



Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

14 June 2019

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Thursday 20 June 2019 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. 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
3. Order of Business, including notice of urgent business and declarations of interest in any urgent business
4. Confirm Draft Minute of Meeting of Health and Care Policy Development and Scrutiny Panel held on Thursday 04 April 2019 (herewith)
5. Anticipatory Care Planning
 - (a) Report by Depute Chief Executive (herewith)
 - (b) Presentation by Dr Stewart Box
6. Social Policy Management Plan 2019 - 2020 - report by Head of Social Policy (herewith)
7. Locality Plans Update - report by Depute Chief Executive (herewith)

DATA LABEL: Public

8. NHS Lothian Board - report by Depute Chief Executive (herewith)
9. West Lothian Integration Joint Board - report by Depute Chief Executive (herewith)
10. Workplan (herewith)

NOTE **For further information please contact Rachel Gentleman on 01506 281596 or rachel.gentleman@westlothian.gov.uk**

CODE OF CONDUCT AND DECLARATIONS OF INTEREST

This form is to help members. It is not a substitute for declaring interests at the meeting.

Members should look at every item and consider if they have an interest. If members have an interest they must consider if they have to declare it. If members declare an interest they must consider if they have to withdraw.

NAME	MEETING	DATE

AGENDA ITEM NO.	FINANCIAL (F) OR NON- FINANCIAL INTEREST (NF)	DETAIL ON THE REASON FOR YOUR DECLARATION (e.g. I am Chairperson of the Association)	REMAIN OR WITHDRAW

The objective test is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor.

Other key terminology appears on the reverse.

If you require assistance, please ask as early as possible. Contact Julie Whitelaw, Monitoring Officer, 01506 281626, julie.whitelaw@westlothian.gov.uk, James Millar, Governance Manager, 01506 281695, james.millar@westlothian.gov.uk, Carol Johnston, Chief Solicitor, 01506 281626, carol.johnston@westlothian.gov.uk, Committee Services Team, 01506 281604, 01506 281621, committee.services@westlothian.gov.uk

SUMMARY OF KEY TERMINOLOGY FROM REVISED CODE

The objective test

“...whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a councillor”

The General Exclusions

- As a council tax payer or rate payer or in relation to the council's public services which are offered to the public generally, as a recipient or non-recipient of those services
- In relation to setting the council tax.
- In relation to matters affecting councillors' remuneration, allowances, expenses, support services and pension.
- As a council house tenant, unless the matter is solely or mainly about your own tenancy, or you are in arrears of rent.

Particular Dispensations

- As a member of an outside body, either appointed by the council or later approved by the council
- Specific dispensation granted by Standards Commission
- Applies to positions on certain other public bodies (IJB, SEStran, City Region Deal)
- Allows participation, usually requires declaration but not always
- Does not apply to quasi-judicial or regulatory business

The Specific Exclusions

- As a member of an outside body, either appointed by the council or later approved by the council
- The position must be registered by you
- Not all outside bodies are covered and you should take advice if you are in any doubt.
- Allows participation, always requires declaration
- Does not apply to quasi-judicial or regulatory business

Categories of “other persons” for financial and non-financial interests of other people

- Spouse, a civil partner or a cohabitee
- Close relative, close friend or close associate
- Employer or a partner in a firm
- A body (or subsidiary or parent of a body) in which you are a remunerated member or director
- Someone from whom you have received a registrable gift or registrable hospitality
- Someone from whom you have received registrable election expenses

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 4 APRIL 2019.

Present – Councillors Harry Cartmill (Chair), David Dodds, Charles Kennedy, Andrew McGuire, Kirsteen Sullivan (substituting for Councillor George Paul) and Damian Timson

Apologies – Councillors George Paul and Janet Campbell

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Panel approved the minute of its meeting held on Thursday 7 February 2019 as a correct record. The minute was thereafter signed by the Chair.

3 MSK PHYSIOTHERAPY PATHWAYS ACROSS LOTHIAN

The Panel heard a presentation from Orla Crummey, Lead Physiotherapist, Musculoskeletal Out Patient Services and Phil Ackerman, Clinical Lead, Advanced Physiotherapy Practitioner and Joint Musculoskeletal Pathways Lead, NHS Lothian on the support and services for people with musculoskeletal conditions within the NHS Lothian area.

A covering report provided key information on the three musculoskeletal (MSK) pathways which were divided by body part: low back pain, shoulder and elbow, and foot and ankle. Details were also given on the GP Advanced Physiotherapy Practitioners (GP APP) in Primary Care service.

The presentation provided further detail on the pathways and the GP APP service. In particular, the Panel was advised that the pathways and the use of GP APPs had increased efficiency and meant that 96% of patients could now be managed in a primary care setting. Since the launch of the services in October 2015, around 4000 appointments which would have previously required secondary care were treated at the primary stage. This freed up time and resources to focus on more complex and advanced cases and had assisted in reducing waiting times and the orthopaedic services backlog.

The aim of the pathways was to provide high quality standardised care across the Lothian area, improve waiting times and increase efficiency. An example of this in practice was given relating to osteoarthritis in the knee which was a common complaint. Patients were invited to a screening and information session on ways to improve their condition and

were then given a choice of treatment options they felt would work best for them.

In conclusion, the Panel heard that the integrated physiotherapy MSK pathways ensured that patients were seen by the right person in the right place at the right time. The pathways were effective, safe and reduced waiting times and the GP APP service was safe, effective and efficient and reduced the need for GP appointments.

The Panel thanked colleagues from NHS Lothian for attending the meeting and providing an informative presentation, and welcomed the initiative for improving outcomes in the Lothians. Members queried the views of GP practices and were advised that the initial response had been positive but that the service was still in its early stages. It was hoped that more practices would be able to offer it in future.

A question was also raised in relation to the cost savings made as a result of the increase in the number of cases being dealt with by primary care. In response, the Panel was advised that it was difficult to determine a figure for savings as there were a number of factors involved but that work was being done to allow an approximate figure to be established in future.

The Panel was recommended to note the development of the new MSK physiotherapy pathways across Lothian.

Decision

To note the report and presentation.

4 AUDIT SCOTLAND REPORT - SOCIAL WORK IN SCOTLAND - IMPACT REPORT

The Panel considered a report by the Head of Social Policy (copies of which had been circulated) on a recently published report 'Social Work in Scotland – Impact Report' by Audit Scotland.

Audit Scotland had published a report in 2016 on social work in Scotland which highlighted the need for transformative measures to be developed and implemented to address the challenges and complexities that lay ahead for social work and social care in Scotland.

An Impact Report was published in December 2018 which reported on the progress made with taking forward the recommendations made in the 2016 report. The full report was attached at Appendix 1.

The Impact Report noted that since the initial publication, there had been further changes which added to the complexity of governance arrangements for social work. It highlighted that alongside these, councils retained their duties for the delivery of social work services and that elected members retained a key leadership and scrutiny role. Progress had been made but due to the long-term nature of many of the recommendations, progress was ongoing.

The report summarised the position in West Lothian, noting that the authority was significantly affected by financial and demographic challenges but benefited from a long-term financial management strategy.

The Panel commented on the number of people receiving services in West Lothian and that the eligibility criteria for free personal care had recently been amended. Members also noted that there had been progress recently in the ability to provide care to those who needed it.

The Panel was recommended to note the content of the report.

Decision

To note the terms of the report.

5 AUDIT SCOTLAND REPORT - THE WEST LOTHIAN POSITION - CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

The Panel considered a report by the Head of Social Policy (copies of which had been circulated) on a recently published report 'Children and Young People's Mental Health' by Audit Scotland.

The Audit Scotland report was published in September 2018 and aimed to establish how effectively children and young people's mental health services were delivered and funded across Scotland. Information was provided on the tiered approach taken to mental health services in West Lothian, details of which were attached to the report at Appendix 1.

The report set out the services provided in West Lothian to support the mental health and wellbeing of children and young people, including the mental health/mental wellbeing screening group and the Children and Young People's Team. Data relating to the screening group referral rates was attached to the report at Appendix 2, showing that the rates had more than doubled since 2013.

The role of the Education and Community Learning and Development Youth Services, School Nursing Team and the Child and Adolescent Mental Health Service (CAMHS) were detailed. The Panel were informed that work was ongoing to improve the efficiency of these services and promote more joined up working across services.

The report concluded by advising that mental health and wellbeing was a priority in West Lothian and there was a wide range of support available. It recognised that there was currently no overarching mental health strategy and that issues that had arisen were due to capacity. The mental health and mental wellbeing workstream would continue to work towards delivering services in a co-ordinated manner to reduce delay in service provision. Information was requested by members on the number of young people waiting to access CAMHS and whether any of those were from West Lothian.

The importance of comprehensive and consistent service provision across

West Lothian was highlighted to ensure pressures were not on individual schools but the authority as a whole. Comments were also made on the success of the recent 'Be Herd' concert held by the Mental Health and Wellbeing Group at Whitburn Academy to raise awareness of mental health issues and the benefits of similar initiatives being rolled out across all schools.

The Panel was recommended to note the content of the report.

Decision

- 1) To note the terms of the report.
- 2) To request that the Senior Manager (Children's Services) provided information on whether there were any young people in West Lothian currently waiting to access CAMHS.

6 EQUALLY SAFE - A CONSULTATION ON LEGISLATION TO IMPROVE FORENSIC MEDICAL SERVICES FOR VICTIMS OF RAPE AND SEXUAL ASSAULT

A report by the Head of Social Policy (copies of which had been circulated) was presented on a consultation being undertaken by the Scottish Government on legislation to improve forensic medical services for victims of rape and sexual assault.

The Scottish Government's Programme for Government for 2018/19 made a commitment to consult on this legislation. The Council had been invited to submit a response to this and a draft response had been prepared by officers. The draft response was attached to the report at Appendix 1. Following consideration by the Panel, this would be presented to the Council Executive for approval and submission to the Government.

The report set out the background and context to the consultation. In terms of West Lothian, it was noted that there were 372 sexual crimes reported to the police in 2017/18 but that this was lower than the actual number of incidents due to the level of underreporting of these types of crimes.

The Panel were satisfied with the draft response but highlighted that sufficient funding should be made available to deliver any services which would be amended or introduced following the consultation.

The Panel was recommended to:

1. Note and consider the proposed West Lothian Council response to the Scottish Government consultation on the development of legislation to improve Forensic Medical Services for Victims of Rape and Sexual Assault which was intended to be submitted to the Council Executive for approval; and
2. Note that the consultation response would be submitted to the

Council Executive for approval on 23 April 2019 in time for the submission date of 6 May 2019.

Decision

- 1) To note the report and the proposed consultation response for submission to the Council Executive.
- 2) To note the comments made regarding funding which should be provided to deliver the services.

7 WEST LOTHIAN INTEGRATION JOINT BOARD

A report had been circulated by the Depute Chief Executive to which was attached the minute of the meeting of the West Lothian Integration Joint Board held on 29 January 2019.

Decision

To note the content of the report.

8 NHS LOTHIAN BOARD

A report had been circulated by the Depute Chief Executive to which was attached the minute of the NHS Lothian Board meeting held on 5 December 2018.

Decision

To note the content of the report.

9 TIMETABLE OF MEETINGS 2019/20

The proposed meeting dates for the Panel in 2019/20 were presented.

Decision

To note the 2019/20 timetable of meetings.

10 WORKPLAN

The workplan detailing the future work of the Panel was presented.

Decision

To note the workplan.



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

ANTICIPATORY CARE PLANNING

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To advise the Health and Care Policy Development and Scrutiny Panel of the work being carried out to encourage Anticipatory Care Planning across all West Lothian based Nursing and Care Homes.

B. RECOMMENDATION

It is recommended that the Panel notes the approach that has been taken to develop better Anticipatory Care Planning.

