas.

Questions raised by Board members were then dealt with by the Chief Finance Officer and the Director.

The Chief Finance Officer recommended that the Board:-

1. Note the roles and responsibilities for managing within budget taking account of the West Lothian Integration Scheme.
2. Note the forecast outturn for 2016/17 in respect of IJB Delegated functions taking account of saving assumptions.
3. Note the action being undertaken by Partner bodies in partnership with the IJB in respect of managing within available 2016/17 budget resources.
4. Note the position on 2017/18 budget planning.

Decision

To note the terms of the report.

To note discussion on challenges and risk areas around budget planning for 2017/18 and that the Chief Finance Officer would provide a further report to the Board updating on the 2017/18 budget position.

8. AUDIT OF THE 2015/16 ANNUAL ACCOUNTS

The Integration Joint Board considered a report (copies of which had been circulated) by the Chief Finance Officer advising the Board of the outcome of the 2015/16 Audit and providing a summary of the key points arising from the Auditor's Annual Report.

The Chief Finance Officer advised that the report by Audit Scotland on the 2015/16 audit formed part of the audit process.

The audited Annual Accounts for the period to 31 March 2016 had been considered by the Audit, Risk and Governance Committee on 23 September 2016 and the Committee had approved the accounts for signature. This meant the external audit of the Accounts and the signing of the Independent Auditor's report had been completed by the target date of 30 September 2016. There were no material changes to the figures contained in the Unaudited Accounts previously provided to the Board on 23 August 2016.

The Board noted that, on the outlook for the future, the Auditor had highlighted that Boards would continue to operate in a period of austerity with reduced funding in real terms, increasing cost pressures and a growing demand for services. There would be a requirement to shift resources to reflect changing models of service delivery and it would be

important that the Board could demonstrate these changes, which might take several years to fully evolve, were making a positive impact on service users and improving outcomes.

It was recommended that the Board:

- Note the Auditor's 2015/16 Annual Audit Report.
- Note the audited 2015/16 Annual Accounts for the West Lothian Integration Joint Board.

Decision

To note the terms of the report.

8. WORKPLAN

A copy of the Workplan had been circulated for information.

The Board heard a suggestion by the Vice-Chair that consideration be given to holding a Primary Care Summit in West Lothian (similar to the successful summit hosted by the four Lothian IJBs).

Decision

1. To note the Workplan; and
2. To agree that the Director bring forward a proposal to the next meeting of the IJB.

9. CLOSING REMARKS

Councillor Frank Toner referred to his resignation as Chair of the IJB and recorded his appreciation of the work undertaken by officers and Board members.

On behalf of the Board, the Chair thanked Frank Toner for the work undertaken as Chair of the IJB.



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2015-2016

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

This report provides the Panel with the opportunity to comment on the Chief Social Work Officer's Annual Report. This report provides an overview of the statutory work undertaken during the period 2015 -2016.

B. RECOMMENDATION

It is recommended that the Panel :

1. note the contents of the Chief Social Work Officer's annual report for 2015 - 2016;
2. note the submission of this report to the Scottish Government Chief Social Work Advisor

C. SUMMARY OF IMPLICATIONS

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

Outcome Agreement

VI Resources - (Financial, Staffing and Property)	All commitments are consistent with the Council's budget decisions.
VII Consideration at PDSP	None
VIII Other consultations	<ul style="list-style-type: none">• Social Policy Policy Development and Scrutiny Panel – 3rd November• Integration Joint Board – 29th November

D. TERMS OF REPORT

Background

The legislation governing the delivery of Social Work Services requires the Chief Social Work Officer to exercise a general level of oversight.

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

Service Overview

The role of the Council's Social Work Services is to support, care for and protect people of all ages, by providing or purchasing services designed to promote their safety, dignity and independence, and to contribute to community safety by reducing offending and managing the risk posed by known offenders.

Services are delivered within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. Where possible, services are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.

Chief Social Work Officer Duties

The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services, whether these be provided by the local authority or purchased from the voluntary or private sectors.

In addition, there is a small number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom responsibility has been appropriately delegated.

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

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

Chief Social Work Officer Report

The Chief Social Work Officer Report provides an overview of the role and responsibilities of the Chief Social Work Officer and outlines the governance arrangements that are in place in West Lothian. The report highlights Council's statutory duties, the decisions that are delegated to the Chief Social Work Officer and gives a summary of service performance.

E. CONCLUSION

The delivery of social work services is challenging and in light of the current economic situation the importance of delivering vital services to the most vulnerable and marginalised in our community will test our capacity, creativity and commitment over the forthcoming year. It is essential to continue to develop and improve our services while constantly seeking to become more efficient. Social Policy is well placed to address these challenges and will continue to contribute significantly to the delivery of positive outcomes for the people of West Lothian.

F. BACKGROUND REFERENCES

None

Appendices/Attachments: Appendix 1: Chief Social Work Officer's Report 2015/2016

Contact Person: Jane Kellock Head of Social Policy

Tel 01506 281920

Date: 8th December 2016

Chief Social Work Officer

Annual Report

1.04.15 – 31.03.16

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1 Summary Reflections - Key Challenges and Developments

In 2015-2016 Social Policy continued to face financial challenges and a range of measures were implemented to ensure that the planned reductions in budget allocations were taken forward. The identification and removal of lower value activities was central to making sure that the impact on care was not a negative one, but one that allowed for service improvements.

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

The implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, came into force during 2015 and required new arrangements to be put in place for the delivery of integrated health and social care. The Act replaced the previous Community Health and Care Partnership arrangements and aims to improve the support given to people who need access to health and social care services. The Act requires each health board and local authority to delegate some of their functions to a new body. In West Lothian this is the West Lothian Integration Joint Board (IJB).

The IJB is a separate and distinct legal entity from West Lothian Council and NHS Lothian and is responsible for overseeing the delivery of a wide range of adult health and social care services. The functions that have been delegated to the West Lothian IJB are set out in the West Lothian Integration Scheme <http://www.westlothianhcp.org.uk/media/9964/West-Lothian-Integration-Scheme/pdf/West-Lothian-Integration-Scheme.pdf> These functions have been delegated to the IJB from 1 April 2016 and include adult community health services, adult social care services and some hospital services.

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

Social Policy services have continued to have an awareness of the effect that the welfare reform legislation is having on a growth in demand for services, as the impact of the reforms take hold. Alongside this, the personalisation of services is being applied across all areas underpinned by legislation and policy directives.

The Children and Young People (Scotland) Act 2014 which was passed by the Scottish Parliament on received Royal Assent on 27 March 2014 and has come into force in stages, with most of the provisions coming into effect over the period 2015-2016. The Act is wide ranging in its effect and the main provisions included with the Act:

- give recognition of the UN Convention on the Rights of the Child (UNCRC) in domestic legislation;
- provide a statutory basis for Getting it Right for Every Child (including provision for a 'Named Person' for everyone under 18 and a child's plan for those who need targeted interventions);

- aim to improve children's services planning including joint planning between health boards and local authorities
- extend provision for early learning and childcare
- extend support for kinship carers and care leavers;
- create a statutory definition of corporate parenting and provide 'relevant' services for families;
- create a statutory adoption register and amend the process for establishing local support structures for the Children's Hearings system.

The implementation of the Act has impacted on the planning, development and delivery of services for children and young people in West Lothian.

On 7th May 2015, the Community Justice (Scotland) Bill was introduced to the Scottish Parliament, to take forward the legislative change needed to establish the new community justice model in Scotland which has local delivery, partnerships and collaboration at its heart. This Bill was passed on 11th February 2016. New structures in West Lothian will be based around the Community Planning Partnership to provide the opportunity for collaborative working with local partners.

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

SUCCESES

In 2015-16, Social Policy services achieved a number of important successes, which include:

Services to Adults and Older People

- Re-designed the contract for Care at Home to deliver more flexible and responsive services.
- Established a partnership with a local business, Project Search, West Lothian College and Social policy employment service to develop a one-year programme of work training specifically for people with learning disabilities and/or autism.
- Implemented a programme of post-diagnostic support for people with dementia, supporting one of the key requirements of the national strategy.
- Improved services for people with a hearing impairment by working with partners to extend outlets for battery replacement (Celebrating Success award winner, Bronze COSLA award, Scottish Sensory Awards 2016 category award winner).
- Developed Public Social Partnership approaches to inform commissioning for Alcohol and Drug programmes and Older Peoples services.

Services to Children, Young People and Families

- Successfully piloted Phase 1 of Reshaping Children's Services redesign of services to children and families.
- Commenced a Concurrency Planning initiative aiming to achieve permanent placements for looked after new born babies ensuring the child is placed without a need for further moves.
- Three year funding awarded by the Big Lottery to enable the development and delivery of the Whole Family Support Service offering intensive keyworker support to families.

The service is a partnership between the council as lead agency and a range of Third Sector organisations.

- Recruitment of a specialist social worker in the Sure Start service offering early support and assessment where vulnerability is identified in pregnancy.
- Family Centres offered early learning and childcare to Looked After 2-year olds and their parents/carers with almost full uptake of the service over 2 years.
- Expanded existing children's rights service to cover court work in cases of domestic abuse, with the views of children now routinely requested.

Criminal and Youth Justice Services

- The Whole Systems Approach to Youth Crime recognised as a national good practice example.
- Achieved an advanced position of readiness for implementation for the national Community Justice redesign.
- Achieved a successful Thematic Review of Multi-Agency Public Protection Arrangements (MAPPA).

KEY ACTIONS AND PRIORITIES FOR 2016/17

- **Care Group Commissioning Plan**
A plan for each major care group detailing resource deployment to meet priority outcomes. The first stage of planning process is to have a detailed needs assessment. The subsequent plans will ensure sustainable and cost effective service provision which meets the care and support needs of people in West Lothian.
- **Integrated Care Fund Programme**
This programme will contribute to our vision to increase wellbeing and reduce health inequalities across all communities in West Lothian.
- **Technology Enhanced Care (TEC)**
This activity will support sustainable and cost effective service provision which meets the care needs of adults in the community, reducing hospital admission and re-admission and minimising delayed discharge.
- **Frail Elderly Programme**
A programme under the governance of the Integration Joint Board taking a whole system approach to the most efficient and effective delivery of provision to the frail elderly population.
- **Review of Fostering and Kinship Care**
There is a need to review approach, capacity and effectiveness of both of these areas of services for Looked After Children in line with increasing demand and changes in legislation.
- **Develop new approach for supervised contact**
Develop an appropriate approach to family contact that makes better use of staffing resources and improves the formal assessment process.
- **Refresh Whole Systems Approach for Young Offenders**
Revise approach and action plan in line with new national strategy.

- **Introduce 'other' category for MAPPA**
Will target offenders other than sexual perpetrators who pose a risk of serious harm.

2. Partnership Structures/Governance Arrangements

Partnership Arrangements

Community Planning

The West Lothian Community Planning Partnership was set up to identify, assess and prioritise what is important for West Lothian's communities, and enable the setting of achievable and demonstrable outcomes for the Single Outcome Agreement.

The Partnership recognises the importance of developing locally focused outcomes that deliver real change at community and individual level. The foundation of joint commitment is strongly evidenced by the successful outcomes that were achieved through the West Lothian Community Planning Partnership and the Life Stage approach which moves resources upstream and targets the most vulnerable in our communities. The governance structure for Community Planning in West Lothian is detailed in figure 1

Figure 1



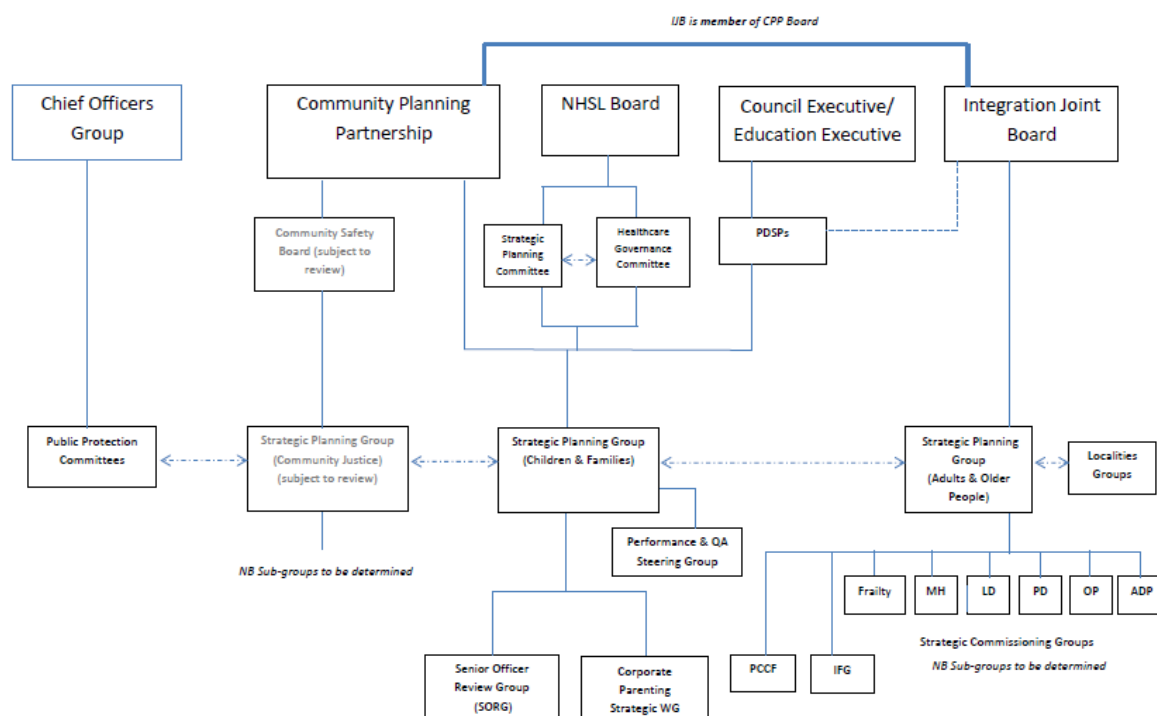
Health and Social Care

West Lothian Council and NHS Lothian have a long history of working in partnership to meet the health and social care needs of people in West Lothian. The creation of an integrated Community Health and Care Partnership (CHCP) in West Lothian in 2005, jointly managed and accountable to West Lothian Council and NHS Lothian was innovative and at that time a relatively new concept. This model demonstrated a move away from traditional models of health and social care, bringing together community based services.

The Public Bodies (Joint Working) (Scotland) Act 2014 required new arrangements to be put in place for delivery of integrated health and social care functions. On 24 March 2015 Council Executive approved the Integration Scheme for submission to the Scottish Government in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. The Act came into full force in April 2016 and saw the establishment of the West Lothian Health and Social Care Partnership - previously West Lothian Community Health and Care Partnership - which continues to have responsibility for the operational delivery of health and social care services, including children and families, community care and criminal justice services.

The governance structure for the West Lothian Health and Social Care Partnership is detailed in Figure 2.

Figure 2



Chief Social Work Officer

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

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

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

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

External audits and inspections: the CSWO is the lead officer for all social work related audits and inspections, and needs to be notified of any related issues as they arise. In general, the external body will communicate directly with the CSWO. The CSWO must be informed of any requirements imposed by the Care Inspectorate on any of the council's registered services (adults or children), or on any registered service purchased by the council on behalf of service users or delivered within West Lothian to vulnerable clients.

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

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

- Corporate Management Team
- Modernisation Board
- West Lothian Health and Social Care Partnership Senior Management Team
- Social Policy Senior Management Team
- West Lothian Integration Joint Board
- West Lothian Integration Strategic Planning Group
- Community Safety Strategic Group
- Children and Families Strategic Planning Group
- Community Justice Authority Board
- Protection of Vulnerable Groups (PVG) Referral Panel
- Chief Officers Group
- Adult Protection Committee
- Child Protection Committee
- Reducing Reoffending Committee
- Edinburgh, Lothian and Scottish Borders Strategic Oversight Group

The CSWO also attends:

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

There are three types of specific reporting:

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

Planned Reports: Statutory Decision Making

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

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

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

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

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

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

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

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

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

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

Planned Reports: Performance, Outcomes and Trends

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

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

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

Critical Incident Reporting

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

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

Significant Occurrence Notification

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

Corporate Governance

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

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

Customer Engagement

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

Children's Services

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

Community Care

Customer Group	Method	Frequency
All Disability Groups	Disability Equality Forum	Quarterly
Older People Service Users	Survey	Annual
	Seniors Forum	Quarterly
Learning Disability Service Users	Survey	Annual
	Learning Disability Service Users Forum	Quarterly
Physical Disability Service Users	Survey	Annual
	Physical Disability Service Users Forum	Quarterly
Adult Protection Service Users	Safe and Sound Adult Protection Forum	Quarterly
Mental Health Service Users	Survey	Annual
	Mental Health Service Users Forum	Quarterly

Criminal Justice and Youth Justice

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

3. Social Services Delivery Landscape

West Lothian is in Central Scotland, has a population of about 178,550, accounting for 3.3% of Scotland's total population. It covers an area of 165 square miles, two thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development.

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

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

West Lothian has been one of the fastest growing parts of Scotland and is predicted to continue this trend. By 2037 the population of West Lothian is projected to be 196,664, an increase of 11.7% compared to the 2012 population. The population of Scotland is projected to increase by 8.8% over the same period, comparatively slower growth than in West Lothian. The population of Scotland is projected to increase by 8.8% over the same period, comparatively slower growth than in West Lothian. The population aged under 16 in West Lothian is also projected to increase by 7.7% over the 25 year period, however the biggest area of growth is in the older population, it is projected that between 2012 and 2037 West Lothian will see an 89.9% increase in the over 65 population with an increase of 140.2% in the population aged over 75. Historically population growth has been greatest in Armadale, Bathgate, Broxburn and Livingston, with population decline evident in Polbeth and Whitburn and some of the smaller villages; future population growth will be concentrated in the core development areas.

Inequalities

- West Lothian has 239 datazones, 16 of which fall within the worst 15% of the Scottish Index of Multiple Deprivation
- 24% of children in West Lothian live in low income working households, compared to 25% for Scotland and GB
- An estimated 21% of West Lothian working residents earn below the living wage level of £8.25 per hour compared to 22% for Scotland as a whole
- Approximately 9,400 West Lothian working households receive Working Tax Credit or Child Tax Credit. This represents 19% of all working households (slightly higher than the Scottish level of 18%)
- Youth unemployment in West Lothian stands at 3.7%, which is greater than the Scotland rate (3.6%) and the Great Britain rate of 2.9%

Impact of the Economic Downturn

Prior to the economic downturn, the percentage of West Lothian households that were in poverty was relatively stable, however in the last few years this has begun to change. This is a trend that is evident at both a local and national level. Recent analysis of the income domain of the Scottish Index of Multiple Deprivation (SIMD) indicates that there has been an increase in income and

employment deprivation in the most deprived SIMD zones in West Lothian. The continuing economic downturn and political changes, mainly around welfare reform, have increased employment deprivation, financial hardship and homelessness, particularly in already deprived areas where there is less resilience. This has served to increase the inequality gap in West Lothian, Scotland and the UK. Compared to some local authorities and the Scottish average the percentage of households in poverty is lower in West Lothian. West Lothian has similar poverty as the City of Edinburgh, Aberdeenshire and Highland and higher than Aberdeen City but lower than Fife, North Lanarkshire and City of Glasgow.

Commissioning

Building on the experience of the former CHCP a strategic approach has been taken to commissioning and there is commitment to working with partners to:

- Commission services which focus on prevention and early intervention
- Empower people to live independently through applying the principles of personalisation in the way in which we commission services.
- Undertake appropriate consultation and involvement with service users and their carers to achieve their agreed outcomes when commissioning services.
- Engage positively with providers of health and social care services in the public, voluntary and private sector.
- Adhere to relevant procurement legislation and guidance and ensure that services are commissioned in a way that is fair, transparent and open;
- Ensure that quality, equality and best value principles are embedded through our commissioning processes.

Commissioning is an ongoing and evolving process and our approach is based on an annual Analyse, Plan, Do and Review cycle detailed in Figure 3

Figure 3



Contract Monitoring

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

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

4. Finance

The total net expenditure for Social Policy in 2015/2016 was £90,641,000.

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

Areas of pressure include:

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

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

Savings

Social Policy has delivered £2,159,000 of savings in 2015/16. The council continues with its ambitious project management approach to ensuring a break even budget is achieved at the end of each financial year. Plans have been developed to make further efficiencies over the course of 2016/17 and 2017/18; and these have been subjected to public consultation and political and will be progressed to ensure that the council continues to deliver a balanced budget position.

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

number of individuals to experience more positive and fulfilling lives and thus reduce future pressure on reactive, high-tariff services.

West Lothian Prevention Plan

http://www.westlothian.gov.uk/media/3352/CPP-Prevention-Plan/pdf/Prevention_Plan.pdf

5. Service Quality and Performance

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

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

Social Policy Management Plan 2016 – 2017

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

- The Integrated Children's Services Plan
- The Joint Learning Disability Strategy
- Reducing Reoffending Strategic Plan
- The Joint Physical and Complex Disability Strategy
- The Joint Mental Health Plan
- Preventative Interventions
 - Early Years to Adults Plan
 - Reshaping Care for Older People Plan
- NHS Lothian Strategic Plan 2014 – 2024

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

http://www.westlothian.gov.uk/media/13237/2016-17-Management-Plan---Social-Policy/pdf/Management_Plan_2016-17_-_Social_Policy.pdf

The plan details priorities for 2016/17 and the key actions that the service will take to address these.

Social Policy continues to make a significant contribution to the preventative agenda by the work being taken forward by the West Lothian Community Planning Partnership (CPP). The service continues to seek areas and opportunities to move resources upstream or to identify existing service gaps that if measures were put in place would lead to improved outcomes and reduce social inequalities across West Lothian.

Regulation, Inspection and Improvement Activity

Inspection of Registered Services

During the inspection year 2015/2016, all of West Lothian Council's services received the minimum level of inspection:

- Children and Families**

The quality inspection reports from the Care Inspectorate of Services for Children and Young People show that of all areas assessed 100% were awarded Grades of '4 Good' or above.

	QUALITY OF CARE & SUPPORT	QUALITY OF ENVIRONMENT	QUALITY OF STAFFING	QUALITY OF MANAGEMENT AND LEADERSHIP
WHITRIGG				
JULY 2015	5 VERY GOOD	4 GOOD	5 VERY GOOD	4 GOOD
TORCROFT HOUSE				
MAY 2015	4 GOOD	4 GOOD	5 VERY GOOD	4 GOOD
LETHAM HOUSE				
JUNE 2015	4 GOOD	4 GOOD	4 GOOD	4 GOOD
WHITDALE FAMILY CENTRE				
No Inspection in 2015/2016				
ADOPTION SERVICES				
No Inspection in 2015/2016				
FOSTERING SERVICES				
No Inspection in 2015/2016				
THROUGH CARE AFTER CARE				
No Inspection in 2015/2016				
LIVINGSTON FAMILY CENTRE				
No Inspection in 2015/2016				

- Adults and Older People**

The quality inspection reports from the Care Inspectorate of Services for Adults and Older People show that of all areas assessed 100% were awarded Grades of '4 Good' or above with 50% being awarded 5 Very Good or 6 Excellent.

	QUALITY OF CARE & SUPPORT	QUALITY OF ENVIRONMENT	QUALITY OF STAFFING	QUALITY OF MANAGEMENT AND LEADERSHIP
WHITDALE HOUSE				
JUNE 2015	4 GOOD	4 GOOD	4 GOOD	4 GOOD
WHITDALE DAY CARE				
OCT 2015	5 VERY GOOD	4 GOOD	5 VERY GOOD	5 VERY GOOD
LIMECROFT CARE HOME				
AUG 2015	4 GOOD	4 GOOD	5 VERY GOOD	5 VERY GOOD
LIMECROFT DAY CARE				
No Inspection in 2015/2016				
BURNGRANGE				
NOV 2015	4 GOOD	4 GOOD	4 GOOD	4 GOOD
CRAIGMAIR				
SEPT 2015	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD	5 VERY GOOD
BURNSIDE RESPITE				
FEB 2016	5 VERY GOOD	5 VERY GOOD	4 GOOD	4 GOOD
DEANS HOUSE				
JULY 2015	5 VERY GOOD	5 VERY GOOD	4 GOOD	4 GOOD
HOLMES GARDENS DAY RESOURCE				
No Inspection in 2015/2016				
HOUSING SUPPORT CARE AT HOME				
AUG 2015	5 VERY GOOD	N/A	4 GOOD	4 GOOD
ADULT PLACEMENT SERVICE				
SEPT 2015	6 EXCELLENT	N/A	6 EXCELLENT	6 EXCELLENT
PATHWAYS				
No Inspection in 2015/2016				
HOUSING WITH CARE				
FEB 2016	4 GOOD	N/A	4 GOOD	4 GOOD
SUPPORT AT HOME SERVICE				
NOV 2015	5 VERY GOOD	N/A	5 VERY GOOD	5 VERY GOOD

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

Despite the above external scrutiny, responsibility for the quality of service delivery rests with the council and not with external scrutiny bodies. The council's social work services have a range of internal mechanisms to monitor the quality of provision and any improvement activity required. These include:

- Direct supervision of front-line practice by senior practitioners and team managers
- Individual reviews of care plans and packages by case managers
- Analysis of social work complaints
- Monitoring of service level agreement and contracts for the purchase of care
- Regular case file audits
- An annual programme of quality assurance, reviews of teams and services
- Routine performance monitoring
- Self-evaluation through CSE/ WLAM
- Monthly Covalent Performance Reporting

6. Delivery of Statutory Functions

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

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

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

Mental Health

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

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

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

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

Part of the work and responsibility of a Mental Health Officer is work emanating from the Adults with Incapacity (Scotland) Act 2000. Under the Act the council has a protective function towards

those adults who lack capacity. The largest area of work for MHOs under the 2000 Act falls within Part 6 of the Act namely Intervention Orders and Guardianship Orders.

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

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

	2013/14	2014/15	2015/16
New Guardianships granted	(Private) 62 (local authority) 8	(Private) 40 (local authority) 9	(Private) 40 (local authority) 9
total	70	49	49
Existing Guardianships	(Private) 201 (local authority) 49	(Private) 197 (local authority) 43	(Private) 235 (local authority) 48
total	250	240	283
New Intervention Orders	(Private) 6 (local authority) 4	(Private) 2 (local authority) 2	(Private) 3 (local authority) 1
total	10	4	4
Power of Attorneys granted	1130	1311	1418

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

	2013/14	2014/15	2015/16
Emergency Detention Certificates – Sec 36	53	62	66
Short term Detention Certificates – Sec 44	135	158	156
Compulsory Treatment Orders (new applications)	30	33	44
Assessments (Sect 86, 92, 95)	320	325	335

Adoption

This legal process breaks the tie between a child and his/her birth family and recreates it with adoptive parents.

In 2015/2016:

- 7 children were registered for adoption
- 9 children were registered for permanent fostering
- 6 children were matched with adopters

West Lothian's performance in relation to timely reviews, decisions on permanence and efficient implementation of these decisions is a key priority for services within Children and Families. An Achieving Early Permanence Monitoring and Review Group has been established with the aim of

identifying barriers to achieving early permanence for looked after and accommodated children either through a timely return home or through identifying alternative legal routes. The information gathered from case reviews is used to improve services and to better support staff. The group also monitors the process of achieving permanence legal orders for the children who have been registered at Panel.