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) | <p>Regulation of Care (Scotland) Act 2000</p> <p>Community Care and Health (Scotland) Act 2002.</p> <p>Patient Rights (Scotland) Act 2011</p> <p>Equality Act 2010</p> <p>Public Bodies Joint Working (Scotland) Act 2014</p> |
| III Implications for Scheme of Delegations to Officers | <p>There is a robust suite of both high level and management performance indicators monitoring effective Anticipatory Care Planning.</p> |
| IV Impact on performance and performance Indicators | <p>No implications.</p> |
| V Relevance to Single Outcome Agreement | <p>We live longer, healthier lives and have reduced health inequalities.</p> |

	Older people are able to live independently in the community with an improved quality of life
VI Resources - (Financial, Staffing and Property)	None
VII Consideration at PDSP	None
VIII Other consultations	None

D. TERMS OF REPORT

Anticipatory care planning (ACP) means that health and care practitioners work with people and their carers to ensure that the right thing is done at the right time by the right person. It's about working together to share understanding of what services are available, how to use the healthcare system well and understand a condition. By having the right conversations with healthcare teams those concerned can make informed choices about the type of care you want to receive.

An Anticipatory Care Plan is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. It is a summary of Thinking Ahead discussions between the person, those close to them and the practitioner. The ACP is a record of the preferred actions, interventions and responses that care providers should make following a clinical deterioration or a crisis in the person's care or support. It should be reviewed and updated as the condition or the personal circumstances change and different things take priority.

In West Lothian there is on average 1 admission per day into a Nursing home or care home. This continues to fill the 853 bed in West Lothian's Nursing and Care Homes and the 550 beds at St John's Hospital. With this demand and admission rate ACP has been identified as an effective way to enable greater autonomy, ensure that peoples wishes for their future care and treatments are shared and followed and supports the principal that the right care is delivered by the right person at the right time. Improved communication between health professionals, the Scottish Ambulance service and the reduction of un necessary admissions have also been seen as benefits to ACP.

Results:

- ACP use resulted in 29% reduction in admissions.
- St Johns reported admission reduction with ACP use of 33%
- Edinburgh project reported admission reduction with ACP use of 33%

In care homes with no Nursing staff the admission rates were on average 88% higher when ACP was not used. Also where no ACP was used in multi-practice settings the admission rate was 120% higher.

E. CONCLUSION

The commentary and results above provides the panel with information that demonstrates how using Anticipatory Care Planning (ACP) effectively can support the health and wellbeing of those elderly residents of Nursing Homes and Care Homes in West Lothian.

F. BACKGROUND REFERENCES

<https://www.nhsinform.scot/campaigns/anticipatory-care-planning>

<https://www2.gov.scot/Resource/Doc/309277/0097422.pdf>

Appendices/Attachments: None

Contact Person: Dr Stewart Box
 General Practitioner
 Stewart.Box@nhslothian.scot.nhs.uk

Date of Meeting: 20th June 2019



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

SOCIAL POLICY MANAGEMENT PLAN 2019 - 2020

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the Health and Care PDSP of the contents of the Social Policy Management Plan 2019-2020.

B. RECOMMENDATION

To note the details of the Social Policy Management Plan 2019-2020.

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 Outcome Agreement	None
VI Resources - (Financial, Staffing and Property)	All commitments are consistent with the Council's budget decisions.
VII Consideration at PDSP	The management plan is reported on annually to the PDSP.
VIII Other consultations	Quality Development Team

D. TERMS OF REPORT

As a means of delivering outcomes effectively and efficiently, West Lothian Council has identified Management Plans as an essential driver for the provision of continued excellent services. As such, they are to be collated and presented at the service group level, which is the collection of WLAM service units under the responsibility of a Head of Service. Containing critical information on the management of each service area, the plan provides an overview of the following:

- The services and activities it has responsibility for and the context in which they are delivered
- The aims and objectives of the services expressed in a way that can be easily understood by elected members, staff, partners and the public
- How success will be measured, the targets that are to be achieved and the benchmarks of other providers who are considered 'best in class' (along with target-setting and benchmarking rationale)
- The improvement activities that the service is committed to completing in order to change or improve services

E. CONCLUSION

The Social Policy Management Plan sets out how the service will drive performance and as such it will be utilised by the management team and stakeholders to assess and gauge performance and improvement. The measures, targets and actions of the plan will be available for management monitoring and reporting on the corporate performance management system (Pentana).

F. BACKGROUND REFERENCES

None.

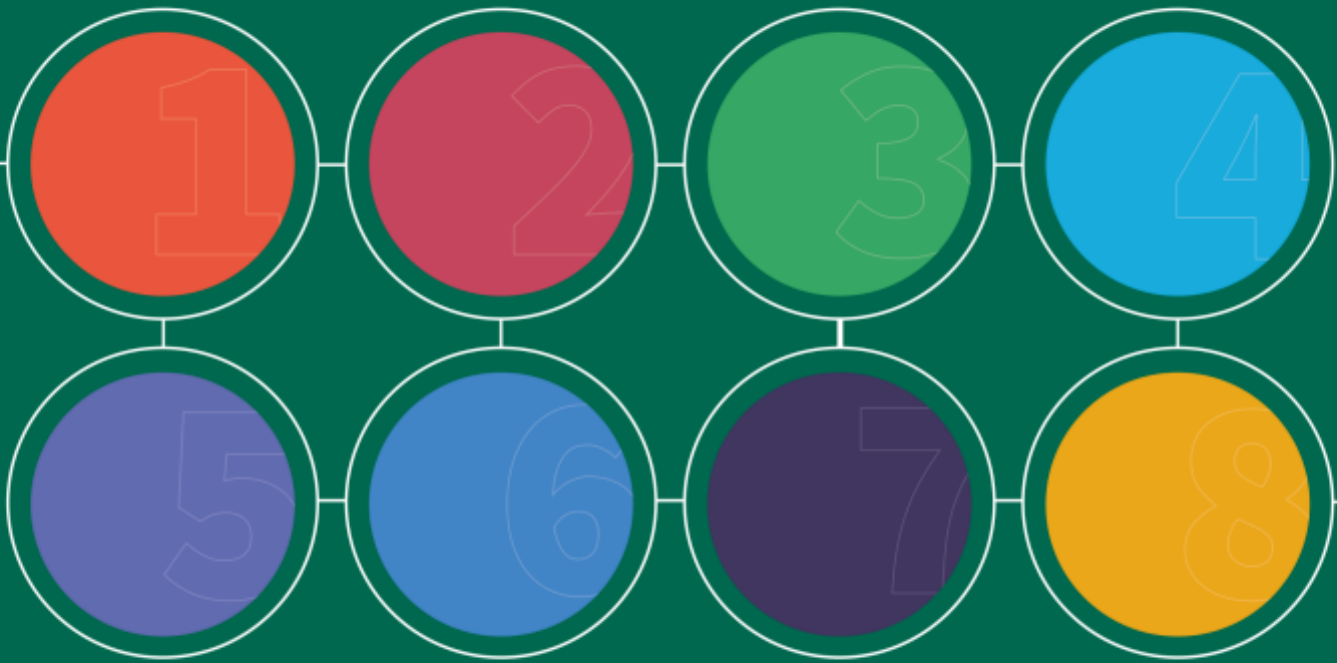
Appendix 1: Social Policy Management Plan 2019 - 2020

Contact Person: Jo McPherson
Head of Social Policy
jo.macpherson@westlothian.gov.uk

Date: 20th June 2019

Social Policy

Management Plan 2019/20



An introduction to the Management Plan from the Head of Social Policy

The Management Plan is a key planning document that will explain how the service will support in the delivery of the council's eight priorities in 2019/20

West Lothian Council is one of the top performing local authorities in Scotland, with a strong track record of delivering better outcomes for local people. The council aims to continue to support growth in a thriving local community and, with financial and demographic challenges ahead, will require an effective Social Policy Service to ensure key priorities are met.

Social Policy provides a range of services across all aspects of social work provision focussed on the three main areas of Children and Families, Community Care and Criminal and Youth Justice. Each is designed to contribute effectively to positive outcomes across a number of the eight corporate priorities (see below).

Corporate Priorities 2018/23 | The council re-committed to eight ambitious priorities following a large public consultation in 2017/18. We believe these priorities will continue to support improvement in the quality of life for everyone living, working and learning in West Lothian and will be the focus for council services, resources and staff in the next five years.



In support of the Corporate Plan 2018/23 and the eight council priorities we will continue to strive to improve our contribution to the quality and value of council services. In line with the Corporate Plan the service will also be working to implement transformational change through the Transforming Your Council Project.

As well as assuring effective governance and compliance, Social Policy will maintain a clear focus on fulfilling the service's main statutory requirements by providing safe and efficient services. It will work operationally and strategically to deliver high quality care, support and supervision to the most vulnerable members of West Lothian communities.

This management plan fulfils a number of planning and improvement requirements and importantly, it sets out how the service will use its resources to deliver positive outcomes for West Lothian. It is the result of a detailed process to make sure that council services are well planned and managed. I hope that it will help our customers, employees and partners to understand how we will transform our services and continue to deliver for West Lothian.



Jo MacPherson
Head of Service

Our services

The services that we will deliver through collaboration with our partners in 2019/20

Social Policy encompasses a wide range of services planned and delivered for a large number of people with a spectrum of differing needs.

There are three core areas, Community Care, Children and Families and Criminal and Youth Justice delivered across four main operational services.

- ◆ Services for children, young people and families
- ◆ Services for people with involvement in criminal and youth justice systems
- ◆ Services for adults with additional and complex needs
- ◆ Services for older people

The key activities of the service are identified in the Management Plan.

		Page
Community Care	Community Care comprises a wide range of services provided for adults and older people with care needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities, and Support for People with Mental Health Problems and addictions	12
Children and Families	The primary function of the teams and services within Children and Families is to ensure that children, young people and families can maximise their potential through the identification of additional support services and ensuring that children and young people are safe	26
Criminal and Youth Justice Service	The Criminal and Youth Justice Service is focussed on providing the services statutorily required through legislation for the assessment, supervision and management of offenders. It is also focussed on the development of the 'Whole system approach' supporting young people who are at risk of offending	34
Developing the Management Plan and reporting progress	The plan supports the overall Corporate Plan and shapes the delivery of key service strategies over the next five years	39
Social Policy Scorecard 2019/20	The scorecard focusses on key customer, process, financial and outcome measures for the service	41

Supporting the delivery of Council priorities

The service will support the delivery of the Council's Corporate Plan priorities and strategies

The service will make a meaningful and measurable contribution to the delivery of the Council's Corporate Plan 2018/23. As well as developing strategic and commissioning plans, the service's key processes are aligned to the Corporate Plan priorities/enablers and deliverables in the following table.