Secure Accommodation of Children

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

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

The total number of Children Looked After in West Lothian at 31/03/2015 and 31/03/2016 by statute and length of time under statute is detailed in the table below:

Statute	Age (years)											
	Under 1		1 - 4		5-11		12-15		16 +		Total	
	As at 31 March 2015	As at 31 March 2016	As at 31 March 2015	As at 31 March 2016	As at 31 March 2015	As at 31 March 2016	As at 31 March 2015	As at 31 March 2016	As at 31 March 2015	As at 31 March 2016	As at 31 March 2015	As at 31 March 2016
Supervision Requirement at Home	0	2	26	25	56	43	41	45	5	4	128	119
Supervision Requirement away from Home (excluding a Residential Establishment)	15	17	53	71	101	110	63	66	22	17	254	281
Supervision Requirement away from Home (in a Residential Establishment but excluding Secure)	0	0	0	0	4	4	34	35	13	6	51	45
Supervision Requirement away from Home with a Secure Condition	0	0	0	0	0	0	2	1	1	0	3	1
Total	15	19	79	96	161	157	140	147	41	27	436	446

Protection and Risk Management

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

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

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

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

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

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

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

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

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

Children

	2013/14	2014/15	2015/16
Child protection referrals	628	573	427
Joint Investigations	290	265	137
Initial CPCC	95	133	77
	2013/14	2014/15	2015/16
Children on child protection register	96	126	104
Children looked after at home	122	128	115
Children looked after away from home	300	308	336

Domestic Abuse

West Lothian Domestic and Sexual Assault Team (DASAT) offer a unique framework of integrated services, housed within local government, responding to both domestic abuse and sexual assault. The DASAT is a responsive, evidence-based public service that reduces violence, increases resilience, and promotes recover. The team provides a variety of services to adults and children some examples are listed below:

- **The Court Advocacy Service**

The court advocacy service continuous to develop and this year the Procurator Fiscal and six Fiscal Deputes spent an afternoon shadowing the DASAT Court Advocacy workers. This has led to an increased understanding of roles, strengthened working relationships and practices between agencies resulted in improved service provision to complainers involved in the court process. The service received 848 referrals during 2015-2016; evaluations from service users informed us that 99% felt safer due to court advocacy intervention.

- **The Safe and Together Model**

This model is a field tested best practice model designed to improve competencies and cross system collaboration in relation to domestic abuse and child abuse. This child centred model, which is based on a set of assumptions, core principles and critical components, derives its name from the concept that children are best served when we can keep them safe and together with the non-offending parent (the domestic abuse survivor). It provides a framework for partnering with domestic abuse survivors and intervening with domestic abuse perpetrators in order to enhance the safety and wellbeing of children. Thirty-nine frontline workers were trained in this model which is currently being rolled out to all frontline workers in West Lothian.

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

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

In 30% of the cases, the LISA project has supported survivors before the moment of crisis, preventing women from moving into temporary accommodation and coming into the system through the homeless route.

In 70% of the cases the LISA Project worker has supported women in crisis through homeless assessment, with restriction on communities where appropriate and with minimal disruption to the children's schooling alleviating trauma and stress.

- **West Lothian CEDAR Project**

This project is based on the national CEDAR programme principles but mainstreamed and delivered by the Domestic and Sexual Assault Team (DASAT) and co-facilitated by West Lothian Children and Young People's Team (CYPT). There are twenty six staff members from across these teams who are currently trained to deliver the CEDAR Project in West Lothian and we are in the process of identifying other multi-agency partners so we can effectively

tailor age appropriate services. Referrals have come from a diverse range of agencies, reflecting the ways in which CEDAR is becoming an embedded and respected aspect of West Lothian Council's domestic abuse service provision.

CEDAR makes an immediate and substantial impact to address the serious childhood adversity created by domestic abuse, supporting children and families onto a different and more positive future pathway. CEDAR also creates a safe space for children and their mothers to find the best strategies to deal with their experiences and rebuild their lives. A key aim of the programme is to help mother's support their children in their recovery.

From its introduction in 2013, CEDAR has become an integrated aspect of West Lothian Council's domestic abuse service provision. The profile of the project has been established, referral sources have diversified and it is now recognised and well-regarded as an option for families in recovery from the experience of domestic abuse. One example of this is in the fact that CEDAR is beginning to build solid relationships with school staff, who are referring on an ever more frequent basis to the project after seeing the positive results of other pupils' participation. Schools have also been supportive in CEDAR taking place within term time and children are often picked up from school in order to attend the group and education staff recognise that children are more able to attain educationally if they are allowed to recover from their experiences of abuse through CEDAR and strengthening relationship with mothers.

In the last year, CEDAR received fifty referrals and has ran three intakes; consisting of six children's groups accommodating thirty eight children and three women's groups accommodating twenty six women, all reporting significant outcomes for their families, such as improvements in their child's:

- Relationship with their parents
- Ability to understand and express feelings
- Ability to express anger in a healthy way
- Understanding of family situation
- Self esteem

Feedback from children attending groups has been overwhelmingly positive, with all reporting feeling better for having taken part in CEDAR. In post group evaluations, all agreed or strongly agreed that they felt listened to in group, that they now know they are not the only person with their feelings and experiences and that the hurting in their family was not their fault. Through alleviating self-blame and overcoming isolation, CEDAR was able to validate the often-marginalised experiences of children who have experienced domestic abuse.

- **Participation Project**

As part of the Attachment and Advocacy post, efforts to increase and improve the quality of participation opportunities offered to children and young people who have experienced domestic abuse have continued.

DASAT participation group is made up of young people who have previously completed CEDAR or had a 1-1 service from DASAT. The participation group meet on a monthly basis to look at how domestic abuse has impacted on them and ways in which they can address issues as a group. They also look at ways in which DASAT can improve its service for young

people. The group have been involved in designing a children's service leaflet and decided on the style, colours and design. More importantly the group decided on the content and language that should be used that is relevant to young people. The group also wrote an article for the DASAT newsletter on what constitutes a good worker, giving ideas on 'do's and don'ts' when working with young people. The next project planned is to design a mural based on their experience of domestic abuse and how DASAT helped them.

Adults at Risk

	2013/14	2014/15	2015/16
Adult Protection referrals	278	297	411
Inter-agency Referral discussions (IRDs)	212	184	119
Adult Protection Case Conferences (this includes Adult Protection Case Conference Reviews)	109	74	79

Offenders in the Community subject to Statutory Supervision at 31 March 2016

	At 31 March 2014			At 31 March 2015			At 31 March 2016		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Community Payback Orders with a requirement for supervision	307	38	345	339	37	376	286	40	326
Community Payback Orders with a requirement for unpaid work	301	39	340	380	38	418	316	39	355
Drug treatment and testing orders	22	3	25	17	3	20	8	2	10
Number of individuals subject to Statutory Through Care	162	5	167	152	5	157	161	3	164

The figures detail new order that have been put in place during the period April 2015 to March 2016 and does not reflect existing orders that can be in place for up to 3 years. The table illustrates the general trend away from the use of short term prison services in favour of the use of community based approaches.

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

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

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance and currently apply to the management of all registered sex offenders. These

arrangements are well established in West Lothian, and ensure effective joint management for this group of offenders. The CSWO attends all Multi Agency Public Protection Panels (MAPPPs) for level 3 offenders.

The number of MAPPA cases assessed as high or very high risk during the period April 2015 – March 2016 was 8; this represents an increase on the previous year when 2 cases were assessed as high or very high risk. It should be noted that the fluctuation in the number of cases is within the expected range.

7. User and Carer Empowerment

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

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

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

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

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

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

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

8. Workforce Planning and Development

Social Policy needs to ensure that workers have the right skills, knowledge and values to provide high quality services and as such, the Service continues to invest in the support, training and professional development of its social work and social care staff. Workforce development needs to

reflect both national and local objectives to ensure our social service workforce remains fit for purpose in an ever changing landscape.

There remains a continuing need for staff to be able to adapt to change influenced by our earlier intervention strategies, changing legislation and demographic changes, whilst demand for service continues to grow in a time of financial constraint. All of the challenges the sector faces requires strong leadership at all levels.

The ongoing development of our West Lothian Health & Social Care Partnership will also drive workforce development to focus on integrated learning approaches to enable the best use of workforce development resources across the Partnership.

A key national change taking shape this year will be the Scottish Social Services Council's change to the way it regulates social service workers which involves a move from a conduct model of regulation to a fitness to practice approach. Revised codes of conduct will be made available in the autumn for both social service workers and social care service employers.

To ensure that the workforce is supported to continue to have the necessary skills and knowledge to meet these challenges, the Social Policy Learning & Quality Assurance Team work to deliver on the following key themes:

- the continuation of work to meet the Scottish Social Services Council's (SSSC) registration requirements which will encompass planning for one of our largest areas to date with the Support at Home Workforce registration
- continued working with our partners to deliver joint learning opportunities, particularly in relation to the matrix model in operation across council Learning & Development Services
- work to maximise an integrated approach to workforce development across West Lothian's Health & Social Care Partnership with work already underway with a proposed Integrated Dementia Learning/Training Pathway
- the continued development of our blended approach to learning with an extended e-learning menu which will include new modules for those working with individuals with Dementia
- the continued development of our Scottish Vocational Qualification (SVQ) Centre to continue to deliver new Professional Development Awards as they become available
- continued planning to ensure the accessibility and preparation for the new Residential Child Care Degree Qualification
- to support managers in identifying learning needs through the new Appraisal, Development and Review process
- the targeting of our resources to ensure mandatory and necessary training is paramount alongside the ongoing development of our in-house learning provision

The Learning & Quality Assurance Team will continue to work strategically to identify and meet learning needs as services change and are redefined, to provide a responsive and innovative approach to future learning and training needs. Specific training/learning that has been planned for the this year includes:

- The development of a Social Policy wide Aspiring Managers/Leaders Training Programme
- Registration - Role, Responsibilities & Professional Codes of Conduct

- Continued work to develop practice in relation to the Scottish Government's personalisation programme
- Professional updates for example, Brain Development, Mindfulness and Managing Distress

The Learning & Quality Assurance Team will support managers in the ongoing registration and re-registration of our workforce by undertaking a monitoring role to ensure our continued compliance with our regulatory body (SSSC).

9. Improvement Approaches and Examples of Improvement Activities

Contract Monitoring

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

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

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

West Lothian Assessment Model

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

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

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

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

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

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

Investor in People (IIP)

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

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

Customer Service Excellence (CSE)

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

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

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

In 2016 West Lothian Council retained the Corporate Customer Service Excellence (CSE) Standard. The CSE assessment report provided a positive evaluation of the council's approach to customer focused service delivery.

European Foundation for Quality Management (EFQM)

The European Foundation for Quality Management (EFQM) excellence model is a quality model designed to help organisations recognise areas of strength and identify recommendations for improvement and is used by organisations across Europe.

The recognition scheme awards those organisations achieving over 300 points (out of 1,000) in an EFQM assessment and has three levels of recognition, 3, 4 and 5 star. Quality Scotland administers the recognition scheme in Scotland and the national EFQM affiliate. As well as the 3 to 5 star recognition, the highest scoring organisation of the year is awarded the Scottish Award for Business Excellence.

The council has previously won the award in 2009/10 after achieving the highest overall score in Scotland and remains the only council to have won the award corporately.

In March 2016 council underwent EFQM assessment and was awarded EFQM Recognised for Excellence 5 Star on the basis of a score within the banding of 550 to 600 points.

This was the only 5 Star award this year and consequently the highest score in Scotland, and as such the council was also the overall winner of the Scottish Award for Business Excellence.

The council also achieved one of four Good Practice Awards; Leading with Vision, Inspiration and Integrity.

The key strengths that were highlighted by the EFQM assessment team included:

- Dedicated and achieving employees; the customer focus of council staff, their positivity and pride in what their services contribute to the West Lothian community was an area that the assessment team highlighted as a key organisational strength.
- Delivering for customers; the way that the council has developed a strong understanding of local community and different needs through a wide range of consultation and engagement approaches and how it has used this information to redesign and improve services were evident to the assessment team.
- Future strategy; effective and integrated corporate and financial planning offers a clear, sustainable strategy for the future and ensures that there is focus on the eight corporate priorities across the council and resources are aligned appropriately.
- Strong and effective governance; the council and partnership governance structures and scrutiny processes ensure that effective controls and robust scrutiny are in place to monitor performance and progress in the priorities and outcomes.

The EFQM award also demonstrates a continuing focus on business improvement and ensures that all areas of the council build on their strengths to attain even higher levels of excellence.

Committed to Excellence

In 2016, the West Lothian Health and Social Care Partnership (HSCP) achieved Committed to Excellence 2 Star Assessment. This is a first in Scotland for an organisation of its type.

Committed to Excellence 2 Star Assessment is a new level of recognition, which was launched by EFQM (European Foundation of Quality Management) in 2014. The assessment is designed to bridge the gap between Committed to Excellence-Project Validation (formerly Committed to Excellence) and Recognised for Excellence. This scheme assesses the entire organisation against the EFQM Excellence Model and focused on the following key themes:

- Strategy & Key Results
- Customer Management
- People Management
- Process Management
- Sustainability

Complaints

Complaints fall into one of the following two categories:

- **Statutory Complaints**

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

- Failure to discharge such functions
- Delay in discharge of such function
- Failure to properly assess the needs of clients and their carers during the discharge of such functions
- Failure to give due consideration to the needs and wishes of individual clients and their carers when making decisions about service provision

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

- **Council Complaints**

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

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

2015/16 summary

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

Community Care	38	12 upheld, 6 partially upheld
Criminal Justice	5	1 upheld
Children and Families	29	2 upheld, 7 partially upheld
Total	72	

Complaints Review Committees

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

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

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

The procedures relating to the committee are published on the council's website as part of social work services procedures and guidance notes for handling complaints.

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

Examples of Improvement Activity

- **The Frail Elderly Programme**

The West Lothian Frail Elderly Programme was launched in April 2015 to identify where there is potential to implement improvements in efficiencies and effectiveness across the whole-system model of care for the Frail Elderly in West Lothian.

The aim of the programme is to improve outcomes, individual experience, deliver value for money and establish a long-term and sustainable service. The West Lothian Frail Elderly programme has identified four key project areas:

- Frailty Pathway in hospital
- Frailty Capacity Modelling in West Lothian
- Dementia and Functional Mental Health Redesign for the Elderly
- Support Health and Care in the Community

Progress to date:

- The Frailty Pathway project has resulted in the development and deployment of a Comprehensive Geriatric Assessment approach across the pathway
 - The Capacity Modelling project has identified a number of potential changes in arrangements within hospital, these are currently being progressed
 - The Mental Health Redesign is now located within the broader commissioning plan for adults with mental health issues
 - The Supporting Health and Care in the Community project resulted in the successful redesign of the care at home contract resulting in significant efficiencies in the process as well as significant financial savings.
- **Whole Family Support Services**

In 2015 a partnership which includes Council and key voluntary sector partners was successful in attracting funding from the Big Lottery to support the development and delivery of the Whole Family Support Service.

The service has been developed as a result of learning from the evaluation of the Families Included Service and Supporting Families, the Public Social Partnership.

The Whole Family Support services takes an innovative approach to service delivery to ensure that families receive joined up and appropriate services. The team works with the entire family to build on strengths and reduce negative behaviours, to result in fewer incidences of crises

The aim is for families to receive the type of support which has proven effective in maintaining children within their families, reducing levels of antisocial behaviour and supporting parents to better maintain their tenancies, at the earliest point of need for between 6 and 12 months duration.

All referrals to the team for a service are screened via the Whole Family Support Screening group. This is a group of Council and Third Sector partners who consider referrals and try to allocate the most appropriate resource at the earliest point of need.

The Year Ahead – 2016-17

There continues to be a range of significant challenges facing social work and social services in West Lothian.

In recent years all areas of social work have been affected by major legislative and policy change, in particular, the implementation of the:

- Public Bodies (Joint Working) Scotland Act has required both parent bodies to build on a mature partnership that was already well embedded in West Lothian and apply the legislative changes to maximum effect for clients/ patients.
- Children and Young People (Scotland) Act has impacted on the way in which we plan, develop and deliver of services for children and young people in West Lothian.
- Community Justice (Scotland) Act 2016 has seen the development of a new model for community justice services which has local delivery, partnerships and collaboration at its heart.

In going forward we need to consider how best to maximise the impact of partnership working with a clear focus on the early intervention and prevention agenda and the delivery of outcomes.

The West Lothian population is changing, it is projected that there will be a significant increase in both the frail elderly and child populations while at the same time it is expected that there will be decrease in the working age/carer population. With a changing demographic and budgetary uncertainty, we require to re-examine how we do business and develop new models of care fit for the future that still provide the high quality performance that we expect in West Lothian

Meeting these challenges will require transformational leadership and whole system innovation. The role of the Chief Social Work Officer will be significant to embedding improvements into social work practice and leading on the transformation of culture, system and practice.

The Chief Social Work Officer will continue to play a key role in ensuring the council priorities are met, and that the most vulnerable people of West Lothian are protected and empowered to live a safe and fulfilling life.



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WINTER PLAN 2016/17

REPORT BY DIRECTOR

A. PURPOSE OF REPORT

The purpose of this report is to inform the Health and Care Policy Development and Scrutiny Panel of the Winter Plan developed for 2016/17 and to outline the activities underway to prepare for the winter period when it is recognised that demand for services is likely to be at its highest level.

B. RECOMMENDATION

Health and Care Policy Development and Scrutiny Panel

1. Note the contents of the report
2. Note the progress made in developing the Winter Plan, which will ensure key services are maintained for critical patients and customers, and the organisation's reputation is protected.

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)	Risk associated with delay or inability to recruit required staff will impact on the delivery of the Winter Plan
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	Unscheduled Care Activity
	Delayed Discharges
V Relevance to Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities
	Older people are able to live independently in the community with an improved quality of life

VI Resources - (Financial, Staffing and Property)	Additional Winter Plan funding (£795K) has been received to support implementation of the Winter Plan.
VII Consideration at PDSP	None
VIII Other consultations	IJB Strategic Planning Group NHS Lothian Unscheduled Care Board

D. TERMS OF REPORT

West Lothian HSCP and St John's Hospital are required to plan for the winter period when it is recognised that demand for services is likely to be at its highest level. This plan for 2016/17 builds on previous Winter Plans for West Lothian and the local actions already in place to support prevention of admission and early discharge.

The Winter Plan aims to provide safe and effective care for people using services and should ensure effective levels of capacity and funding are in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The plan takes into account the Scottish Government guidance (DL (2016) 18) with a continuing focus on integration, improving delayed discharge, improving unscheduled care performance and planning for the additional pressures and business continuity challenges that are faced in winter.

The HSCP and St John's Hospital management teams have established a Winter Planning Group to monitor and evaluate the winter planning process and to take any actions necessary in implementation of the plan.

The winter plan needs to be viewed within the context of the range of interventions already in place within West Lothian to prevent admissions and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures

The delivery of the Winter Plan requires additional resources to support implementation, particularly in relation to increased capacity within St John's Hospital, REACT, Community Nursing and AHP teams and recruitment processes are in progress.

The HSCP and St John's Hospital will be represented at the major winter planning meetings in NHS Lothian and West Lothian Council

E. CONCLUSION

Winter planning arrangements have been made to ensure: -

- High quality, responsive services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed;
- A process is in place to meet the reporting requirements of the Scottish Government.
- Comprehensive plans are in place covering the requirements of the Scottish Government Health Department outlined in their Winter Planning communications.

F. BACKGROUND REFERENCES

Preparing for Winter 2016/17, DL (2016) 18

Appendix 1

Summary of Winter Plan 2016/17

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CMT Member: Jim Forrest, Depute Chief Executive

Date: 8th December 2016

Appendix 1: Summary of St John's Hospital and West Lothian HSCP Winter Plan 2016/17

1. Business continuity plans tested with partners	
Outcome: The board has business continuity management arrangements in place to manage and mitigate all key disruptive risks including the impact of severe weather.	Indicators: <ul style="list-style-type: none"> Progress against any actions from the testing of business continuity plans.
Action	
All Business continuity plan to be reviewed and tested	
Severe weather plans to be put in place and managed via local resilience site meetings.	
Norovirus outbreak plans to be refreshed and circulated via the same meeting.	
2. Escalation plans tested with partners	
Outcome: Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.	Indicators: <ul style="list-style-type: none"> attendance profile by day of week and time of day managed against available capacity; % occupancy of ED utilisation of trolley/cubicle % patients waiting for admission over 4,8,12 hours
Action	
<ol style="list-style-type: none"> Escalation policy in situ and embedded into operational management of the SJH site. SJH Front door ED and MAU to evidence robust escalation processes including: <ol style="list-style-type: none"> Volume attending in the hour (escalation thresholds > than RIE 20 / STJ 10 / WGH 10 / RHSC 10) Escalation of first assessment waits at 90 minutes and above Escalation of any patient waiting at 3 hours with no management plan Escalation of high resuscitation activity All site flow teams to have clear understanding of roles in response to escalation. Daily Flow Debrief will continue to raise issues and themes to be addressed in relation to capacity and flow and this should be documented and circulated to form the basis of any informal report to the Chief Officer for Acute or to Scottish Government. 	

3. Safe & effective admission/discharge continues in the lead-up and over festive period and also in to January

Outcome:

Emergency and elective patients are safely and effectively admitted and discharged over the Christmas – New Year holiday period. Over this period the numbers of patients receiving elective treatment reduces. NHS Boards should minimise the risk of boarding medical patients in surgical wards. This will help ensure that patients do not have unnecessary stays in hospital; and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January

Indicators:

- Daily/ cumulative admissions/discharges over the festive period
- levels of boarding
- delayed discharges
- bed occupancy
- number of SW assessments including variances from planned levels

Actions

1. All flow activity at SJH will be monitored on a daily basis via the morning Safety Huddle chaired by the Site Director or nominated representative, and at the 1pm and 4 pm Planning Meetings.
2. Focused attention will be given from the weekend start 16th, 17th and 18th December to ensure daily discharge quotas are met. This will continue throughout the winter months with much more focus on discharges.
3. The REACH nurse and Elderly care team will look to manage the frail elderly patients and provide support for the discharge hub on reducing the number of delayed patients awaiting POC/NH
4. Reasons for admission will be closely monitored to ensure those patients that can remain in NH remain so and admission avoidance is prioritised.
5. From 16th December onwards, focused attention will be given to:
 - a. New package of care allocation;
 - b. Restart package of care;
 - c. Community support teams including 'Hospital to Home' and 'Hospital at Home'.
 - d. REACT will pull out hospital discharges on Friday 16th December and, 22nd, 23rd and 24th December
 - e. HSCP teams prioritising POC starts.
 - f. REACT to increase AHP and ANP service over Winter period to work a 7 day week.
 - g. Increased ROTAS service
 - h. Increase OT/PT for medical wards
 - i. Home Care Liaison model
 - j. Additional Respiratory Nurse input
6. Delayed Discharge activity will be monitored and reported on a daily basis from each site Control Rooms including additions to the list and removals based on average POC number and wait.
7. Equipment store within HSCP to prioritise for discharges and palliative care needs.
8. All patients to be monitored on an internal social work standard: 24 hours to allocation of social work and 72 hours to assessment
9. Enhanced weekend Pharmacy Service extended week day and weekend working to support discharges.
 - a. Early discharge planning and IDL preparation is paramount.
 - b. Extend working day 7 days per week
 - c. Extend to 7pm Mon-Fri
 - d. Extend to 4pm Sat/Sun to support patient discharge and flow.
 - e. Audit efficiency of this extending working as part of lessons learned for next year winter planning.

- f. Dedicated porter for pharmacy to enhance patient flow and discharges. Part of winter funding.
10. Additional medical staffing to cover flexible capacity and/or medical boarders.
 11. Plan for additional winter beds on the SJH site to support increased medical demand
 12. Elective activity for H&N surgical services to agree scheduled programme and agree flexible beds for medical patients, being mindful of keeping boarding to a minimum.
 13. Work with Infection control colleagues to review 'clean' beds in the wards to allow flexible use of beds to support flow.
 14. Rapid response team (domestic services) to be in situ.

4. Strategies for additional surge capacity across Health and Social Care Services

Outcome:

The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services is agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment

Indicators:

- planned additional capacity and planned dates of introduction
- planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;
- planned number of additional intermediate beds in the community and the planned date of introduction of these beds;
- levels of boarding.
- planned number of extra care packages
- planned number of extra home night sitting services
- planned number of extra next day GP and hospital appointments

Actions

1. Open surge capacity in Ward 15 up to 18 beds.
2. Additional nursing and medical staff to be recruited.
3. Integrated plan for reducing number of delays on the SJH site and provision for POC availability.
4. Refer to GP action plan around increased provision of appointments.
5. Priority recruitment
6. Joint SHH/HSCP Winter Plan and Integrated Winter Plan Meetings

5. Whole system activity plans for winter: post-festive surge/respiratory pathway

Outcome:

The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. The hospital models will include flows between front doors, receiving units, and downstream wards.

Indicators:

- Daily number of cancelled elective procedures
- Daily number of elective and emergency admissions and discharges
- Number of respiratory admissions and variation from plan

Action

<ol style="list-style-type: none"> 1. The January 'in patient' elective programme to be reviewed weeks 4th and 11th January and only urgent cases and cancer cases to be progressed as required for the H&N specialities. The day case programme to continue as usual and indeed increased as appropriate. 2. All flow activity to be managed in an 'anticipatory' way 24/48 hours in advance across all adult sites, downstream sites. Those flow markers that indicate a sluggish system should be highlighted via the daily safety and planning meetings including <ol style="list-style-type: none"> a) inadequate discharges to match admissions b) increased boarding activity across the site c) medical boarding into the surgical specialities d) increase in delayed discharges e) norovirus outbreaks 3. Respiratory team to manage 5/7 activity and outreach for the site. The team also to act as an interface with Primary Care and Hospital at Home teams. 4. Speciality doctor to operate hot clinic with nursing support. 5. The Respiratory Nurse Specialist Service at St John's will support SJH site and work with HSCP on admission avoidance 6. COPD care bundle supporting patient group. 7. REACT team together with REACH nurse and MOE team be a key link to support immediate and early discharge support over these weekends in January 	
6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance	
Outcome: NHS Boards have and use a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels	Indicators: <ul style="list-style-type: none"> • Agreed and resourced analytical plans for winter analysis
Action	
<ol style="list-style-type: none"> 1. New analytical support to aid winter planning through Basic Building Blocks analysis. 2. Agree standard UCC dashboards across Lothian to aid effective analysis 3. Submit required reporting to SG around UCC performance over winter 	
7. Workforce capacity plans & rotas for winter / festive period/ agreed by end of October	
Outcome: <ul style="list-style-type: none"> • Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services. • Maintain discharges at normal levels over the two 4 day festive holiday periods 	Indicators: <ul style="list-style-type: none"> • workforce capacity plans & rotas for winter / festive period agreed by October; • effective local escalation of any deviation from plan and actions to address these; • extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements. • number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges

Action	
<ol style="list-style-type: none"> 1. Recruit to Additional medical staff for both ED and Medicine. (1 Consultant in ED and Med, 1 Spec Doc in ED and Med) 2. Medical consultant rotas for all specialities to be reviewed to ensure adequate festive period cover, including the 4 day breaks, weekends and the time in between when senior reviews are critical to expedite discharge. 3. Respiratory Medicine – link into Lothian wide respiratory cover plan. Use Respiratory Nurse specialists to enhance support 4. Senior Charge Nurse Cover for the festive weekends and January month should be reviewed to ensure adequate 7/7 rota cover at band 6 and 7 level and should include night duty or extended days where appropriate. 5. Hogmanay Plan to be delivered which includes additional junior medical and nursing staff rostered within the ED from 31st Jan – 4th Jan inclusive and link with LUCS Winter Plan 6. Enhanced nursing staffing for January – March 	
8. Discharges at weekend and bank holiday	
<p>Outcome: Patients are discharged at weekend and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.</p>	<p>Indicators:</p> <ul style="list-style-type: none"> • % of discharges that are criteria led on weekend and bank holidays • daily number of elective and emergency admissions and discharges.
Action	
<ol style="list-style-type: none"> 1. All adult sites and the children's hospital to have adequate support services in place at the weekend and at the festive period (notably the second week of festive period) to ensure effective numbers of discharges are delivered this includes: <ol style="list-style-type: none"> a. Transport hub to support any additional transport carriers as required. b. Therapy support at front door areas over the festive period (notably the public holidays on the second week) and increased support at the weekends to the roaming teams especially January. c. Consider weekend 'hospital' social work support to ensure timely assessments for patients admitted on Friday. Any additional support for the PH on the second week to be seriously considered. d. Discharge Hub to operate over 7 days. e. Discharge lounge to operate over 7 days. f. Discharge lounge to review operational policy and stretch patient criteria. 2. Weekly review of weekend discharging with the MDT with planned actions. 3. Weekend senior nurse – provide overview of weekend position for Monday debrief. 4. Facilities support for rapid turnover of single rooms/beds. 	