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
2 Delivering positive outcomes and early interventions for early years	(P2.1) Providing sustainable models of parenting support work within home, community and education settings.	<ul style="list-style-type: none"> Children and Young People Teams for Mental Wellbeing, School Attendance Improvement and Parenting Groupwork and Support Integrated Early Years Services Family Placement Team Community Addictions Services West Lothian 	SPCF130_Percentage of Children and Families Care Inspectorate Inspections graded good, very good or excellent	92%	100%
2 Delivering positive outcomes and early interventions for early years	(P2.2) Providing support for vulnerable children and young people to achieve sustainable positive outcomes and destinations in line with priorities in the West Lothian Corporate Parenting Plan.	<ul style="list-style-type: none"> Child Care and Protection Teams Child Disability Service Reviewing Officers Team Domestic and Sexual Assault Team Social Care Emergency Team Whole Family Support Service Residential Houses Inclusion and Aftercare Service Family Centre Service 	SPCF138_Percentage of children involved with the Whole Family Support service who have avoided becoming accommodated who were assessed as being at high risk of being accommodated.	87%	80%
3 Minimising poverty, the cycle of deprivation and promoting equality	(P3.6) Contributes to providing a route out of poverty through work and continuing to support those further from the labour market to progress towards work.	<ul style="list-style-type: none"> Whole Family Support Service Inclusion and Aftercare Service Sure Start Youth Justice Team Community Payback Team Support to adults with physical disabilities, learning disabilities and mental health issues Domestic and Sexual Assault Team Community Addictions Services West Lothian 	SPCF127_Percentage of young people eligible for Aftercare homeless	2.8%	2%

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
4 Improving the quality of life for older people	(P4.1) Through the delivery of the Integration Joint Board Strategic Plan, older people are able to live independently in the community with an improved quality of life.	<ul style="list-style-type: none"> ◆ Assessment and Care Management Services (including Self Directed Support and compliance with the Carers (Scotland) Act 2016) ◆ Facilitating Hospital Discharge ◆ Care Homes including respite care ◆ Housing with Care ◆ Day care and personalised support ◆ Care at Home and specialist provision 	CP:CC017_Percentage of customers who rated overall satisfaction with the Older Peoples service they received as good or excellent	97%	98%
4 Improving the quality of life for older people	(P4.2) To increase the range of available support to enable older people to achieve better outcomes by choosing and directing their own support.		CPSW02_Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+	9.58%	9.5%
			SW03a_Percentage of People Aged 65+ with long-term care needs who are receiving personal care at home	65.7%	64%
4 Improving the quality of life for older people	(P4.3) Redesigning services for older people with a focus on supporting those most in need and maximising the use of technology enabled care where appropriate.	<ul style="list-style-type: none"> ◆ Provision of Home Safety Service and further development of Telecare ◆ Reablement and Crisis Care Services ◆ Occupational Therapy Service ◆ Home Safety and Technology Enabled Care programme 	CP:SPCC100_Increasing the number of people aged 75+ supported by technology to remain at home	2683	2755
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks	28	13

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
4 Improving the quality of life for older people	(P4.4) Developing a more sustainable service delivery model targeted to those most in need with an increased emphasis on reablement to retain or regain independence within their home or community setting.		CP:SPCC014_Percentage of Occupational Therapy assessments allocated within 6 weeks of referral	86%	90%
			SPCC024_Net cost per head of population on social care services for older people.	£1,378	£1,432
4 Improving the quality of life for older people	(P4.5) As part of the delivery of the Integration Joint Board Commissioning Plan for Older People, the council will focus on:	<ul style="list-style-type: none"> ◆ Assessment and Care Management services for older people ◆ Reablement and Crisis Care ◆ Short Breaks/Respite and Day Care ◆ Review Housing with Care ◆ Redesign of Post Diagnostic Support Service ◆ Provision of Home Safety Services and development of Telecare ◆ Review of Care Home Liaison service ◆ Older People Acute Care Team ◆ Review Access Systems 	CP:SPCC101_Increasing number of carers of older people who have an adult carer support plan	48	80
			CP:SPCC100_Increase the number of people aged 75+ supported by technology to remain at home	2683	2755
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks	28	13
			CPSW02_Self Directed Support (SDS) Spend on Adults 18+ as a Percentage of Total Social Work Spend on Adults 18+	9.58%	9.5%

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
6 Delivering positive outcomes on health	(P6.1) The development of more targeted care at home, the use of assistive technology and provision of reablement will positively contribute to improved outcomes for people.	<ul style="list-style-type: none"> ◆ Reablement and Crisis Care ◆ Home Safety Service and Development of Technology 	CP-SPCC015_Number of households receiving telecare	3,708	3,750
6 Delivering positive outcomes on health	(P6.2) Through the delivery of the Integration Joint Board Strategic Plan, increase well-being and reduce health inequalities across all communities in West Lothian. Locality planning will provide a key mechanism for strong local, clinical, professional and community leadership.	<ul style="list-style-type: none"> ◆ Assessment and Care Management ◆ Improve % of Personalised Care Options ◆ Develop Core and Cluster Housing Models ◆ Access to Employment ◆ Community Addictions Services West Lothian 	CP:SPCC005_Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment (HEAT A11) SPCC003_Number of adults with learning disability provided with support to enable them to obtain employment or training for employment.	61% 43	90% 44
6 Delivering positive outcomes on health	(P6.3) Improving our approach to integrated models for mental health services for children, young people and adults recognising the importance of mental health and wellbeing on people achieving positive outcomes.	<ul style="list-style-type: none"> ◆ Acute Care and Support Team ◆ Child and Adolescent Mental Health Service ◆ Older People Acute care Team ◆ Post Diagnostic Support (Dementia) ◆ Development of Core and Cluster 	SPCC102_The hospital readmissions rate for mental health patients	13.5%	12%

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
6 Delivering positive outcomes on health	(P6.4) Improving support to carers over the next five years through improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.	<ul style="list-style-type: none"> ◆ Joint management of the Community Equipment Store ◆ Support to adults with physical disability and mental health issues 	CP:SPCC101_Increasing number of carers of older people who have an adult carer support plan	48	80
			SOA1306_17 Percentage of carers who feel supported in their care role	42%	46%
6 Delivering positive outcomes on health	(P6.5) Delivering effective and integrated equipment and technology solutions to promote independence, support the ongoing shift in the balance of care, reduce and prevent hospital admissions and facilitate speedier hospital discharge.	<ul style="list-style-type: none"> ◆ Day care and personalised support plans ◆ Occupational Therapy Services ◆ Access to Employment ◆ Short Breaks from Caring ◆ Provision of HSS and development of Telecare 	CP-SPCC015_Number of households receiving telecare	3,708	3,750
			CP-SPCC028_Percentage of people with a learning disability supported in their own tenancies	43% latest available data 17/18	42%
			CP-SPCC002_Percentage of Care Inspectorate Inspections undertaken within registered learning disability services graded good or above	100%	100%
6 Delivering positive outcomes on health	(P6.6) Improving the health and well-being of service users through rehabilitation and reablement, which will, in turn, have a positive impact on carers.	<ul style="list-style-type: none"> ◆ Reablement and Crisis Care ◆ Joint Management of Equipment Store ◆ Development of Independent Housing Options 	CP-SPCC015_Number of households receiving telecare	3,708	3,750

Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2018/19 Performance	2019/20 Target
7 Reducing crime and improving community safety	(P7.4) Protecting those in our community who are most at risk by providing effective interventions across the four main strands of public protection; Child Protection, Adult Support and Protection, Violence Against Women and Girls	<ul style="list-style-type: none"> ◆ Child Care and Protection Teams ◆ Prison based Social Work Team at HMP Addiewell ◆ Criminal Justice Throughcare Team ◆ Domestic and Sexual Assault Team ◆ Public Protection Team 	CP:SPPPVAWG004 Percentage of women who report that they feel safer as a result of intervention by the Domestic and Sexual Assault Team	100%	100%
7 Reducing crime and improving community safety	(P7.5) Working with our partner agencies to deliver the priorities agreed in the Community Justice Strategy; focused on ensuring that those over the age of 16 involved in the justice system are best supported not to reoffend.	<ul style="list-style-type: none"> ◆ Youth Justice Team ◆ Community Payback Team ◆ Unpaid Work Order Team ◆ Assessment and Early Intervention ◆ Early and Effective Intervention 	SOA1304_30_Percentage of Early and Effective Intervention cases 8 to 15 years who do not reoffend within 12 months of initial referral	79%	80%



Transforming Your Council

How Social Policy will transform in the next five years

The council has embarked on an ambitious programme of transformation in order to support the delivery of services that are accessible, digital and efficient. The Transforming Your Council programme is intended to deliver over £65.3million in savings and will fundamentally change the way that council services are delivered.

As a service that supports every part of the organisation and some of our key partners, it is critical that Social Policy is at the forefront of change in the council. We must ensure that as well as supporting services to transform that we identify more efficient models of support. Projects designed to deliver budget savings of £23.48 million are being developed and implemented to transform the way that we work in Social Policy. There are anticipated to be areas of growth between 2019/21 but these will not keep pace with demographic increases without considerable redesign and organisational change. In 2018/19 efficiencies of £3.1 million were achieved.

Transformation in the service is grouped around three key themes.

Shifting the balance of care for Looked After Children

The Childrens Services Plan and Corporate Parenting Plan ensure a focus on the provision of support and services for the most vulnerable children in West Lothian.

We will review how we position and provide services to ensure that families are supported at the earliest point and intensive support provided to ensure children at risk of being accommodated (including children with disabilities and social educational and behavioural needs) remain placed within their own families, family networks and communities.

Digital transformation and new ways of working

The service will look for opportunities to digitise internal processes, making them more efficient.

New ways to integrate new technology will also be pursued. We will use procurement processes to identify options available in the market as well as maximising the functionality of corporate systems. Social Policy has well established approaches towards commissioning that will support our approach.

Care for Adults and Older People

There will be increasing demands on social care services for adults and older people as a result of demographic growth. Eligibility for social care will reflect the needs of our most vulnerable residents. People with lower level needs will be supported to draw on the strengths within their informal networks and their local communities.

Building based services will be reviewed and redesigned to deliver new models of care and support. Increased outreach models will be deployed along with our partner providers.

Engagement methods

Throughout the period of this plan, Social Policy will continue to engage and consult with customers, employees, partners and stakeholders on the effectiveness of the services that we provide and also, any changes that are proposed to the service offered. Details of planned engagement and consultation methods will be provided in the annual update to the Management Plan.

Social Policy will make the following commitments to customers, employees and partners:

- ◆ Involve and engage employees, customers and partners in service improvement and transformation activity through a range of appropriate methods;
- ◆ Ask customers about the quality and effectiveness of the services that we provide through regular consultation and surveys and use their views to inform decision making in the service.

Service Activity

The Health and Social Care Partnership (HSCP) is focused on the delivery of integrated health and care services that will improve the wellbeing, safety and quality of life for people living in West Lothian, particularly those most at risk in society.

This includes children and families, care for adults and older people and those with disabilities or mental health problems and criminal and youth justice services.



Social Policy comprises of three large services – known as West Lothian Assessment Model (WLAM) units, under the direction of the Head of Service.

The following section provides more information on the activities and resources of each WLAM unit.

Employee Engagement

Social Policy has a total of 1,107.3 (full time equivalent) employees delivering our services.

Motivation and commitment are key drivers of employee performance and the service aims to effectively engage and develop employees through improved communication and increased participation. The service uses the council's employee engagement framework, ensuring that employees have access to the information and support they need to succeed, also that there is constructive, regular two-way communication throughout the service.

The schedule of engagement that will take place in each of our WLAM units is outlined in the table.

Employee Engagement Schedule			
Employee Group	Method	Frequency	Responsible Officer
All employees	Email	Monthly	Head of Social Policy, Senior, Group and Team Managers
All employees	One-to-ones	Fortnightly / monthly	Head of Social Policy, Senior, Group and Team Managers
All employees	Team meetings	Monthly	Head of Social Policy, Senior, Group and Team Managers
All employees	Team Briefings	Quarterly	Head of Social Policy, Senior, Group and Team Managers
All Employees	Employee survey	Annually	Senior Managers
All employees	Appraisal and Development Review (ADR)	Annually	Head of Social Policy, Senior, Group and Team Managers
Employee sample	Employee Focus Group	Annually	Group Managers
All employees	Management Plan Launch	Annually	Head of Service / Senior Managers
All employees	Circulation of the Social Policy CMT update report	Monthly	Head of Service
Service management team	Extended Management Team	Quarterly	Head of Service

Community Care

Service manager: Pamela Main, Tim Ward Senior Managers

Number of staff: 717.7 (full time equivalents)

Locations: Civic Centre and various care facilities

Purpose

Community Care comprises a wide range of services provided for adults and older people with care and support needs. Services include Care at Home, Care Homes, Occupational Therapy, Sheltered Housing and Housing with Care, Support for People with Learning and Physical Disabilities and Support for People with Mental Health and Addiction Problems.

The main aim of the service is to promote, enable and sustain independence and social inclusion for service users and carers. 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 nature of the demographic and economic challenges has highlighted the need for effective outcome focused partnership working, particularly between health and social care. Within the responsibility of the Integration Joint Board (IJB) a series of commissioning plans for each of the main client groups was developed and agreed in 2016/17. These plans are informed by a detailed analysis of needs and deploy resources with maximum effectiveness on priority outcomes and have similar main properties:

- ◆ A focus on prevention and upstream investment to avoid, delay or reduce the need for formal health and social care intervention.
- ◆ A focus on shifting the balance of care more towards community and home based care.
- ◆ A greater emphasis on personalisation, or individualised services, and a move to increased service user / carer responsibility and control over their care and support provision.

The commissioning plans for each client group will be refreshed during 2019/20

Activities

The main activities of the service during the period of the Management Plan will be:

- ◆ Assessment and Care Management Services for adults and older people
- ◆ Purchasing of care home placements including respite
- ◆ Purchasing of community based care and support services
- ◆ Provision of re-ablement and crisis care services
- ◆ Provision and management of council owned care establishments, including;
 - Care Homes for older people
 - Residential unit for adults with a learning disability
 - Day care for adults
 - Housing with care
- ◆ Joint management of the Community Equipment Store
- ◆ Provision of Home Safety Services and development of Telecare
- ◆ Access to employment
- ◆ Short breaks from caring

Business Support Services provide the following activities for all of Social Policy:

- ◆ Commissioning plan development, monitoring and review
- ◆ Contract management
- ◆ Service matching
- ◆ Administrative and clerical support
- ◆ Management and development of the Social Policy Information Management systems
- ◆ Complaint handling

All services are subject to review and redesign in order to reflect Transforming Your Council priorities.

Community Care will also continue to have a significant role in the Integration Joint Board (IJB) for health and care, contributing to the strategic objectives set out in the IJB Strategic Plan.

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers. Our key partners include; other council services, NHS Lothian and the third and independent sectors.

Customer Participation

The service will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2019/20				
Customer Group	Method	Frequency	Responsible Officer	Feedback Method
All disability groups	Disability Equality Forum	Quarterly	Business Support Officer	Minutes
Older People service users	Survey	Annual	Group Manager	Survey returns
	Senior People's Forum	Quarterly	Business Support Officer	Minutes
Learning Disability service users	Survey	Annual	Business Support Officer	Survey returns, feedback to service users through newsletter
	Learning Disability Service Users Forum	Quarterly	Business Support Officer	Minutes
Physical Disability service users	Survey	Annual	Group Manager	Survey returns, feedback to service users through newsletter
	Physical Disability Service Users Forum	Quarterly	Business Support Officer	Minutes
Adult Protection service users	Safe and Sound Adult Protection Forum	Quarterly	Adult Protection Officer	Minutes
Mental Health service users	Mental Health Service Users Forum	Quarterly	Team Manager	Minutes

Activity Budget 2019/20

Community Care – Older People								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Older People assessment and care management	To provide assessment and care management services to older people, their families and carers.	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people Target: £1,432 pa	WLAM	49.0	2,190,813	0	2,190,813
			SPCC018 - Average number of weeks Older People's service users are waiting to be allocated an assessment Target: 3 weeks	WLAM				
Older People care home provision	Provision of care home placements for Older People.	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people. Target: £1,432 pa	Public	175.2	21,721,498	(2,045,000)	19,676,498
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks Target: 13	Public				

Community Care – Older People

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Older People community based care and support services	Support activities to enable older people to live independently at home or in a homely setting (includes care at home, respite, day care and other services).	4 Improving the quality of life for Older People	SPCC024 - Net cost per head of population on social care services for older people Target: £1,432 pa	WLAM	276.6	26,249,988	(7,173,668)	19,076,330
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		32.3	1,894,708	(134,119)	1,760,588
Total:					533.1	52,057,017	(9,352,787)	42,704,229

Community Care – Learning Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Learning Disabilities assessment and care management	To provide assessment and care management service to adults with learning disabilities, their families and carers.	6 Delivering positive outcomes on health	SPCC035_Net cost per head of population on social care services to adults with a learning disability Target: £152	WLAM	12.1	667,647	0	667,647
			SPCC003 - Number of adults with learning disability provided with employment support Target: 44	WLAM				
Learning Disabilities care home provision	Provision of care home placements for adults with learning disabilities.	6 Delivering positive outcomes on health	SPCC035 Net cost per head of population on social care services to adults with a learning disability Target: £152	Public	16.5	8,246,108	(253,500)	7,992,608
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks Target: 13	Public				
Learning Disabilities community based care and support services	Support activities to enable adults with learning disabilities to live independently or with family and to support positive life	6 Delivering positive outcomes on health	SPCC035_Net cost per head of population on social care services to adults with a learning disability Target: £152	WLAM	60.8	13,563,608	(3,332,680)	10,230,928

Community Care – Learning Disabilities								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
	experiences (includes care at home, respite, day care and other services).		SPCC001_Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent Target: 99%	Public				
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		12.3	657,607	(59,492)	598,116
Total:					101.7	23,134,970	(3,645,672)	19,489,299

Community Care – Physical Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Physical Disabilities Assessment and Care Management	Provision of an assessment and care management service.	6 Delivering positive outcomes on health	SPCC036_Net cost per head of population on social care services to adults (age 18-64) with physical disabilities Target: £62	Public	9.2	392,044	0	392,044
			SOA1306_15 - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided Target: 79%	Public				
Physical Disabilities care home provision	Provision of care home placements for adults with physical disabilities.	6 Delivering positive outcomes on health	SPCC036 Net cost per head of population on social care services to adults (age 18-64) with physical disabilities. Target: £62	Public	0.0	2,194,645	(24,000)	2,170,645
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks Target: 13	Public				
Physical Disabilities community based care and support services	Support activities to enable adults with physical disabilities to live independently or with family and to support positive life	6 Delivering positive outcomes on health	SPCC036_Net cost per head of population on social care services to adults (age 18-64) with physical disabilities Target: £62	WLAM	19.3	5,433,391	(175,400)	5,257,991

Community Care – Physical Disabilities

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Physical Disabilities community based care and support services (cont)	experiences (includes care at home, respite, day care and other services)		SPCC027 - Percentage of people who have a physical disability with intensive needs receiving 10 hours+ care at home Target:30%	WLAM				
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		4.4	234,639	(21,227)	213,412
Total:					32.9	8,254,719	(220,627)	8,034,092

Community Care – Mental Health

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Mental Health Assessment and Care Management	Provision of an assessment and care management service, including statutory mental health officer service to adults with a mental health or substance misuse problem	6 Delivering positive outcomes on health	SPCC037 - Net cost per head of population on social care services to adults with mental health problems Target: £36	WLAM	5.5	267,636	0	267,636
			SPCC005 - Percentage of all mental health or addictions cases allocated within 12 weeks Target: 90%	Public				
Mental Health care home provision Mental Health community based care and support services	Provision of care home placements for adults with mental health problems. Support activities to enable adults with mental health problems to live independently.	6 Delivering positive outcomes on health	SPCC037 Net cost per Head of population on social care services to adults with mental health problems. Target: £36	Public	13.4	1,132,645	0	1,132,645
			SPCC019_Average Number, per month, of West Lothian patients whose discharge from hospital is delayed by more than 2 weeks Target: 13	Public				

Community Care – Mental Health

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Mental Health community based care and support services	Support activities to enable adults with mental health problems to live independently (includes care at home, respite, day care and other services)	6 Delivering positive outcomes on health	SOA01307_15 - Warwick Edinburgh mental wellbeing score for West Lothian Target: 26.07	Public	5.0	4,714,829	(1,826,392)	2,888,437
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		3.3	178,906	(16,185)	162,721
Total:					27.3	6,294,016	(1,842,577)	4,451,439

Community Care and Support Services (IJB)								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Alcohol and Drug Partnership	Partnership support to commissioning of services to improve health and wellbeing and reduce health inequalities by reducing tobacco alcohol and drug use, and substance misuse.	6 Delivering positive outcomes on health	SPCC005 - Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment Target: 90%	Public	7.3	1,490,067	(1,405,853)	84,214
			CP:SPCC006_Percentage of adults with severe and chronic alcohol misuse issue maintaining and improving their health and wellbeing Target: 80%	Public				
Social Policy Business Support (IJB)	Commissioning of social care contracts, administration, monitoring of contracted service performance. Information systems development, administration, training, performance reporting	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		14.3	768,853	(48,500)	720,353
Service support	Provision of management and administrative support.	Enabler Service – Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		1.2	661,677	(5,979)	55,698
Total:					22.8	2,920,597	1,460,332	860,265

Actions 2019/20

The service will undertake a range of actions to support corporate priorities and objectives, improve services and deliver transformation.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Older People's Frailty Programme	Review of processes and commissioning plans which support the strategic aim of shifting the balance of care in favour of community based services	Whole system redesign across health and social care to deliver sustainable and cost effective community based services. Key outcomes include; improving anticipatory care, reducing hospital admissions and minimising delayed discharge.	Head of Social Policy	April 2016	April 2020	Active	Frailty Hub established; Inpatient redesign ongoing, focus of intermediate care project to be reviewed; Mental Health project and Commissioning plan concluded.
Royal Edinburgh Campus Modernisation Programme	Review of Health and Social Care services which will inform the specification for the design of Health Services currently based on the Royal Edinburgh Campus.	Whole system redesign to deliver sustainable and effective community based services for Mental Health, Learning and Physical Disability groups.	Head of Social Policy	March 2015	April 2022	Active	<ul style="list-style-type: none"> • Core and Cluster Unit accommodating up to 8 people with a Learning Disability will open this year. • Final modelling and specification for complex care unit for learning disabilities will be completed. • High level modelling including hospital bed numbers for Physical Disability to be agreed across Lothian Partnership.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Carers Legislation	Implementation of Carer (Scotland) Act 2016. Act comes into effect 2018	Carers feel supported in their care role and involved in the design of services to support the cared for person.	Senior Manager, Community Care Assessment and Prevention	March 2017	April 2019	Complete	Eligibility Framework approved. All related projects either completed or on track.
Care for Adults day care	Review of day care for adults with a disability	Models of day care that allow for greater flexibility.	Senior Manager, Community Care Assessment and Prevention	April 2018	March 2020	Active	Redesign work is underway and will be delivered during 2019/20
Care for adults – residential	Investment in core and cluster models to enable people to live more independently in their own tenancies.	Reduced number of residential care placements.	Senior Manager, Community Care Assessment and Prevention	April 2018	March 2020	Active	Redesign work is underway and will be delivered during 2019/20.
Building based care for older people	Review and redesign of older people day care and housing with care.	Transfer older people day care to the external contract. Housing with Care model that allows for greater flexibility and less fixed cost.	Senior Manager, Community Care Support and Services	April 2018	March 2020	Active	Redesign work is underway and will be delivered during 2019/20.
Adults and Older people – eligibility criteria	Revise delivery of social care services to reflect national eligibility framework.	Ensure targeted provision of social care services	Senior Manager, Community Care Assessment and Prevention	April 2018	March 2023	Active	Redesign work is underway.
Development of Care at Home Contract	Review and redesign of care at home services and the introduction of Electronic Call Monitoring.	Older people have access to high quality responsive care at home services.	Senior Manager, young People and Public Protection	March 2018	September 2019	Active	Scope has been defined. Implementation in progress.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Review of management and support	Critical review to ensure that all support functions are adding value to the delivery of social care services.	Streamlined support structure.	Head of Service	September 2018	March 2023	Active	Redesign work is underway
Digital transformation projects	A programme of activity to ensure that the council is well placed to take advantage of opportunities offered in the digital age.	To deliver improved user-focused digital public services.	Head of Service	April 2018	March 2023	Active	Redesign work is underway.