9. The risk of patients being delayed on their pathway is minimised	
<p>Outcome: Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.</p>	<p>Indicators:</p> <ul style="list-style-type: none"> distributions of attendances / admissions distribution of time to assessment distribution of time between decision to transfer/discharge and actual time % of discharges before noon % of discharges through discharge lounge % of discharges that are criteria led levels of boarding medical patients in surgical wards
Action	
<ol style="list-style-type: none"> Daily flow activity continues to be monitored on SJH site and reported to Chief Officer via Control Room. The markers here includes: <ol style="list-style-type: none"> admission and discharges by noon discharges boarding levels Downstream Hospitals have admission and discharge quotas agreed and monitored in the same way as adult acute. - St Michael's and Tippethill. SJH site need to be able to access Edinburgh downstream facilities due to number of Edinburgh delays. Weekend discharge should also be a focus in the downstream hospital and focus must be on: <ol style="list-style-type: none"> Package of care restarts at the weekend New package of care restarts at the weekends Families 'gapping' POC until start on Monday All boarding processes from wards to reflect identification of those patients who have an estimated date of discharge within 24 hr. Nurse Practitioners key to management of boarding patients. 	
10. Communication Plans	
<p>Outcome: The public and patients are kept informed of winter pressures, their impact on services, and the actions being taken.</p>	<p>Indicators:</p> <ul style="list-style-type: none"> daily record of communications activity early and wide promotion of winter plan
Action	
<ol style="list-style-type: none"> Daily inter site communications will be enhanced to ensure focused discussion on site activity, pressures and resilience planning for acute and downstream sites. The 9.30am teleconference is the key communication point and this will be chaired by the Lead for Flow and Capacity and a core member of site CMTs will be in attendance Link in with Communications team re: plan for communicating with the public regarding winter Review current patient/relative discharge documentation to ensure discharge planning is proactive from the onset of admission 	

11. Preparing effectively for norovirus		
Outcome: The risk of Norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016 / 17).	Indicators: <ul style="list-style-type: none"> • number of wards closed to Norovirus • application of HPS Norovirus guidance. 	
Action <ol style="list-style-type: none"> 1. Infection Control and Surveillance should be raised at every site Safety Huddle by the nominated IC Nurse for the day and any concerns on any issues of IC including Norovirus should be raised at this time with appropriate and specific actions agreed. 2. Where outbreaks are noted, specific consideration will be given to these areas and a review by the Associate Nurse Director for the site to ensure local plans and approach are robust and in place. This includes HPS Guidance. 3. External communications from the site to other sites in the system will be robust and via the Control Room. This will ensure any high risk patient transfers across the system are noted and precautions taken for any emergency admissions to any site via this route 4. Introduction and monitoring of the HPS Norovirus Outbreak Guidance (2016/2017) 5. Uniform Policy will be emphasised at every site safety huddle and a critical friend approach will be taken as usual for all uniformed and non uniformed staff. 6. Hand Hygiene will be emphasised at every opportunity 		
12. Delivering seasonal flu vaccination to staff and public		
Outcome: CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance	Indicators: <ul style="list-style-type: none"> • % uptake for those aged 65+ and 'at risk' groups; • % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO 	
Action <ol style="list-style-type: none"> 1. All sites have a staff flu programme in place. This will be supported by a Healthy Working Lives Initiative to ensure staff remain in good health during the winter period. 2. Immunisation of Risk Groups by General Practice 		



HEALTH AND CARE POLICY AND DEVELOPMENT SCRUTINY PANEL

OLDER PEOPLE'S COMMISSIONING PLAN

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To advise the Health and Care PDSP of the development of the strategic commissioning plan for Older People.

B. RECOMMENDATION

It is recommended that the Panel notes the strategic commissioning plan for Older People which will be considered for approval by the Integration Joint Board (IJB) meeting on 29 November 2016.

C. SUMMARY OF IMPLICATIONS

- | | |
|---|--|
| I Council Values | <ul style="list-style-type: none">– 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

At its meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants.

A short life Working Group was established to develop the three year commissioning plan. The draft plan was subject to stakeholder consultation including the IJB Strategic Planning Group.

The final draft of the strategic commissioning plan for Older People will be considered for approval by the IJB at its meeting on 29 November 2016; this is provided as Appendix 1 for the information of the PDSP. The IJB will receive regular progress reports and there will be an annual review of the plan.

E. CONCLUSION

The final draft of the strategic commissioning plan for Older People will be considered for approval by the IJB at its meeting on 29 November 2016. The members of the PDSP are invited to note the plan.

F. BACKGROUND REFERENCES

West Lothian Integration Joint Board meeting - 05 April 2016

Scottish Government Guidance and Advice -
<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

Appendices:	Appendix 1: Strategic Commissioning Plan for Older People
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:	8 th December 2016

Older People's Commissioning Plan

2016/17- 2018/19

The West Lothian Strategic Commissioning Plans for Older People sets out our strategic ambitions, priorities and the next steps required to deliver integrated health and social care support and provision for older people, their families and carers in West Lothian over the next three years.

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

FOREWORD

The West Lothian Strategic Commissioning Plan for Older People (the OP Plan) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and provision for older people, their families and carers in West Lothian for the three year period to 2018/19.

It should be noted for the purposes of this Commissioning Plan older people are regarded as being those aged 65years inclusive of those with dementia.

The OP Plan has been developed within the context of national and local policy direction taking into account the key principles and values which underpin the planning, commissioning and provision of support for older and has been informed through consultation with key partners, service users and carers.

The OP plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26
- West Lothian Partnerships Reshaping Care of Older People Plan 2013-2023
- West Lothian Single Outcome Agreement 2013 -2023
- West Lothian Local Housing Strategy 2012-2017

It is acknowledged that it is difficult to view provision and commissioning for care groups as distinct or isolated from one another. Consequently the OP Plan acknowledges the crossover with other health and social care groups:

- Adults with learning disabilities
- Mental health
- Physical Disability
- Substance misuse

Ensuring our services and provision are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have set, and I will be reviewing progress against this OP plan on an annual basis refining where necessary as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

COUNCILLOR DANNY LOGUE

CHAIR OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

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STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

SECTION 1: OVERVIEW

Who we are

The Public Bodies (Joint Working)(Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care provision will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council or NHS Lothian to deliver services on its behalf.

Vision, values, aims and outcomes

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to deliver the nine national and wellbeing outcomes for health and social as required by the Scottish Government.

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

The case for change

- It is recognised nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.
- West Lothian has a faster than average population growth, an aging population and growing numbers of people living longer with disabilities, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care provision to meet our duty of Best Value but also to ensure our resources are targeted to achieve the greatest impact on those most in need.

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

OUR APPROACH

The IJB has committed to develop strategic commissioning plans for all adult care groups. These plans will aim over time to incorporate the important role of informal, community capacity building and asset based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group population as determined by a local needs assessment and other relevant local or national strategies.

As a first stage in the development of a commissioning plan for older people, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- a wide consultation with the public through surveys, focus groups etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

A further stage in the development of future services for older people is the West Lothian Health and Social Care Partnership's Frail Elderly Programme. The Programme aims to design a whole system model of health and care that meets the IJB priorities within the available resources and has four strands;

- *St John's Hospital in-patient re-design* – with the objective of a more streamline pathway for frail elderly people admitted to hospital through to discharge. This project includes the implementation of a Comprehensive Geriatric Assessment (CGA).
- *Frailty Hub and Templar Rapid Access Clinic* – to provide patients, families and GPs with one point of contact for frail elderly people before they reach an acute stage
- *Intermediate Care Review* – to explore potential redesign in all aspects of intermediate care including community hospital provision, step up / step down provision and the support at homes services
- *Older People's Mental Health Project* – to improve the dementia care pathway and enhance community supports and the one year post diagnostic support

The resultant commissioning plan for adults with older people will:

- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is fully considered

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made 14 recommendations which identified key messages for local commissioners and service planners. The recommendations have been mapped against the National Health and Wellbeing Outcomes (detailed in Appendix 1) and then referenced against other strategic plans including the Frail Elderly Programme. The following table provides further details as to where each recommendation sits.

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies						
		1	2	3	4	5	6	7	8	9			ILB Strategic Plan	Reshaping Care Op	Dementia Strategy	WL Housing Strategy	WL Engagement Strategy	Telecare Strategy	Mental Health Plan
1	In future development of Joint Strategic Priorities should be needs – led and not service led, with a key focus on early prevention and early intervention	X	X			X				X		X	X						
2	Dementia care in general requires higher prioritising and particular attention needs to be given to improving post diagnostic support	X	X							X	X				X	X		X	X
3	Interfaces with the Third Sector should be strengthened and the review of Third Sector involvement should include pathway planning									X		X	X	X					
4	Consideration needs to be given to including support for carers in future priorities						X				X		X	X				X	
5	In order to provide the best conditions for sector sustainability and growth, commissioning practices need to avoid short term funding cycles (e.g. year on year funding arrangements)									X		X	X						

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	Reshaping Care OP	Dementia Strategy	WL Housing Strategy	WL Engagement Strategy	Telecare Strategy	Mental Health Plan
6	Current performance monitoring arrangements should be reviewed to develop an appropriate and proportionate (long-term) monitoring framework to audit performance against both outputs and outcomes, as well as to provide equity of compliance across all statutory and commissioned provision								x			x							
7	Consideration should be given to establishing a single point of information for Older Peoples Services and supports which provides written information in addition to online availability. This is especially important for those with dementia who tend not to use the internet	x	x							x	x					x			
8	The Challenges created by a culture of ‘silo working’ by services was consistently highlighted throughout the needs assessment. Opportunities to move away from the practice of ‘silo working” should be sought during all developments of integrated health and social care									x		x	x			x			
9	Consideration needs to be given to realising the significant opportunities for community capacity building									x		x	x			x			

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Ref	Recommendation	National Health & Wellbeing Outcomes									In scope	Out of scope	Existing Strategies / Policies						
		1	2	3	4	5	6	7	8	9			JJB Strategic Plan	Reshaping Care Op	Dementia Strategy	WL Housing Strategy	WL Engagement Strategy	Telecare Strategy	Mental Health Plan
10	Where future emphasis is placed on community capacity building there will be a need to provide training and learning opportunities for a much wider 'workforce' (including family carers, volunteers etc).									X		X	X				X		
11	Strategic planning for older people's services needs to take account of the challenges created by the issue of recruitment and retention of care staff.									X		X	X						
12	The West Lothian Older People's Forum should be reviewed to ensure it is representative of the demographic it represents.											X					X		
13	Specialist Mental Health provision stops at the age of 65, and with the life expectancy of people with severe and enduring mental health increasing there is a gap in how specialist services should be planned and budgeted for.			X		X				X	X								X
14	Current priorities to increase technology assisted care could be having an adverse effect on social isolation for older people, however, technology enabled care could provide significant opportunities for helping to connect older people with a wider range of help and support (e.g. peer support, connection through social media and online 'virtual' activities).		X				X			X	X			X				X	

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section provides information on the planned spend to meet the priorities from the needs assessment in addition to all other existing services and resources which are allocated to provide health and care for older peoples including those aged 65 plus with dementia. The costs associated with whole population universal health services to which all residents of West Lothian have access is provided to show the full picture of the health and care system for older people.