Children and Families

Service manager: Susan McKenzie and Tim Ward, Senior Managers

Number of staff: 318.1 (full time equivalents)

Location: Civic Centre and various locations

Purpose

The Children and Families service comprises a wide range of teams providing interventions for children and their families experiencing a need for support.

The service includes the following teams: Sure Start, Family Centre, Parenting Team, Mental Health and Wellbeing team, school Attendance Improvement Service (AIMS), Child Disability Service, Whole Family Support Service, Child Care and Protection Teams, Duty and Child Protection Team, Inclusion and Aftercare Service, Family Placement Team, Residential Child Care Houses, Children's Rights, Reviewing Officer Team, Domestic and Sexual Assault Team (DASAT), Social Care Emergency Team (SCET), Public Protection lead officers and emergency planning. The service provides support from pre-birth to age 26 for those who have experienced care.

The main aim of the service is to ensure that children, young people and their families can maximise their potential through the identification of additional supports. This includes disabled children, young people and their families. We are committed to providing services that are child-centred, developed in partnership with other organisations and with families themselves, that tackle inequalities and are focused on improving outcomes for children. These aims are in line with Getting It Right For Every Child (GIRFEC) principles. We are committed to providing help that is appropriate, proportionate and timely to ensure children and young people have the best start to their lives building on family strengths and promoting resilience. Our service is focused on keeping children safe and teams also provide support through statutory intervention, looked after children services and child protection interventions when these are needed. The service is focussed on minimising the impact of child poverty wherever possible.

In addition to a focus on providing early help and action to prevent difficulties escalating, the service is committed to shifting the balance of care. This means providing support to families and the wider family network to enable them to safely continue to care for children and young people in challenging circumstances. This also means where children or young people require to be accommodated away from home that more use is made of community based resources with less reliance on residential care and far from home placements.

We aim to deliver quality, appropriate and accessible services to meet current demand and also to anticipate and identify future needs and expectations.

Activities

The main activities of the service during the period of the Management Plan will be:

- ◆ Childcare and Protection
 - Child Care and Protection Practice Teams, including Throughcare
 - Whole Family Support

- ◆ Early Intervention - Looked After Children
 - Services for Looked After Children
 - Early Intervention Services

- ◆ Protection and Emergency Services
 - Child Disability Service
 - Social Care Emergency Team (SCET)
 - Domestic and Sexual Assault Team (DASAT)
 - Inclusion and Aftercare Service
 - Children's Rights
 - Public Protection Lead Officers
 - Reviewing Officers Team

All services are subject to review and redesign in order to reflect Transforming Your Council priorities.

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers.

Our key partners include; other council services, NHS Lothian, Police Scotland, Scottish Fire and Rescue Service, West Lothian College, Children's Reporter, third sector providers and private sector providers.

Customer Participation

The service will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2019/20				
Customer Group	Method	Frequency	Responsible Officer	Feedback Method
Service users	Survey	Annual	Business Support Officer	Reported via performance indicators
Service users	Consultative Forums	Quarterly (carers)	Team Manager	Newsletter
Partners / key stakeholders	Early Years event	Annual	Group Manager	Newsletter
Having Your Say	Looked After Children's forum	Monthly	Team Manager	Group meeting
Service users	Viewpoint	Monthly	Group Manager	Feedback Report

Activity Budget 2019/20

Children and Families – Child Care and Protection								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Children and Families Practice Teams including disability service	Provision of care and protection service for children in need or at risk.	2 Delivering positive outcomes and early interventions for early years	SPCF133 - Percentage of children on the Child Protection Register who have been on the register for two years or more Target: 0%	Public	83.4	9,513,662	(612,513)	8,901,149
			SPCF097 - Number of Children supported in Residential Schools out with West Lothian. Target: 19	Public				
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		13.7	682,901	(110,338)	572,563
Total:					97.1	10,196,563	(722,851)	9,473,712

Children and Families – Early Intervention and Looked After Children

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Looked After Children	Recruit, train, support and review carers providing a range of flexible services. Provide a range of quality placements for children of all ages, who are unable to live with their families. Provide accommodation in three residential houses for young people who are unable to live with their own or substitute families. Prepare young people for leaving care.	2 Deliver positive outcomes and early intervention for early years	SPCF104 - Percentage of children in foster care placed with West Lothian Foster Carers Target: 95%	High Level	98.6	17,697,809	(172,000)	17,525,809
			SPCF094 - Number of Looked After Children placed in kinship care Target: 140	WLAM				
Early Intervention	Promote the personal growth and development of children aged 0-3 through the provision of services targeting those most at risk of social exclusion. Provision of day care service and outreach support to children aged 0-5 who are vulnerable or have additional needs. Improve performance in schools and improve functioning in family / community.	2 Deliver positive outcomes and early intervention for early years	SPCF140 - Percentage of eligible Looked After Children 2 year olds attending early years childcare provision. Target: 100%	WLAM	45.2	2,322,060	(34,500)	2,287,560
			SPCF136 - Percentage of young mothers referred to Sure Start who engage antenatally Target : 75%	Public				

Children and Families – Early Intervention and Looked After Children

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		26.6	927,297	(226,671)	700,626
Social Policy Business Support (Non - IJB)	Commissioning of social care contracts, contracts administration, monitoring of contracted service performance, information systems development, systems administration, training, performance reporting.	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		14.3	768,398	(48,500)	719,898
Service support	Provision of management and administrative support.	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities		1.0	35,591	(8,700)	26,891
Total:					185.7	21,751,155	(490,371)	21,260,784

Children and Families – Protection and Emergency Services

Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2019/20	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Public Protection	Ensure that the those members of society who are the most vulnerable and at risk are protected effectively and that their outcomes improve	7 Reducing crime and improving community safety	SOA1305_05 - Percentage of closed adult protection cases where the adult at risk reported that they felt safer as a result of the action taken. Target: 80%	Public	15.7	628,561	(71,376)	557,185
Domestic and Sexual Assault Team	Provide high-quality support and services to women and children who are, or have, experienced domestic abuse or other forms of gender-based violence.	7 Reducing crime and improving community safety	SPCF061 - Cost per domestic abuse referral Target: £185.00	WLAM	16.5	615,184	(196,740)	418,444
			SOA1305_04_ Percentage of women who report that they feel safe as a result of intervention by the Domestic and Sexual Assault Team Target: 100%	Public				
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		3.1	57,609	(14,082)	43,527
Total:					35.3	1,301,352	(282,198)	1,019,156

Actions 2019/20

The service will undertake a range of actions to support corporate priorities and objectives, improve services and deliver transformation.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Reform out of hours services	Increase and Improve the level of crisis support to communities outwith normal office hours.	Fewer instances of emergency accommodation of children.	Senior Manager, Young People and Public Protection	April 2018	March 2020	Active	Redesign work is underway and will be delivered during 2019/20.
Reduce timescale for children who are Looked After to achieve permanency	Use the Permanence and Care Excellence (PACE) Programme in partnership with CELCIS to redesign processes for children to achieve permanency.	More children achieve secure placements in a shorter timescale.	Senior Manager, Children and Early Intervention	April 2018	April 2020	Active	Redesign work is underway and will be delivered during 2019/20.
Shifting the balance of care for looked after children	Reshape services to ensure children are supported to remain in family based care.	Fewer children are accommodated in residential care placements.	Senior Manager, Children and Early Intervention	April 2018	March 2020	Active	Redesign work is underway will be delivered during 2019/20
Improve Transitions for all young people	Redesign the transition process as it relates to children with a disability and looked after children.	Improved outcomes for children and young people aged 16 and over.	Senior Manager, Young People and Public Protection	April 2018	March 2020	Active	Redesign work is underway and will be delivered during 2019/20.
Care for Looked After Children and Children with a Disability	Reduction in external placements.	More Looked After Children cared for in West Lothian with fewer external placements.	Senior Manager, Children and Early Intervention	April 2018	March 2023	Active	Redesign work is underway.
Family and Parenting Support	Review of early years services.	Increased outreach provision to deliver services closer to family's community or home setting.	Senior Manager, Children and Early Intervention	April 2018	March 2023	Active	Redesign work is underway

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
SWIFT Replacement	Procure and implement a replacement for SWIFT, Social Work Information System.	A robust and secure information system is in place.	Senior Manager, young People and Public Protection	November 2019	April 2020	Active	Initial scoping has commenced.
Review of Family Placement and Kinship Care Provision	Undertake service review to ensure that approaches to Fostering and Kinship Care are robust.	Services for looked after children in the community are improved.	Senior Manager, Children and Early Intervention	January 2019	June 2019	Active	Initial scoping has commenced.
Review of management and support	Critical review to ensure that all support functions are adding value to the delivery of social care services.	Streamlined support structure.	Head of Service	September 2018	March 2023	Active	Redesign work is underway
Digital transformation projects	A programme of activity to ensure that the council is well placed to take advantage of opportunities offered in the digital age.	To deliver improved user-focused digital public services.	Head of Service	April 2018	March 2023	Active	Redesign work is underway.

Criminal and Youth Justice Services

Service manager: Tim Ward, Senior Manager

Number of staff: 71.5 (full time equivalents)

Location: Civic Centre and various locations

Purpose

The Criminal and Youth Justice Service is almost entirely focussed on providing services statutorily required through legislation for the assessment, supervision and management of offenders and young people at risk of becoming involved in the criminal justice system.

The service has four main aims:

- ◆ To assist those involved in offending behaviour to make better choices and lead more positive and productive lives
- ◆ To work in partnership to reduce risk of harm to communities
- ◆ To reduce the level of re-offending
- ◆ To implement the Whole Systems Approach for working with young people who offend.

The service supports offenders to live in the community and works to ensure that the strategic aims of reducing reoffending are achieved. It will play a lead role within the new powers of the Community Planning Partnership in relation to Community Justice, following the cessation of Community Justice Authorities.

Activities

The main activities of the service during the period of the Management Plan will be:

- ◆ Community Payback, including supervision requirements and Citizenship programme
- ◆ Unpaid work activity providing significant benefit to communities
- ◆ Early intervention and support
- ◆ Work with young people who offend
- ◆ The Almond Project aimed at women who offend
- ◆ Managing high risk offenders
- ◆ Offender assessment, Court Support, and offering alternatives to prosecution and to custodial remands
- ◆ Drug Treatment and Testing Orders
- ◆ Prison-based Social Work at HMP Addiewell
- ◆ Enhancing Throughcare arrangements for short-term prisoners
- ◆ Offender intervention programmes, including a Domestic Abuse Perpetrators' programme
- ◆ Multi Agency Public Protection Arrangements

All services are subject to review and redesign in order to reflect Transforming Your Council priorities.

Key Partners

The service actively works with our partners to plan, design and deliver improved services for our customers.

Our key partners include; other council services, Police Scotland, NHS Lothian, HMP Addiewell (Sodexo Justice Services), Scottish Prison Service, third sector providers, Scottish Government, Scottish Fire and Rescue Service, Department of Work and Pensions, Crown Office and Procurator Fiscals Service, Scottish Courts and Tribunal Service and Children's Reporter.

Customer Participation

The service will actively engage customers and potential customers in the delivery and re-design of services to ensure that they are accessible and focused on their needs and preferences.