Ref	Needs Assessment Recommendation and /or Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
West Lothian Older Peoples Needs Assessment (2016)							
2	Dementia care in general requires higher prioritising and particular attention needs to be given to improving post diagnostic support	1,2,3,4	Post diagnostic support Dementia training	Commission dementia post diagnostic support Consider specialist dementia training	2,3,8	£67,000	Alzheimers Scotland
4	Consideration needs to be given to including support for carers in future priorities	2,3,	Support for Carers	Information, advice and support for carers	8	Resources (£122,870) are funded via the Physical Disability Commissioning plan for all care groups	Carers of West Lothian and Minority Ethnic Carers of Older People (MECOPP) contracts are in place until 31 March 2018

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Ref	Needs Assessment Recommendation and /or Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
7	Single point of information for Older Peoples Services	1,6,9	Information Service	A review of existing information sources, methods and mediums will be undertaken and consulted on	2	Any new service will require to be met from the amalgamation of existing resources	Information is currently available from multiple sources across West Lothian
13	Specialist Mental Health provision for the over 65's	1,2	Older People's Mental Health Services	Work will be undertaken through the Mental Health project in the Frailty Programme	1,2,7,9	Any new service will be met through a redesign of existing services	West Lothian Health and Social Care Partnership and NHS Lothian
14	Explore opportunities for increased technology enabled care	2,4	Technology Enabled Care	Ensure that the work of the TEC board considers the needs of older people	7	£515,000 has been awarded to West Lothian TEC Board as one off spend	Not yet identified

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Ref	Needs Assessment Recommendation and /or Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
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West Lothian IJB Strategic Plan – Older Peoples Commissioning Priorities (CP)

Note - The description in the section below summarises progress to date against the strategic priorities

CP 1	Live at home or in a homely setting for longer	1,2	Community Support	Intermediate Care Review as part of the Frailty Programme	2,3,4,5	29,282,371	Care at home providers, independent and council care homes, internal support at homes services
CP2	Joined Up Care Pathways	1,2,4	Service Integration	Implementation of multidimensional Comprehensive Geriatric Assessment as part of the Frailty Programme	1,2,3,4	Service redesign within existing St John's Hospital resources	West Lothian Health and Social Care Partnership
CP3	End of Life Care	1,4	Palliative Care	Review access to palliative care services for those with non- malignant conditions.	3,4,5,7,8	Service redesign within existing resources	West Lothian Health and Social Care Partnership

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
Additional current provision and services for older people				
Contact and referral service.	Accept referrals and request for services and services support, screen and forward as appropriate.	4	326,964	West Lothian Council
Older People's Social care assessment and care management Teams	The Older Peoples Assessment and Care Management Team is responsible for conducting needs-led assessments for older people and for identifying appropriate care and support plans in response to identified eligible need	2,3,47	242,024	West Lothian Council
Housing with Care and Assisted Living	Tenancies with personal care and support provided by a dedicated on site staff team or in the case of Assisted Living by care at home providers.	1,2,3,4,57,9	2,667,503	West Lothian Council and Housing Associations
Direct Payments	Older people assessed as eligible for social care services and support and who have chosen SDS Option 1 (Cash payment as an alternative to direct service)	3	193,563	Individual service users receive payment
Flexible Respite at home	Those assessed as eligible are given access to a virtual account containing an agreed sum of money that allows them to commission their own choice of respite (SDS Option2)	3,7,8	160,000	Variable reflecting the choices of those who have a flexible respite account.
Lunch Clubs	Support offered to lunch clubs to provide nutritious affordable meals for older people.	1,7	9,441	Number of local lunch clubs

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
Frozen Meals	Contribution made to support the provision of a home meals service to those living within the community who are eligible.	2,7	7,500	Appetito contract in place until 31 st August 2018.
Community Capacity Building	Support for initiatives that promote community capacity building and are deemed to benefit older people's health and wellbeing.	2,5,7,8	120,976	Food Train, Dementia Cafes, Milan
Older Peoples Advocacy Service	Access to an independent advocacy service	3	72,000	EARS contract in place till 31 st March 2018
Day Care	Day care provision for those assessed as eligible	4,5,7	1,158,508	West Lothian Council and 3 rd sector day care providers
Home Safety Service	Assessment, provision and support for the use of telecare equipment to support independent living	1,2,4,9	1,088,880	West Lothian Council
Housing Support	Support provided to sustain tenancies.	2,7	254,496	Various social housing agencies
PSP Pilot	Public Social Partnership pilot: provision of low level support to minimise social isolation and support community engagement.	2	268,884	Cyrenians is lead delivery agency

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend £	Provider
DEDICATED BUDGET FOR OLDER PEOPLE			35,853,110	
Shared provision across all care groups: Occupational Therapy; Joint Equipment Store; Care and Repair Service			1,940,615	West Lothian Health and Social Care Partnership and Horizon
Universal Health Services available (Total budget)				
Core Health Services	Older People have access to Core Health Services including: Community Hospitals, Mental Health, District Nursing, Community AHP's, General Medical Services and Prescribing	1,2,4,5,6,7,9	87,694,000	West Lothian Health Service provision.
Hosted Health Services	Older people have access to Hosted Health Services : Sexual Health, hosted APH Services; hosted Rehabilitation Medicine; Mental Health; Substance misuse; hosted Psychology service; hosted General Medical Services; Public Health; Unscheduled care; UNPAC plus Strategic Programmes	1,2,4,5	16,558,000	NHS Lothian on behalf of West Lothian Health and Social Care Provision.
Acute Services	Older people have access to Acute Services: A & E, Cardiology, Diabetes, Endocrinology; Gastroenterology; General Medicine, Geriatric Medicine; Infectious Disease; Rehabilitation Medicine; Respiratory Medicine; Therapies Management.	1,2,4,5	29,191,000	St John's Hospital

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

SECTION 4: NEXT STEPS

The OP Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care. The Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Timescale	Lead Officer
1.	Dementia			
	Dementia Post Diagnostic Support.	<ul style="list-style-type: none"> A revised model will be developed as part of the Older Peoples Mental Health Project in the Frail Elderly Programme 	2016 to 2017	Senior Manager MH
	Dementia Training	<ul style="list-style-type: none"> Commissioning of new service Training plan to be documented to reflect the roles / responsibilities of both health and social care staff to meet the Promoting Excellence Framework Training commissioned to meet any identified gaps in training need 	2016 to 2017 2017 2017	Service Development Officer Learning & Development Officer Learning & Development Officer
2.	Carers			
	Support for Carers	<ul style="list-style-type: none"> Review support needs of carers particularly carers of those with dementia Review and identify core baseline training requirements for carers 	2016 to 2017 2017 to 2018	Service Development Officer Service Development

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

	Area of Development	Actions	Timescale	Lead Officer
		<p>of older people and develop an associated core training / reference pack.</p> <ul style="list-style-type: none"> Identify support for carers as a priority when key strategic documents are being reviewed / updated. Review overall provision and make recommendations based on Carers Bill. 	<p>2016 to 2019</p> <p>2016 to 2018</p>	<p>Officer</p> <p>Head of Health / Head of Social Policy</p> <p>Service Development Officer</p>
3.	Information			
	Develop single points of information for all older peoples service provision	<ul style="list-style-type: none"> Undertake an option appraisal re potential for the creation of a central information HUB for Older Peoples Services. 	2018 to 2019	Service Development Officer
4.	Community Capacity Building			
	Further develop Community Capacity Building	<ul style="list-style-type: none"> When commissioning services consider the potential to utilise a community capacity building approach through the exploration of alternative models e.g. Public Social Partnerships (PSPs) and Social Enterprises Support service providers to incorporate wherever possible a community capacity building approach to the way in which they deliver services. Include financial provision for the training and development of the wider workforce when a community capacity building approach is to be used to provide a service. 	<p>2016 – 2019</p> <p>2016-2019</p> <p>2016-19</p>	<p>Contracts Advisory Group</p> <p>Contracts and Commissioning Manager</p> <p>Contracts and Commissioning Manager</p>

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

	Area of Development	Actions	Timescale	Lead Officer
5.	Technology enabled care			
	Expand potential use of technology enabled care to support older people and carers of older people.	<ul style="list-style-type: none"> Continue to review and identify products potential to support older people and carers particularly in relation to carer peer support and social isolation. Make recommendations to the Technology Enabled Care Board and seek their approval to commission technology enabled care and support which is deemed to have the potential to improve the lives of older people and their carers 	2016 -2019 2016-2019	Service Development Officer Service Development Officer
6.	Home / Community Support			
	Support individuals to live at home or in a homely setting for longer	<p>As part of the Intermediate Care Project within the Frail Elderly Programme:</p> <ul style="list-style-type: none"> Build a profile of the needs of frail elderly likely to require hospital based continuing complex care, end of life care not provided at home and nursing/care home provision. Match those needs to the available beds in the existing facilities we have within health and social care to generate options for the best configuration of provision for respite, interim and permanent needs. <p>Commissioned care at home services</p> <ul style="list-style-type: none"> Continue close monitoring of the delivery of commissioned care at home contracts and ensure alignment with strategic priorities Extend care at home contract or re-tender services Review day care provision reflecting on the impact of SDS 	2017 2017 2016 - 2018 2018 2017	Senior Manager Senior Manager Service Development Officer Senior Manager Day Care Board

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

	Area of Development	Actions	Timescale	Lead Officer
		<ul style="list-style-type: none"> Ensure that housing models for older people are reflected in the West Lothian Council Housing Strategy 	2017	Service Development Officer
7.	Service Integration			
	Joined up frailty care pathways	<p>As part of the Frail Elderly Programme Frailty Hub / Templar Rapid Access Clinic Project or the St John's Hospital Redesign Project</p> <ul style="list-style-type: none"> Develop proposal for REACT Hub and Templar re-design to incorporate specialist multidisciplinary assessment of older people to enable timely access to treatment and rehabilitation Implement recommendations for change in relation to the Hub and Templar Rapid Access Clinic.. Make recommendations for streamlined pathway through hospital, based on multidimensional Comprehensive Geriatric Assessment (CGA) and the integration of health and social care discharge planning. Implement recommendations for change in relation to St John's Hospital Redesign Project 	<p>2016 to 2017</p> <p>2017 to 2018</p> <p>2016 to 2017</p> <p>2017 to 2018</p>	<p>Chief Nurse</p> <p>Chief Nurse</p> <p>Chief Nurse</p> <p>Chief Nurse</p>

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

8.	End of Life Care			
	Palliative care.	<p>Project to follow on in next phase of Frail Elderly Programme</p> <ul style="list-style-type: none"> Review of specialist service agreements Monitor uptake of palliative care of those with a non- malignant condition Non-home based palliative care to be part of Homely Setting project in Frail Elderly Programme. 	<p>2017-2018</p> <p>2017-2018</p> <p>2017-2018</p>	<p>Senior Manager</p> <p>Senior Manager</p> <p>Senior Manager</p>
9.	Support Health and Care in the Community.			
	Service Review	<p>As part of the Intermediate Care Project within the Frail Elderly Programme:</p> <ul style="list-style-type: none"> Review community-based services in light of recommendations from institutional review of care homes, community hospital and other residential facilities 	2016 to 2017	Senior Manager

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

APPENDIX 1 NATIONAL HEALTH & WELLBEING OUTCOMES AND INTEGRATION OUTCOMES

Ref	Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care Services

Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

STRATEGIC COMMISSIONING PLAN – OLDER PEOPLE

APPENDIX 2 – PERFORMANCE INDICATORS

1	% of adults able to look after their health very well or quite well.
2	% of adults supported at home who agree that they are supported to live as independently as possible.
3	% of adults supported at home who agree that they had a say in how their help, care or support was provided.
4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5	% of adults receiving any care or support who rate it as excellent or good
6	% of people with positive experience of care at their GP practice.
7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
8	% of carers who feel supported to continue in their caring role.
9	% of adults supported at home who agree they felt safe
10	% of staff who say they would recommend their workplace as a good place to work.



HEALTH AND CARE POLICY AND DEVELOPMENT SCRUTINY PANEL

LEARNING DISABILITY COMMISSIONING PLAN

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To advise the Health and Care PDSP of the development of the strategic commissioning plan for Adults with a Learning Disability.

B. RECOMMENDATION

It is recommended that the Panel notes the strategic commissioning plan for Adults with Adults with a Learning Disability as approved by the Integration Joint Board (IJB) meeting on 18 October 2016.

C. SUMMARY OF IMPLICATIONS

- | | |
|---|--|
| I Council Values | <ul style="list-style-type: none">– 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

At its meeting of 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which includes details of how high level outcomes are to be achieved through a process of strategic commissioning. The Strategic Plan also includes a commitment to develop a series of care group based commissioning plans.

These plans are based on an ANALYSE, PLAN, DO and REVIEW approach:

- Analyse: the process of needs assessment intended to identify the priority needs associated with the relevant care group
- Plan: the planning process that is informed by the needs assessment and identifies how priority needs are to be addressed including the deployment of resources and the performance management approach to be used to monitor progress
- Do: the implementation phase of the plan
- Review: the review of progress based on the agreed performance measures of the plan in conjunction with any significant changes in the environment.

Recommendations from the needs assessment were derived from evidence gathered and analysed from the review of literature, surveys and fieldwork including study informants.

A short life Working Group was established to develop the three year commissioning plan. The draft plan was subject to stakeholder consultation including the IJB Strategic Planning Group.

The final draft of the strategic commissioning plan for Adults with a Learning Disability was approved by the IJB at its meeting on 18 October 2016; this is provided as Appendix 1 for the information of the PDSP. The IJB will receive regular progress reports and there will be an annual review of the plan.

E. CONCLUSION

The final draft of the strategic commissioning plan for Adults with a Learning Disability was approved by the IJB at its meeting on 18 October 2016. The members of the PDSP are invited to note the plan.

F. BACKGROUND REFERENCES

West Lothian Integration Joint Board meeting - 05 April 2016

Scottish Government Guidance and Advice -
<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

Appendices:	Appendix 1: Strategic Commissioning Plan for Adults with a Learning Disability
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:	8 th December 2016

Learning Disability Commissioning Plan

2016/17- 2018/19

The West Lothian Strategic Commissioning Plans for Adults with a Learning Disability sets out our strategic ambitions, priorities and next steps required for delivering integrated health and social care support and services for people with a learning disability and autism, their families and carers in West Lothian for the next three years.

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

FOREWORD

The West Lothian Strategic Commissioning Plans for Adults with Learning Disability and Autism (the **LD Plan**) sets out our strategic ambitions, priorities and next steps required to deliver integrated health and social care support and services for people, their families and carers in West Lothian for the three year period to 2018/19.