Customer Consultation Schedule 2019/20

Customer Group	Method	Frequency	Responsible Officer	Feedback Method
Service users	Survey	Annual	Group Manager	<ul style="list-style-type: none"> Public performance indicators Reporting on the council's website
Partners / key stakeholders	Survey	Annual	Group Manager	<ul style="list-style-type: none"> Public performance indicators Reporting on the council's website
Unpaid Work recipients satisfaction feedback	Survey	Ongoing but reported / collated annually	Unpaid Work Manager	<ul style="list-style-type: none"> Public performance indicators Reporting on the council's website
Unpaid Work consultation	Focus group	Annual	Unpaid Work Manager	<ul style="list-style-type: none"> Annual report Report to Policy Development and Scrutiny Panel (PDSP)

Activity Budget 2019/20

Criminal and Youth Justice Service								
Activity Name and Description		Link to Corporate Plan	Performance Indicator and Target 2018/19	PI Category	Staff Resources (FTE)	Revenue Expenditure Budget 2019/ 20 £	Revenue Income Budget 2019/20 £	Net Revenue Budget 2019/20 £
Statutory Criminal Justice Social Work Provision	Provision of Community Payback, Court reports, Drug Treatment and Testing Order and Criminal Justice Throughcare service	7 Reducing crime and improving community safety	SPCJ060 - Net cost of Criminal Justice services per 1000 of population Target: £15,500	Public	53.9	3,251,395	(575,035)	2,676,360
			SOA1304_32 - One year reconviction rate Target: 23%	Public				
Youth Justice Team	Service to young people charged with offending behaviour	7 Reducing crime and improving community safety	SOA1304_30 - Percentage of Early and effective Intervention cases who do not reoffend within 12 months of initial referral Target: 80%	Public	9.5	445,908	0	445,908
			SOA1304_31 - Number of children/young people in secure or residential schools on offence grounds Target: 1	Public				
Service support	Provision of management and administrative Support	Enabler Service - Corporate Governance and Risk	Support activities contribute towards the overall performance of the service. Performance is monitored through the indicators for front line activities.		8.1	171,255	(41,862)	129,393
Total:					71.5	3,868,558	(616,897)	3,251,661

Actions 2019/20

The service will undertake a range of actions to support corporate priorities and objectives, improve services and deliver transformation.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Review of Whole System Approach	Review Youth Justice Service to ensure appropriate response to risk is provided.	Reduced incidence of missing young people and incidence of high risk behaviour.	Senior Manager, Young People and Public Protection	April 2018	April 2019	Complete	The review has been completed.
Develop new Community Justice Strategy	Development, implementation and ongoing monitoring and reporting of the Community Justice Strategy.	An effective strategy that will ensure the council delivers effective outcomes for those with criminal convictions and those at risk of becoming involved in justice systems as children, young people or adults.	Senior Manager, Young People and Public Protection	April 2018	June 2018	Complete	The strategy has been completed and will be implemented during the period 2019/20. Progress will be monitored by the Community Planning Partnership.
Review of unpaid work activity	Review and redesign of unpaid work team within Criminal and Youth Justice Services	A revised approach to unpaid work activity is in place.	Senior Manager, Young People and Public Protection	January 2019	June 2019	Active	Review has commenced.
Introduction of a perpetrator programme	Introduce a structured individual and group work programme for perpetrators of domestic abuse in line with Equally Safe and Community Justice Strategies	Perpetrators of domestic abuse are supported to change their behaviour and develop respectful, non-abusive relationships.	Senior Manager, Young People and Public Protection	April 2019	March 2020	Planned	Initial scoping has commenced.

Social Policy Actions 2019/20

Action	Description	Planned Outcome	Owner(s)	Start	End	Status	Update
Review of management and support	Critical review to ensure that all support functions are adding value to the delivery of social care services.	Streamlined support structure.	Head of Service	September 2018	March 2023	Active	Redesign work is underway
Digital transformation projects	A programme of activity to ensure that the council is well placed to take advantage of opportunities offered in the digital age.	To deliver improved user-focused digital public services.	Head of Service	April 2018	March 2023	Active	Redesign work is underway.

Developing the Management Plan and reporting progress

The Management Plan was developed to support the delivery of the Council's Corporate Plan and to take account of a range of factors that are likely to impact the delivery of council services in the next five years.

Context

The next five years will be a period of significant challenge for the council with ongoing spending constraints expected to continue. However, the council has clearly defined long term aims relating to the development of high quality services, designed to meet the needs of its customers. These long term aims are captured in the Local Outcome Improvement Plan, Community Plan and in the council's Corporate Plan and together these strategic plans determine the work of the council's services.

The development of the Corporate Plan 2018/23 has been directly influenced by the views of the people living and working in West Lothian, ensuring that all employees are focused on meeting the needs of a growing and vibrant community. The Corporate Plan sets the strategic priorities for the council up to 2022/23 and this will be the continued focus for all council services during the period.

This will help to ensure that we continue to tackle the most important issues for West Lothian. Also, that we invest in and prioritise the services which make the most significant contribution to the achievement of positive outcomes.

Influences

There will be many internal and external factors which will influence the work of Social Policy. The more prominent include;

- Changes in legislation
- Policy changes
- Demographic changes
- Significant Incidents
- Emergency and Crisis situations
- Poverty

Planning Process

The Management Plan was developed by the Social Policy Management team, using a range of information to ensure that services, activities and resources are aligned to:

- ◆ The council's Corporate Plan and the deliverables for which Social Policy will be responsible for achieving or contributing to;
- ◆ Supporting the delivery of the council's transformation programme and Digital Transformation strategy
- ◆ Implementing the priorities outlined in the Children's Services Plan 2017/20
- ◆ Implementing the priorities outlined in the Corporate Parenting Plan 2019/20

- ◆ Implementing the priorities outlined in the Community Justice Strategy 2019/24
- ◆ Implementing the priorities outlined in the Violence Against Women and Girls Strategy 2018/20
- ◆ Integration Strategic Plan 2016/26
- ◆ Integration Participation and Engagement Strategy 2016/26
- ◆ West Lothian Autism Strategy 2015/25
- ◆ Joint Commissioning Plans in all main operational areas will ensure a clear focus on delivery of Transforming Your Council priorities.

The process and timescales for the development and publication of the management plan is set out, including consultation with the appropriate stakeholders.

Corporate Plan	The Corporate Plan is approved by West Lothian Council, setting out the key priorities for all council services for the period 2018/19 to 2022/23.	February 2018
Social Policy Planning	The service management team develop the plan taking account of a range of factors, business requirements and customer needs.	February to March 2019
Executive Management Team approval	The council's executive management team (EMT) will review all service management plans to ensure they are sufficiently focused on corporate priorities. The EMT will also review the plans annually, scrutinising performance and progress in the stated outcomes and actions.	March 2019
PDSP consultation	The Management Plan is taken to the relevant Policy Development and Scrutiny Panel(s) for consultation, providing Panel members the opportunity to shape planning and resource allocation.	April to June 2019
Management Plan launch	The service cascades the plan to Corporate Service employees to ensure that they understand the key priorities and challenges ahead and how they will contribute to successful outcomes.	April to June 2019
WLC website	The Management Plan is published on the council's website to provide detailed information for the public and external stakeholders on council services, resource allocation and performance.	July 2019
Management Plan updates	The Management Plan progress is reviewed by the appropriate PDSP each year	April to June




Continuous Improvement













Social Policy will continue to play a key role in the development and support of high quality customer services. Social Policy will continue to engage with our customers to modernise structures and processes to ensure that they continue to provide the most efficient and effective model for service delivery.

Social Policy is subject to regular scrutiny on at least an annual basis in relation to a significant number of its statutory services across Children and Families and Community Care and Criminal and Youth Justice. During 2019/20 there will be continuous self-evaluation activity and Quality Assurance of Adult, Child Protection and Corporate Parenting processes and approaches. The service implemented a new Quality Assurance Procedure and services will be audited during 2019/20 to test compliance.

Children and Families and Community Care completed a full WLAM Assessment in 2018/19, both demonstrated improvement on their previous cycles. Criminal and Youth Justice will have complete a full assessment by spring 2018/19.

Social Policy Scorecard

The service will report on the following key measures of the success throughout the lifetime of our plan (short term trend arrows: 2018/19 performance exceeded the target =  / 2018/19 performance met the target =  / 2018/19 performance was below the target = ):

Indicators					
WLAM unit / service	PI Code and Short Name	2018/19 Performance	2018/19 Target	Performance against Target	2019/20 Target
Community care	(SPCC017_6a.7) Percentage of customers who rated the overall satisfaction with the older people's service they received as good or excellent.	97%	93%		98%
	(SPCC038_6b.3) Number of complaints received by the Community Care Service	69	71		60
	(SPCC024_9a.1a) Net cost per head of population for services for older people	£1,378.00	£1,200.00		£1,432.00
	(SW03a) Percentage of People Aged 65+ with long-term care needs who are receiving personal care at home.	65.57% *2017/18 data	62%		64%
Children and Families	(SPCF001_6a.7) Percentage of customers who rated the overall quality of children and families services as good or excellent.	99%	100%		100%
	(SPCF040_6b.3) Number of complaints received by the service	42	60		45
	(SPCF060_9a.1c) Net cost of Children and Families services per 1000 of population.	154,713	£159,000		£154,000
	(SPCF133_9b.1b) Percentage of children on the Child Protection Register who have been on the register for two years or more.	0%	0%		0%
Criminal and Youth Justice	(SPCJ001_6a.7) Percentage of Criminal & Youth Justice service users responding to surveys who rated overall quality of the Criminal & Youth Justice Service as being 'good' or 'excellent'	88%	95%		95%
	(SPCJ040_6b.3) Number of complaints received by the service	14	10		15
	(SPCJ060_9a.1d) Net cost of Criminal and Youth Justice services per 1000 of population.	15,889	£15,500		£16,000
	(SPCJ143_9b.1a) Percentage of Community-based Orders supervised by the Criminal and Youth Justice Service with a successful termination.	70%	70%		70%

This scorecard offers a high level snapshot of the service performance. More information about the performance of Corporate Services can be viewed via the council's website: www.westlothian.gov.uk/performance

Social Policy Management Plan 2019/20

April 2019

For more information:

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West Lothian Civic Centre
Howden South Road | Livingston | West Lothian | EH54 6FF



HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

LOCALITY PLANS UPDATE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose of this report is to provide the Panel with an update on progress made by the Integration Joint Board's (IJB) Locality Planning Groups; to present a brief summary of results of the stage 1 consultation; and to present the timescales for developing and finalising the Locality Plans.

B. RECOMMENDATION

It is recommended that the Panel:

- Note the requirement of the IJB to produce Locality Plans;
- Note the progress to date on the development of Locality Plans;
- Note the purpose and outcome of the stage 1 consultation; and
- Note the timescales for developing and finalising the Locality Plans.

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)	The report has been assessed as being not relevant to equality and the Public Sector Equality Duty. An Integrated Impact Assessment will be conducted on the draft plans
III	Implications for Scheme of Delegations to Officers	None
IV	Impact on performance and performance Indicators	The IJB measures performance against its core indicators
V	Relevance to Local Outcomes Improvement Plan	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)	All activities will be carried out within relevant available budgets.
VII	Consideration at PDSP	None
VIII	Other consultations	The East and West Locality Groups have been consulted extensively throughout the process.

D TERMS OF REPORT

D1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board (IJB) Strategic Plan divides the IJB/Local Authority area into at least two localities and requires the IJB to develop measures for delivery of services to those different localities.

The IJB approved a revised Strategic Plan for 2019-23 on 23 April 2019. The revised plan, like the original, identifies two West Lothian localities: East and West. At its meeting on 7 April 2016, the SPG approved terms of reference for Locality Planning Groups which are responsible for the production of Locality Plans for each of the East and West localities.

This report provides an update on the development of those plans, a summary of the outcome of the recent stage 1 consultation carried out by the Locality Planning Groups and the expected timetable to produce the Locality Plans.

D2 Progress to date

A joint development session took place on 15 December 2017 where a detailed analysis of each locality was presented to each Locality Group in the form of Locality Profiles. This session was well attended by members of the Locality Groups, including Community Regeneration colleagues, GP Cluster leads and other relevant stakeholders. Key issues for each Locality were identified and a format for the engagement document was agreed.