The Keys to Life 2013 explains that people with learning disabilities have ‘a significant, lifelong condition that started before adulthood, which affected their development and which means they need help to understand information; learn skills and cope independently’.

The West Lothian Autism Strategy 2015 – 25 describes Autism Spectrum Disorder (ASD) as a lifelong developmental condition. People with Autism usually have problems with social interaction, communication and may require repetitive or restrictive routines. Some people with ASD also have learning disabilities and need specialist support but others do not. The focus of this strategy is on people who have learning disability and ASD.

The LD Plan has been developed within the context of national and local policy taking into account the key principles and values which underpin the planning, commissioning and provision of services and support for people with a disability, and has been informed through consultation with key partners, service users and carers.

The LD Plan should be read in conjunction with:-

- West Lothian Integration Joint Board Strategic Plan 2016-26 (**Strategic Plan**)
- West Lothian Learning Disability and Autism Needs Assessment (**LD Needs Assessment**)
- West Lothian Autism Strategy 2015-25

It is acknowledged that it is difficult to view services and commissioning for care groups as distinct or isolated from one another. Consequently the LD Plan acknowledges crossover with other health and social care groups:

- Adults with physical disability
- Mental health
- Older people
- Substance misuse

Ensuring our services are well positioned to meet the needs of residents in West Lothian is key to achieving the outcomes we have set, and I will be reviewing progress against this LD plan on an annual basis, refining where necessary, as the Integration Board matures in our local ownership of the resources we have to spend on health and social care services.

COUNCILLOR FRANK TONER

CHAIR OF THE WEST LOTHIAN INTEGRATION JOINT BOARD

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

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STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

SECTION 1: OVERVIEW

Who we are

The Public Bodies (Joint Working) (Scotland) Act 2014 requires arrangements to be put in place for the delivery of integrated health and social care. Local and joint commissioning of health and social care services will be built around the needs of patients and service users and managed through the West Lothian Integration Joint Board (IJB) who will in turn direct West Lothian Council or NHS Lothian to deliver services on its behalf.

Vision, values, aims and outcomes

The vision of the IJB Strategic Plan 2016-26 for West Lothian (Strategic Plan) is “to increase wellbeing and reduce health inequalities across all communities in West Lothian”. The plan describes the values and aims and commits the IJB to the delivery of the nine national and wellbeing outcomes for health and social as required by the Scottish Government.

The strategic plan covers the geographical area of West Lothian and in accordance with the legislation defines two localities across which health and social care services will be planned and delivered, the East and the West. The localities will provide a key mechanism for strong local, clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community and contributing to effective strategic commissioning.

The case for change

- It is recognised nationally and locally that whilst the health and care needs of individuals are closely intertwined, the services put in place to meet these needs can be disjointed and not as co-ordinated as they could be.
- Combining the resources of both agencies within the integrated partnership will allow for greater exploration of efficiencies to ensure we can meet the main health and wellbeing challenges at a time when we also need to reduce costs.
- West Lothian has a faster than average population growth, an aging population and growing numbers of people living longer with disabilities, long term conditions and complex needs, all of which require us to ensure we have commissioned our health and social care services to meet our duty of Best Value but also to ensure our resources are targeted to achieve the greatest impact on those most in need.
- There is a programme of modernisation and redesign of learning disability services being led by the Lothian Learning Disability Collaboration will see a shift in care from hospital settings to the community across the Lothian IJBs.

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

OUR APPROACH

The IJB has committed to developing strategic commissioning plans for all adult care groups. These plans aim, over time, to incorporate the important role of informal, community capacity building and asset based approaches with the delivery of more effective preventative and anticipatory interventions, in order to optimise wellbeing and reduce unnecessary demand at the 'front door' of the formal health and social care system. Each commissioning plan will confirm the total resources available across health and social care and relate this information to the needs of the care group as determined by a local needs assessment and other relevant local or national strategies.

As a first stage in the development of a commissioning plan for adults with learning disability, independent specialists in research and evaluation of the health and social care sector were commissioned to carry out a comprehensive local needs assessment. The needs assessment process involved:

- analysis of data based on the population, including demographic trends, health status and risk
- wide consultation with the public through surveys, focus groups, etc.
- consideration of the views of professionals or experts
- benchmarking with other areas in Scotland

Following consultation through the Learning Disability Commissioning Working Group and the Learning Disability Forum, the resultant commissioning plan for adults with learning disability will:

- reflect needs and plans as articulated at a local level for West Lothian
- confirm the desired outcomes and link investment to them
- detail what services will be delivered against outcomes and the associated performance indicators
- prioritise investment and disinvestment in line with assessed needs
- ensure that resource deployment and performance is consistent with the duty of best value
- ensure that sound clinical and care governance is delivered

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

SECTION 2: NEEDS ASSESSMENT RECOMMENDATIONS

The Needs Assessment made 17 recommendations. The recommendations have been mapped against the National Health and Wellbeing Outcomes (detailed in Appendix 1) and then referenced against other strategic plans in order to evaluate whether the recommendation will be delivered through other routes or included for delivery as part of our commissioning cycle in this LD plan.

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
1	An integrated Health & Social Care Learning Disability Strategy should be developed with a broad range of stakeholders. The strategy should be inclusive of people who have both autism and a learning disability, and should be cross-referenced to the existing 2015 Autism Strategy for West Lothian				✓							✓	✓	✓	✓				
2	An integrated Health and Social Care Autism Implementation/Action Plan should be developed, in order to fully operationalise the existing 2015 Strategy				✓							✓			✓				
3	A full Communications Strategy, with one work stream targeted at professionals and one work stream targeted at service users and their families/carers to be developed to support the strategy				✓							✓	✓	✓					
4	The development of strategy must include transport provision to and from services, as well as access to community activity and work				✓							✓				✓			

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
5	Commissioners are encouraged to consider reviewing and strengthening the availability and profile of transition services within West Lothian		✓	✓	✓						Part	Part			✓		✓		
6	Commissioners should review the pattern of service provision and contracting for people with learning disability aged 55+ to ensure that it strengthens the co-ordination of care and effective partnership working and communication and provides appropriate care and end of life provision		✓								✓								
7	Future joint planning for services needs to take account of research into prevalence, the local knowledge of each known person, whilst at the same time seeking as much information about 'hidden' populations					✓						✓	✓						
8	A housing strategy for people with a learning disability is developed in collaboration with housing strategy and community planning partners		✓									✓						✓	
9	The West Lothian Partnership should work with the local Housing Strategy Group to seek opportunities which will provide core and cluster for permanent living and a resource for short breaks which can be purchased on a flexible basis for others (for example, older people, people with sensory needs)		✓								✓								
10	Commissioning strategies and plans should be reviewed in respect of daytime opportunities				✓	✓					✓								
11	Construct an integrated working guide involving learning disability and autism services and mainstream service provision in housing, health care and other relevant services (e.g. criminal justice)								✓	✓		✓	✓						

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Recommendation	National Health & Wellbeing Outcomes									In Scope LD Plan	Out of Scope LD Plan	Existing Strategies/Policies						
		1	2	3	4	5	6	7	8	9			IJB Strategic Plan	WL Engagement Strategy	WL Autism Strategy	Transport Strategy	Reshaping Children's Services	Housing Strategy	Workforce Development Plan
12	Respite services and short break opportunities need to be further developed to be more responsive to the needs of an ever changing population including ensuring that staff and parents/carers understand what services are available and how to appropriately refer and access						✓		✓		✓								
13	Support for all staff in SDS development is essential to progress. A stronger message of the SDS approach being the mainstream approach and there being no choice in its use would be beneficial. Commissioning plan should focus on the market development aspect of SDS					✓			✓		Part	Part							✓
14	West Lothian CHCP needs to continue being a full partner in the pan-Lothian plan regarding provision for those people with a learning disability who have complex needs		✓					✓			✓								
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.				✓	✓					✓								
16	Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the delivery, development and commissioning of learning disability services				✓	✓						✓		✓					
17	There is a clear need for a comprehensive training needs analysis to inform the development of a long-term programme of workforce development opportunities								✓			✓							✓

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

SECTION 3: COMMISSIONING PRIORITY ACTIVITIES

This section details the specific recommendations which have been captured from the needs assessment and the strategic plan, and provides information on the current or planned spend to meet these priorities in relation to the integration outcomes. In addition to these recommendations, all other existing services and resources which are allocated to provide health and care for the learning disability and autism care groups will continue to be provided as is, and finally, the whole population universal health services which all residents of West Lothian have access to are provided to show the full picture of the resources available.

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
West Lothian Learning Disabilities Needs Assessment (2015)							
5	Commissioners are encouraged to consider reviewing and strengthening the availability and profile of transition services within West Lothian	1, 2, 4	Transition	Support from a range of partners to enable young people and their families to make choices about the future. The focus of the plan is on ensuring good planning when moving from children's to adults' social work services, especially for children with complex needs.	2,3	Expenditure crosses over a number of the services costed in the sections below	HSCP Assessment and Care Management Team, Residential & Nursing Care Providers (internal & external) and external providers of community support and care (Note, there is £2,054,000 planned expenditure from children's to adult services over the next 4 years).
6	Commissioners should review the pattern of service provision and contracting for those with learning disabilities who are over 55 to ensure that it strengthens the co-ordination of care and effective partnership working and communication and provides appropriate care and end of life provision	1,4	Services for older adults	Supporting people with learning disability and autism to live well through old age with support appropriate to their needs.	2,3,4	Review will consider existing patterns of expenditure within adult health and social care budgets	A range of residential and nursing care providers and community support providers mainly from the third and independent sectors

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Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
9	The West Lothian Partnership should work with the local Housing Strategy Group to seek opportunities which will provide core and cluster accommodation for permanent living	1	Core and Cluster	Core and cluster living normally involves people with more complex needs living in individual flats or houses within a block which are overseen by residential or visiting support staff.	2,7	Planned development with budget to be determined	WLC Housing Stock. New developments in Blackburn and Kirkhill with further opportunities being explored.
10	Commissioning strategies and plans should be reviewed in respect of daytime opportunities	2,4	Daytime Opportunities	The provision of a range of day time opportunities which are community based to enable people to take part in meaningful activities and have an opportunity to socialise.	5,7	£2,385,793	Community Inclusion Team, Pathways, Eliburn, An Carina Day Centre contract with RLO, Enable Club
12	Respite services and short break opportunities need to be further developed to be more responsive to the needs of an ever changing population including ensuring that staff and parents/carers understand what services are available and how to appropriately refer and access	3	Respite and Short Breaks	Enables carers caring for a family member, partner or friend to take a break in a variety of ways giving both the carer, and person cared for, positive outcomes	3,7,8	£439,428	Leonard Cheshire, Letham Court, and other individual respite arrangements including out of area.
13	Support for all staff in SDS development is essential to progress. A stronger message of the SDS approach being the mainstream approach and there being no choice in its use would be beneficial. Commissioning plan should focus on market development	4	Self-Directed Support	Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.	10	Expenditure is currently included within a range of budgets	HSCP

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Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
14	West Lothian HSCP need to continue being a full partner in the pan-Lothian plan regarding provision for those people with a learning disability who have complex needs	1,2,3	Complex Care Provision	Development of a Lothian-wide community housing resource with integrated support for people with complex needs associated with challenging behaviour. Consider an additional resource for West Lothian for people with slightly less complex needs.	2,3,4,5,7	Future development with budget to be determined	NHS/Lothian IJBs
15	Enhance the role and availability of the third sector and peer support services and networks to support integrated care and outcomes for people.	4	Natural networks and supports	A range of services which enable people to engage with and feel part of their local community with the same opportunities as everyone else	7	£60,000	Voluntary Sector Gateway West Lothian Befriending Service

West Lothian IJB Strategic Plan – Learning Disability Commissioning Priorities (CP)

CP 1	Revised programme to ensure that screening and management of long term conditions is delivered for patients on the Learning Disability register to the same standards, quality and accessibility as the rest of the general practice population	4	Scottish Enhanced Services Programme (GP Contracts)	National screening programme supported by joint annual reviews with the West Lothian Community Learning Disability Team	1,5	National Screening Programme budget	HSCP/NHS Lothian
CP 2	Through a Lothians based partnership, explore the most effective arrangements for meeting the growing needs of individuals with learning disability and complex care needs (see Recommendation 14 in section above)	1,2,3	Complex Care	See recommendation 14 above	2,3,4,5,7	Future development with budget to be determined	To be determined

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Ref	Needs Assessment Recommendation / Commissioning Priority(CP)	Integration Outcomes (Appendix 1)	Activity Name	Description	Indicators (Appendix 2)	Planned 2016 / 17 spend (£)	Provider
CP 3	Development of Information Sharing Protocol with Carers' of West Lothian to facilitate early provision of information, advice and support.	3	Support for Carers	Information and advice support service for carers	8	See Physical Disability Commissioning Plan	Carers of West Lothian Capability Scotland Disability Information and Advice Service for West Lothian
CP 4	Future development of services for people with ASD based on a partnership approach, which is systematic, evidence based and sustainable.	1,2,3,4	Services for Autism Spectrum Disorders (ASD)	Development of support services and community capacity to support people with ASD	1,2,3,4,5,7,9	£1,174,788	Autism Assessment Team and Autism Support, Autism Initiatives, One Stop Shop Funding
CP 5	Explore the development of a Social Enterprise to develop people's employability with the potential to develop employment opportunities within the project itself	4	Employability and Lifelong Learning	A social enterprise is a business whose main objective is to achieve social impact rather than generate profit. Any surplus made is normally reinvested in the enterprise to meet social goals.	2,7	£495,400	LD Independence Team and Project Search are included in the Independence Team