The key issues were similar for both the East and West Locality, namely:

- Poverty and Health Inequalities
- Supporting Carers
- Improving Mental Health
- Positive Lifestyle Change

It was agreed that the stage 1 consultation would seek views on these priorities. It would also ask what is working well in the community to address the priorities and what could be improved or developed.

For a number of reasons, including the availability of design resource, there was a significant delay in the production and approval of the final engagement materials.

There is also an acknowledgment that the role of the Locality Groups could be clearer and the importance of having the right membership. The remit and membership was discussed at the March meetings of the Groups and it was agreed that these would be reviewed.

D3 Stage 1 Consultation

The online survey launched on 18 February 2019 for a period of 12 weeks until Sunday 12 May. This was published on the HSCP website, linked to on the NHS Lothian website and published on the council's social media to drive traffic to the survey.

The Locality Groups circulated the surveys to their own networks and it was sent out to staff, community councils and equality forums. A wide range of stakeholders were targeted including health and social care professionals, providers of health and social care, users of health and social care and their carers, providers of social housing and third sector providers.

Hard copy surveys and posters were printed part-way through the consultation period and were hand-delivered to GP practices, partnership centres and to Out Patient Department 3 in St John's hospital where completed surveys could be handed in to staff employed by the council or NHS Lothian to meet the requirements of GDPR. The hard copies were available for the last few weeks of the consultation period.

Two events per each of the East and West Locality were arranged for early May to facilitate more in-depth engagement with groups with a health and social care interest, health service groups, equality forums, community councils and other interested community groups. There was almost no interest in these events despite advertising through all of the regular networks and unfortunately these had to be cancelled.

D4 Summary of Consultation Responses

The response to the consultation was poor with a total of only 40 participants overall, a quarter of these being hard copies. A summary of the response to whether the respondent agreed or disagreed with the key priorities is provided below:

Locality	No. of participants	% agree	% disagree	% don't know
East	24	54%	33%	13%
West	16	87.5%	12.5%	0%

It should be noted that a large majority of the consultation responses received were from the deaf community and in relation to services for people who use BSL. As such, they are not particularly representative of the wider community but will be taken into consideration when the Locality Plans are drafted.

All comments received as part of this consultation exercise will be taken into account by the relevant Planning and Commissioning Board for the Commissioning Plans.

Given the poor response to this engagement exercise and to the second stage of consultation for the Strategic Plan, which also had a very poor number of responses, there is a clear need to review how the IJB and the Locality Groups engage with stakeholders.

Further consideration will be given to how to consult on the draft Locality Plans and proposals will be brought back to the August Strategic Planning Group with the Plans. A wider review of engagement across partners should take place to ensure that we are both using our resources effectively and reaching the wider community.

D5 Joint Locality Group Development Session

The Locality Groups held a further joint development session on Friday 24th May. This was a productive session; the Groups separately discussed what was working well in their communities, what could be developed and what actions could be incorporated into the Locality Plans to meet the key priorities for each Locality and the IJB's strategic priorities.

The outcome of this session will assist in developing the draft Locality Plans alongside previous engagement carried out by Community Regeneration.

D6 Next Steps

The timetable for finalising the Locality Plans is as follows:

- Consideration of draft locality plans by Locality Planning Development Groups (LPDGs) – July 2019
- Consideration of draft locality plans by Strategic Planning Group (SPG) – August 2019
- Phase two engagement on draft plan – August/September 2019
- Consideration of observations, recommended responses and finalised locality plans by LPDGs – October 2019
- Consideration of observations, recommended responses and approval of locality plans by IJB – October/November 2019.

E. CONCLUSION

Work on locality planning continues to progress through the East and West Locality Groups and representation on the groups from a wide range of stakeholders has ensured that there is a link in to other related pieces of work.

As detailed in this report, the draft Locality Plans will be presented to the IJB's Strategic Planning Group for approval to commence to stage 2 consultation, the format of which requires further consideration.

A revised remit and membership for the Groups will also be presented to the Strategic Planning Group for approval in August.

F. BACKGROUND REFERENCES

- IJB Strategic Planning Group meetings 13 December 2018, 6 June 2018
- West Lothian IJB Strategic Plan 2019-23
- Localities Guidance, The Scottish Government, July 2015
- IJB Participation and Engagement Strategy (IJB PES)

Appendices: None

Contact Person: Lorna Kemp, Project Officer – IJB, lorna.kemp@westlothian.gov.uk, 01506 283519

Jim Forrest, Depute Chief Executive
Jim.Forrest@westlothian.gov.uk, 01506 81002

20 June 2019



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 6th February 2019 in the appendix to this report.

C. SUMMARY OF IMPLICATIONS

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

D. TERMS OF REPORT

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

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

E. CONCLUSION

This report ensures that members are kept 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 NHS Lothian Board held on 6th February 2019

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

CMT Member: Jim Forrest, Depute Chief Executive

Date: 20th June 2019

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 6 February 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Mr M Connor; Ms C Hirst; Professor T Humphrey; Mr A McCann; Cllr J McGinty; Mrs A Mitchell; Mr P Murray; Mr W McQueen and Dr R Williams.

Executive and Corporate Directors: Mrs J Butler (Director of Human Resources and Organisational Development); Ms J Campbell (Chief Officer of Acute Services); Mr J Crombie (Deputy Chief Executive and Chief Officer, Acute Services); Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare) and Dr S Watson (Chief Quality Officer).

In Attendance: Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Professor N Mills (Senior Responsible Officer for the DDI Health and Social Care Hub, University of Edinburgh); Professor T Walsh (Research and Development Director, NHS Lothian) and Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office).

Apologies for absence were received from Cllr I Campbell, Dr P Donald, Mr M Hill, Mrs F Ireland, Cllr F O'Donnell and Professor M Whyte.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting.

The Chairman also welcomed Professor Nick Mills and Professor Tim Walsh to the meeting advising that they were attending to present on item 3.1 'Creating a Health and Social Care Innovation Test Bed Model for the East Region'.

Declaration of Financial and Non-Financial Interest

The Chairman 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.

52. Items for Approval

- 52.1 The Chairman sought and received the agreement of the Board to approve items 2.1 – 2.11. The following were approved;
- 52.2 Minutes of Previous Board Meeting held on 5 December 2018 – Approved.
- 52.3 Running Action Note – Approved.
- 52.4 Appointment of Members to Committees – The Board agreed to reappoint Mr P Murray to the Audit and Risk Committee for the term 6 February 2019 to 5 February 2022. It also agreed to appoint Dr P Donald to replace Miss T Gillies as a voting member of Midlothian Integration Joint Board with effect from 1 April 2019 to 31 March 2022.
- 52.5 Audit and Risk Committee Minutes - 26 November 2018 - Noted
- 52.6 Acute Hospitals Committee Minutes - 11 December 2018 – Noted.
- 52.7 Strategic Planning Committee Minutes - 13 December 2018 – Noted.
- 52.8 Healthcare Governance Committee Minutes - 13 November 2018 – Noted.
- 52.9 Finance and Resources Committee Minutes - 21 November 2018 – Noted.
- 52.10 Midlothian Integration Joint Board Minutes of - 11 October 2018 – Noted.
- 52.11 East Lothian Integration Joint Board Minutes - 25 October 2018 – Noted.
- 52.12 Edinburgh Integration Joint Board Minutes – 28 September & 14 December 2018 – Noted.

Items for Discussion

53. Creating a Health and Care Innovation Test Bed Model for the East Region

- 53.1 The Chairman welcomed Professor N Mills and Professor T Walsh to the meeting advising that they would be outlining proposals for the Creation of a Health and Social Care Innovation Test Bed Model for the East Region.
- 53.2 The Chairman commented that the content of the presentation was strategically core and important to NHS Lothian. He advised that innovation, research and development and transformational change were central to the thoughts of the NHS Board moving forward. He advised that it was also planned to discuss these issues at Board Committee meetings and as part of the forward programme of Board Development Sessions. The Chairman commented that at the November 2018 Board Development Session that he had updated on his views around the establishment of a Futures Group.

- 53.3 Professor's Walsh and Mills introduced themselves advising that they had worked closely with Ms Gillies, Dr Watson and Professor McCallum as the respective Executive Directors with responsibility for research and development and innovation. The Board were reminded that at the November 2018 Development Session that the crowded innovation space had been discussed. It was noted that since then an innovation pathway had been created and the Board was advised of the potential entry points into this. Details of the requirements of the Service Level Agreement with the Chief Scientist's Office who were providing funding was explained to the Board. The point was made that the process needed to move to a point where it was able to apply for funding on a more national basis.
- 53.4 The Board noted that the East Region Test Bed consisted of NHS Lothian, NHS Fife and NHS Borders as well as the six geographical Health and Social Care Partnerships. The point was made that the Research and Development Office would start to coordinate and develop a strategy. The position in respect of existing groups was detailed as was the need to feed into these as part of the test bed proposal in order that the Board could meet its own aspirations. Professor Walsh advised that there was a desire to work with commercial partners to develop small and medium enterprises (SMEs) in the local economy.
- 53.5 The Board noted that the proposal was to develop a single point of contact for ideas coming in to the system through the innovation office which would evaluate proposals as well as undertaking business and commercial checks around contracts. The proposal was that the Innovation Governance Group would review proposals and would require representation from all involved partners.
- 53.6 The Board was advised that the key request for support at the current meeting was around the creation of the East of Scotland Regional Health and Social Innovation Office, to explore the formal establishment of an East of Scotland Regional Health and Social Innovation Network with academic partners, to establish the East Region Innovation Governance Group, to establish an Innovation Strategy Development Group, develop an East Region Innovation Strategy Priority Plan, to develop and publish strategies best suited to address Health and Social Care challenges in the East Region, to identify and appoint strategic leaders in key areas and invest test bed funds in areas that would create a platform and infrastructure to deliver innovation projects as well as the establishment of an External Innovation Network Advisory Committee.
- 53.7 Professor Mills provided a presentation detailing the data digital innovation aspect of the programme which included how to use data including that from Health and Social Care Partnerships to drive the innovation agenda and support the respective Board objectives. Discussion ensued around the creation of a data lock for the secure use of data which would allow information to be used more strategically than was currently the case. The point was made that the data approach would be used as part of the prevention agenda with a view to providing benefit to patients. The aspiration was to strive to become world leading in this area. It was noted that the University already had access to national and international data as well as having a developed patent in place.
- 53.8 The Board were advised that the main issue around the existing system was that it was fragmented and that communications were not joined up. The approach to

projects was also reactive rather than proactive with there being a view that the system needed to be more nimble and efficient in progressing projects. Professor Mills explained to the Board the ways in which the data loch would operate advising that data would not leave the NHS but would be viewed via a DDI prism and that the governance arrangements would be the same as those applied to the existing safe haven structure. Professor Mills advised that he was interested in pursuing opportunities with the private and third sectors albeit through existing mechanisms using the safe haven process.