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend (£)	Provider
Summary of Expenditure of Services and Support for People with LD and/or Autism				
Social care assessment and care management	The Social Policy Learning Disability and ASD Assessment and Care Management Teams are responsible for conducting needs-led assessments for adults with learning disability/ASD and for developing appropriate care and support plans in response to identified eligible need. This includes palliative care.	2,3,4,5,7,8	£409,965	WLC Social Work Assessment and Care Management Team
Residential and Nursing Care	If an individual's assessed care and support needs cannot be safely and appropriately met within their own home, then a long-term residential placement with 24 hour care services and support may be appropriate. Residential and Nursing Care Home placements are provided mainly by the third sector.	4,5,7,9	£4,055,775	Residential or nursing homes commissioned as individual placements following assessment from independent providers. Includes Deans House Transition Service and small element of respite at Burnside Block contracts with Community Integrated Care and Real Life Options
Direct Payments	For people assessed as eligible for social care services and support and who have chosen SDS Option 1 (Cash payment as an alternative to direct service) provision	1,2,3,4,5,7	£646,119	Individual service users received payment
Specialist Care and Support in the Community	The aim of our specialist framework is for care and support to be delivered to adults with a disability in a way that promotes and maximises independence. The providers will provide specialist support to assist with personal care and support, with daily living, domestic tasks and activities to support social inclusion.	2,3,5,7	£4,080,082	Various specialist providers as per the Specialist Care Framework. The contract is in place until 31 December 2018. Also includes community autism support
External Transport	Payment of transport costs enabling people to access services and support	2,4,5,7,9	£840,000	Contribution towards WLC fleet and transport costs
Independent Advocacy	Independent Advocacy Services	3	£35,000	EARS Advocacy contract from 1/12/15 for 3 years Additional funding through NHS Hosted Services (£29,948)

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

Activity Name	Activity Description	Indicators (Appendix 2)	Planned 2016/ 17 spend (£)	Provider
General Income	Income from a variety of sources offset against expenditure		-£134,374	
DEDICATED BUDGET FOR LEARNING DISABILITIES			£14,487,976	
Universal Health Services Available to All Residents in West Lothian (Total budget)				
Core Health Services	People with learning disability have access to Core Health Services including Community Hospitals, District Nursing, Community AHP's and Prescribing	1,5,6,7,9	69,271,000	West Lothian GPs, District and Community nurses and Allied Health Professionals (AHPs) and Prescribing
Hosted LD Health Services	Health services hosted on behalf of the West Lothian Integration Joint Board and specifically for people with a learning disability	1,5	3,290,000	NHS Lothian on behalf of West Lothian IJB
Hosted Health Services	People with a learning disability have access to Hosted Health Services e.g. Sexual Health, Oral Health Services, and Public Health services	1,5	11,737,000	NHS Lothian on behalf of West Lothian IJB
Acute Services	People with a learning disability have access to Acute Services e.g. A & E, Cardiology, General Medicine, Rehabilitation and Respiratory Medicine		29,191,000	St John's Hospital

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

SECTION 4: NEXT STEPS

The LD Commissioning Plan is designed to run for 3 years from 2016 /17 to 2018/19, at a time of considerable change in the commissioning environment within health and within social care. Some of the priorities outlined in the plan have an end date beyond the life of the commissioning plan as they are linked to developments with a longer timescale. Decision on the investment and disinvestment of resources will require to be made as the actions outlined below are progressed.

A comprehensive action plan will support the development of services for people with learning disability and autism and will incorporate the priorities contained in this commissioning plan, recommendations outlined in the Keys to Life and developments arising from the Lothian Modernisation and Redesign Programme. Progress will be monitored via the West Lothian Learning Disability Joint Management Group.

The LD Commissioning Plan will be reviewed annually, and commissioning intentions developed each year in the form of an annual report which will summarise activity, progress and performance for the year.

	Area of Development	Actions	Timescale	Lead Officer
1.	Transition			
	Build on existing work to develop the transition experience of people with a learning disability and autism based on the 'Principles of Good Transition'	<ul style="list-style-type: none"> • Understand the population demographics to inform planning • Continue work between Social Work and Children's Social Work services to ensure transition planning is commenced as early as possible to aid smooth transition • Work with families as early as possible to raise awareness of opportunities and services at transition from children's services • Work with colleagues in Education and other areas to ensure co-ordinated transition • Consider transition planning in terms of housing • Consider a range of different transition models and approaches to support • Link with the Autism Strategy Group on transition developments • Consider the Graduate Work Experience programme to assist with research 	2016 to 2018	Tim Ward/Pamela Main

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	Area of Development	Actions	Timescale	Lead Officer
2.	Service Provision for People aged 55+			
	Conduct a review of service provision for people for people aged 55+ with a learning disability	<ul style="list-style-type: none"> Identify current population aged 55+ and map the services received Have regard to housing and day provision for those aged 55+ Consider transition planning Identify gaps in provision Map end of life provision and how it is delivered Identify proposals for service development where appropriate based on the review Consider the recommendations of NHS Health Scotland's National Group on Dementia and Equality 	2016	Yvonne Lawton
3.	Develop 'core' housing models			
	Develop a range of 'core' housing models to enable people with learning disability to live within local communities	<ul style="list-style-type: none"> Complete 'core' developments at Blackburn and Kirkhill Ensure future demand for 'core' housing is reflected in the Housing Strategy Contribute to the WL Joint Accommodation Strategy to ensure the need for 'core' developments is reflected Identify gaps in current provision and how future housing needs might be delivered 	2016	Pamela Main
4.	Review Day Time Activities			
	Conduct a review of day time activities for adults with a learning disability	<ul style="list-style-type: none"> Review provision and uptake of day services Consider impact of SDS on day provision and the options people have for greater choice over how individual budgets are utilised Use the findings of the review to inform future developments 	2016 – 2018	Pamela Main
5.	Respite			
	Review respite and short break provision	<ul style="list-style-type: none"> Review Letham Court contract Incorporate views of people with PMLD currently using Murraypark in the planning process Identify an alternative to Murraypark for people with Profound and Multiple Learning Disability Ensure respite and short break opportunities meet the needs of service users, families and carers Ensure information is available to families and carers and that referral routes are clear Ensure plans incorporate a vision for future respite arrangements 	2016 -2019	Pamela Main
6.	Self-directed Support			
	Focus on market development to ensure people have access to opportunities which enable personal outcomes to be met	<ul style="list-style-type: none"> Ensure assessment and care managers are involved in shaping market development Ensure service users and carers have a say in how future provision should be developed and the opportunities they would like to see available Consider community capacity building and how barriers to mainstream opportunities can be removed 	2016 -2019	Pamela Main/Jill Derby

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	Area of Development	Actions	Timescale	Lead Officer
7.	Complex Needs Related to Challenging Behaviour			
	Development of resources for people from West Lothian whose needs require a high level of support	<ul style="list-style-type: none"> Continue to engage with NHS Lothian and IJBs regarding the development of a Lothian-wide resource for people with very complex care needs related to challenging behaviour Consider the development of a West Lothian resource to allow people with care needs related to challenging behaviour to remain in West Lothian Ensure that the vision for LD accommodation includes provision for people with complex needs related to challenging behaviour and is reflected in the WL Joint Accommodation Strategy Consider how enhanced local support for people with challenging behaviour might be delivered 	2016 - 2020	Rona Laskowski
8.	Peer Support and Natural Networks			
	People with a learning disability are able to access their local community and have opportunities for socialisation and building friendships	<ul style="list-style-type: none"> Review the Service Level Agreement with the Voluntary Sector Gateway for the West Lothian Befriending Service Use the outcome of the review to inform future planning and consult service users Maximise opportunities for people to integrate within their local communities 	2016 - 2017	Yvonne Lawton
9.	Health Screening			
	Promote the uptake of population wide health screening	<ul style="list-style-type: none"> Evaluate 'Strengthening the Commitment' project which delivered training on the national screening programme for support workers to encourage uptake Link with the West Lothian LD Health Inequality Planning Group to determine future actions required to promote the screening programme Develop screening tracking system for individuals Use learning from the Health Equality Framework to improve uptake of screening and to inform service development more generally 	2016-2017	Mairead Hughes/Martha Knox
10.	Access to Information			
	People have access to the information they need, when they need it and in an appropriate format.	<ul style="list-style-type: none"> Ensure appropriate arrangements are in place for carers of people with a learning disability to access information from Carers of West Lothian and the Capability Scotland Information and Advice Service for West Lothian Link with developments being pursued through the Physical Disability Commissioning Plan 	2016 - 2018	Yvonne Lawton/Lesley Broadley
11.	Development of Services for People with ASD			
	Services are developed for people with ASD as set out in the Community Planning Partnership's Autism Strategy	<ul style="list-style-type: none"> Ensure appropriate links are in place to the Autism Strategy Steering Group Ensure planning for future accommodation based services takes account of the needs of people with ASD and needs are incorporated into the WL Joint Accommodation Strategy 	2016 to 2025	Robin Allen

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	Area of Development	Actions	Timescale	Lead Officer
12.	Social Enterprise and Employment Opportunities			
	People with learning disability and ASD have access to a range of employment opportunities and are supported by clear routes of progression	<ul style="list-style-type: none"> • Explore the possibility of developing a local social enterprise • Review the learning from the implementation of Project Search to assess impact on employment opportunities • Further explore the opportunity to enhance employment opportunities through a combined approach to employment support services whilst considering the wide range of supports available 	2016 -2018	Pamela Main

STRATEGIC COMMISSIONING PLAN – ADULTS WITH LEARNING DISABILITY

APPENDIX 1 - NATIONAL HEALTH & WELLBEING OUTCOMES AND INTEGRATION OUTCOMES

Ref	Outcome
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
7	People who use health and social care services are safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care Services

Integration Outcomes

Ref	Outcome
1	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
2	Resources are used effectively and efficiently in the provision of health and social care Services
3	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

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APPENDIX 2 - PERFORMANCE INDICATORS

- 1 % of adults able to look after their health very well or quite well.
- 2 % of adults supported at home who agree that they are supported to live as independently as possible.
- 3 % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- 4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- 5 % of adults receiving any care or support who rate it as excellent or good
- 6 % of people with positive experience of care at their GP practice.
- 7 % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- 8 % of carers who feel supported to continue in their caring role.
- 9 % of adults supported at home who agree they felt safe
- 10 % of staff who say they would recommend their workplace as a good place to work.



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 the outcomes following a public information event to promote occupational therapy (OT) services to members of the public held during National OT Week.

B. RECOMMENDATION

- To note the OT Information Day event Tuesday 8th November 2016 at Howden Park Centre, Livingston was positively supported by attendees
- To share outcomes from the OT information Day with the members of the PDSP and other elected members.

C. SUMMARY OF IMPLICATIONS

I Council Values	<ul style="list-style-type: none">– 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

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 planned an open day to promote the service to members of the public. The OT Information Day event provided 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. It also incorporated "Soapbox" presentations, OT specific stalls and some stalls from suppliers and support services relevant to OT.

The OT teams operate within both Local Authority community and NHS acute sectors and delivered short presentations on their service area:

- Community
- Paediatrics
- Mental Health
- Physical Disability

The OT stands provided information related to the above OT services on

- Self Care
- Self and Health Management
- Work/Education
- Leisure

We provided feedback forms and the information gathered from these provided an insight to the outcomes achieved on the day.

25 feedback forms received and the following information obtained.

To inform residents of West Lothian of the OT event there was a range of media engaged including The Courier, WLC facebook, flyers and HSCP website. Subsequently there were 18 (72%) attendees who lived in West Lothian including Addiewell, Linlithgow and Armadale.

20% (5) attended as a carer however the majority of attendees, 36% (9) worked in health and social care. The knowledge of OT rated as good or very good before the event was 52% (13) however following their interaction with the OTs this raised to 88% (22). Overall 24 of the 25 (one person never answered) attendees reported that they found the event helpful and informative providing comment: collected brochures and leaflets on services, good networking opportunity and increased awareness of different resources available in West Lothian.

Suggestions/feedback for future events was provided by 11 attendees (44%) and there were several comments regarding the location; take the event to the different towns, a more accessible venue to reach more people.

The focus of the event was to provide OT information to clients who have not had involvement with OT services and share information that will support self-management and early intervention to ensure healthy independent lives. It is recognised that the number of attendees was low however it would appear that there was an additional benefit achieved with our colleagues in Health and Social Care networking and obtaining information for signposting.

The outcomes from the event have provided a solid foundation for ongoing works within occupational therapy locally and nationally with particular reference to the AHP Active Independent Living Improvement Programme (AILIP). This has been developed to support AHPs to demonstrate their unique contribution to the 2020 vision for health and social care services. The framework provides key outcomes and in response to the OT Information Day and the joint working involved with informing staff of the event, development and marketing and sharing of individual professional roles we have achieved several of the key outcomes: Partnership Working, Strengthen public knowledge of the OT role, Supporting the workforce and Service Quality Performance

E. CONCLUSION

The OT Information Day did not attract a large amount of people attending however it can be concluded that the people that did attend benefited obtaining information on other resources and increasing their knowledge of OT. It was also identified that staff from Health and Social Care gained information regarding their colleagues and services supporting their practice. There was a request for future events and this would provide an opportunity to use the OT material developed but as suggested we need to consider delivering this locally to residents of West Lothian.

F. BACKGROUND REFERENCES

Active Independent Living Improvement Programme (AILIP)

Appendices/Attachments:	None
Contact Person:	Alan Bell
,	Senior Manager
	Community Care Support and Services
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Tel	01506 281937
	Jane Kellock
	Head of Social Policy
Date:	8 th December,2016

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

	ISSUE	LEAD OFFICER	PDSP DATE
1	Family Nurse Partnership Update	Mairead Hughes	09/02/2017
2	Oral Health Improvement Programmes,	Sally Westwick	9/2/16
3	Project Search update	Pamela Main	14/04/2017
	Reporting Activities of Outside Bodies –		
4	Minutes of Lothian NHS Board	Jim Forrest	Standing item
5	Minutes of West Lothian Integration Joint Board	Jim Forrest	Standing Item