- 53.9 The Board were advised of the developing and testing phases around data driven innovation in Health and Social Care supported by funding from the Chief Scientist's Office and British Heart Foundation Awards. It was noted that as part of the implementation phase there would be a requirement to develop and implement a secure portal that would provide a single point for users to access the data loch as well as scaling or hosting the data loch within a controlled area owned and managed by the NHS East Region. In addition it would be important to enable the data loch by appointing systems and data scientists and expert methodologists within the DDI prism Team to support the Board and individual users with analysis and reporting. It would also be important to develop a business plan to ensure the data loch and DDI prism Team was funded sustainably after 3 years and to enable staff development and the growth of expert capability required to meet the Boards Vision. It was noted that this work would be supported by the Edinburgh City Region deal.
- 53.10 The Chairman commented that he felt that the proposals were worthy of absolute support and also welcomed the inclusion of the Integration Joint Board dimension. He made the suggestion that in order to enhance awareness around the proposals that there would be benefit in offering similar presentations to IJB Groups. The point was made that Local Improvement Support Groups (LIST) existed which included dedicated data gatherers and that it would be useful to discuss with National Services Scotland how these sat in terms of avoiding duplication of effort. Professor McMahon commented that currently the List teams worked closely and professionally with the analytical team. He advised that as from December 2019 all these individual groups would become part of Public Health Scotland. Professor McCallum with reference to primary care and the third sector highlighted the need to scale up engagement in order to deliver the aspirations described. It was noted that two new Professors of General Practice had been appointed and would be central to this process.
- 53.11 Mr Murray commented that it would be important to consider how the process linked with the wider community planning arrangements. He felt that there would be benefit to others of the information collected. Professor Mills and Professor Walsh advised that they were currently in the process of discussing membership of a small steering group which would require Health and Social Care Partner representatives as part of the process to build contacts. It was noted that consultation in the first year of the programme would be critical in order to make sure that what was developed was fit for purpose for all of the partners involved. Professor Walsh advised that he had already started to engage with Integration Joint Boards in order to understand respective worlds and needs. He felt that with good governance it would be easy to keep focus on the project and that in order to make a difference there was a need to look at the wider perspective and this should start with strategic imperatives. Ms Gillies advised of work underway in respect of the Midlothian Frailty

Project as well as individual patients in care homes advising that these were the types of issues that could be further developed as part of a test of change process. She commented that whatever work was undertaken it had to be relevant to the priorities of NHS Lothian and the other two Regional Boards as well as the respective Integration Joint Boards.

- 53.12 Professor McMahon recognised the need to work with other stakeholders and stressed that information governance would be important in order to ensure that trust was not lost. Professor Mills advised that a fair process would be put in place for all users including NHS Boards. It was pointed out that external users would require to apply through the Caldicott Guardian process for information which would be provided on an anonymised data basis. The point was made that the key issue was about improving pathways etc. The proposals would allow fit for purpose data to be provided for issues like the future development of patient pathways.
- 53.13 Dr Watson commented that he felt that there were huge opportunities in respect of pathway improvement particularly once all the information was available to describe how well pathways were working not just from a clinical perspective. He felt that if all of the data was in one place this would represent a significant step forward and he felt that there were easy wins through the process which went beyond condition specific work.
- 53.14 Professor Humphrey welcomed the paper and commented on the governance and management tensions in respect of pace and agility that was needed for innovation processes. Professor Walsh concurred advising that the current arrangements were not correct and that the vision was to create a Pathway Governance Committee which would meet frequently to include all stakeholders with a view not to apply any bureaucratic brakes to forward proposals. It was noted that the NHS Lothian Director of Digital had assured colleagues that his team could cope with the requirements arising out of this project. It was noted that another potential block was around IT security issues and that the intention was to recruit to a post with knowledge and expertise in this area in order to unblock any potential blocks. The point was made that there was no shortage of Health and Social Care data and that this would be more useful if it was analysed in a more proactive way. The point was raised about whether work was underway in terms of the continuing analysis of data to obtain early warning around diseases etc. Professor Mills commented that the issue was about how live data could be made and that this would be in scope in the first year as part of the project. It would at a point in time be possible to provide 24 hour updates on key data sets to allow a red flag approach to address issues moving off trajectory although this would require the support of the whole team although the potential was there.
- 53.15 Mrs Hirst advised that she supported the exciting proposals and commented that there should be aspirations of care and support being provided to the home environment. She commented that engagement with housing providers and developers would be important and that some social landlords were already doing exciting work. The opportunities to address technological issues as new houses were being constructed was discussed. Professor Walsh updated on a healthy aging initiative that was about to be launched and other work underway with partners.

- 53.16 Mrs Goldsmith commented that the current debate would cross reference into discussion that would be held in the private session around the financial strategy. She commented that a key link around the success of the proposal would be using finance as a key enabler with there being a need for a more agile approach supporting this work to bring benefits to financial sustainability.
- 53.17 Mr McQueen questioned the position in respect of the financial position moving forward and whether after three years of resourcing from the Chief Scientist's Office the intention was for the hub to be self financing particularly given the intention to appoint people to permanent contracts of employment. He commented he would welcome further information around the implications for the Health Board if further bids for funding to the Chief Scientist's Office did not bear fruit. Professor Walsh advised that the expectation was that ongoing funding would be available although there was no absolute guarantee around this. He stressed that the system would be judged on what it achieved and this would be important in respect of future funding. He stressed given the current reliance on uncertain public sector funding that there would be a need to grow elsewhere with other partners or through bidding for grants. He felt that all of the above needed to be part of the forward strategy.
- 53.18 Mr Ash advised that he was enthused with the proposal and stressed that it was important to build upon the fact that NHS Lothian and the University were the only areas that covered all of the 4 IJBs in Lothian. He noted the intention to involve the IJBs and advised that they represented 60% of NHS Lothian's business and needed to be more central to the work of NHS Lothian moving forward. Mr Ash provided details of the positive benefits that had been experienced when the NHS and local authorities had shared data. He felt there was significant benefit in pulling together locality based data across the public sector in order to inform the Innovation Futures Agenda. Professor Mills advised that there was an absolute recognition around the City Deal to this type of approach.
- 53.19 Professor Walsh commented that he wanted to move to a position where it was the norm to funnel innovative work through this process in order to build a matrix of people and what they were doing within this landscape and this was currently work in progress.
- 53.20 The Chief Executive advised that he and Professor Whyte had met with the Principal of Edinburgh University who had been keen to explore the advantages of an Integrated Health and Social Care approach. The Chairman commented that he was supportive of the process and updated on work that he was involved in from a national perspective which included the further development of a Health and Social Care Network. He felt that the presentation provided by Professor's Mills and Walsh had build on previous discussion at the November 2018 Board Development Session as well as discussions at Executive level in terms of the development of the proposal to the Board. He felt there were significant opportunities to change the way in which the organisation worked in future. The Chairman commented that the anxieties expressed at the meeting around issues like future financing were important. The Chairman commented that moving forward that if approved the Board and Executive Team would need to adopt this as core business and to be central to the process moving forward into the future. It was noted that the proposals would be discussed further at the NHS Lothian Strategic Planning Meeting the following day.

- 53.21 The Board noted and approved the content of the circulated strategy documents that outlined the creation of a structure to support an innovation test bed and a data repository aligned to that. It was further noted that the proposal had been shared with colleagues and supported by the East Region Programme Board.

54. Corporate Risk Register

- 54.1 The Chairman reminded the Board that it had previously been agreed that the corporate risk register should move to the discussion part of the agenda in order to direct efforts to priority areas.
- 54.2 Ms Gillies advised that the Internal Audit Report looking at the ways in which risks were presented to the Board had not yet been finalised. She advised that she wanted to make sure that management actions were incorporated in the way risk was presented.
- 54.3 The Board was advised that unscheduled care risk had been separated in to two separate elements the first of which was around patient safety and experience with the second being around performance and monitoring. The Internal Audit Report would finalise the wording around this new approach.
- 54.4 The Board was updated on the response to the National Waste Management Contract issue and how this was being managed as well as the NHS Scotland response and the impact on NHS Lothian. It was noted that the Brexit agenda was fast moving and that there was a need to ensure that the wording of risk reflected reality. Ms Gillies advised that once the Internal Audit Report had been received the data would be subject to a spring clean and would be current for the next Board meeting.
- 54.5 Mr Murray commented that he understood that the transition to the new model had provided vast improvements and had given an identity to information that had previously been NHS Lothian specific. He commented that the new approach offered opportunities in respect of improving GP workforce sustainability as well as other areas. He commented that he hoped in time to see relationships described in a stronger way as well as evidence of how to ameliorate risks. Mr Ash commented that the Audit and Risk Committee had recognised that this area remained work in progress. It was noted that management were looking at re casting risk to include the impact that this would have on patients. It was hoped that when the report next came to the Audit and Risk Committee that the Internal Audit report would be available. The details of the report would also be discussed with IJBs.
- 54.6 The Board agreed recommendations 2.1 – 2.4 in the circulated paper.

55. St John's Hospital Paediatric Ward – Partial Re-opening of Inpatient Service

- 55.1 Mr Crombie advised that he was delighted to bring the paper to the Board which provided an update on the Paediatric Programme Board following on from the decision that had been taken in the middle of the previous year to reduce services at

St John's Hospital. He commented that at the time of the reduction in services that it had been predicted that 1.6 patients per day would be admitted to the Royal Hospital for Sick Children. It was noted that from the 7 July 2018 until 3 February 2019 that 940 patients had been transferred and admitted.

- 55.2 The Board noted that the Programme Board had been established and Chaired by Mr Hill and had engaged with the clinical and leadership team to look at how to re-establish inpatient services in a safe and sustainable manner.
- 55.3 The Board was advised that it was anticipated that a full range of services would be reintroduced at the end of the year. As a result of an increase in staffing levels and the return to work of staff who had previously been off for various reasons this now meant that it was being proposed that the unit would open on a 4 day week basis from Monday to Thursday commencing mid March 2019 as an interim step before the full reopening of the ward in Autumn 2019. It was noted that the short stay paediatric assessment unit was currently open from 0800 to 2000 hours 7 days per week.
- 55.4 Mr Crombie advised that the Paediatric Programme Board had looked at the sustainability of proposals advising that it required assurance about the ability to resource and sustain the service before it was reopened on an interim basis on a 4 night per week basis prior to full reopening later in the year. It was noted that the Cabinet Secretary had spoken about the St John's paediatric position in Parliament. Mr Crombie advised that rigorous efforts and leadership time had been undertaken to return the service to its previous status and it was important to recognise the efforts of the clinical and management teams in this regard.
- 55.5 The Chairman restated the recommendations contained in the circulated paper advising that it was important that the Board considered these in detail.
- 55.6 Dr Williams advised that he was happy to accept that the risks had been fully evaluated advising that there had always been children who had been transferred to the Royal Hospital for Sick Children as well being taken straight to that facility by their parents. He questioned whether information was available about how many children had gone to the Royal Hospital for Sick Children that wouldn't have if the St John's facility had been open. He commented that what was being proposed represented a significant investment for a small number of children. Dr Williams had a concern that partially opening the service might have some inherent risks.
- 55.7 Mr Crombie advised that all issues had been explored in detail at the Paediatric Programme Board. Clinicians had discussed how admissions would be managed with it being noted that the Scottish Ambulance Service had been key contributors to the debate. The Paediatric Programme Board had explored the risks associated with the proposals and had been assured these could be mitigated. Mr Crombie reminded the Board that there was a commitment to re-establish inpatient services and that the proposal before the Board represented the first phase of a move to full reestablishment.
- 55.8 Mr Connor commented that although he was pleased with the proposals it would be important to ensure that full opening in the spring would be sustainable as it would be unacceptable for the unit to close again. Professor Humphrey questioned in

terms of the interim 4 day per week solution whether this should not be needs driven rather than staff based. Mr Crombie advised that need had been confirmed as being consistent across the week. The Paediatric Programme Board had been assured that the proposals addressed the anxieties in the population and that they represented a pragmatic step in re-establishing confidence with the community.

- 55.9 The Chief Executive commented that it had been important to update the Board on the interim arrangements as well as reiterating the Boards commitment to open the service in the autumn on a 7 day basis subject to this being achievable in a safe and sustainable manner.
- 55.10 The Board recorded it's appreciation to the team in developing this solution which had been achieved as part of a high pressure process. It was important that this outcome also kept faith with the Board's stated intention in terms of re-establishing full services at St John's Hospital.
- 55.11 The Board accepted the report as a source of significant assurance that the Paediatric Programme Board had fully evaluated the issues and risks relating to the reopening of the inpatient paediatric service at St John's Hospital. The Board also accepted the recommendations of the Paediatric Programme Board and approved the partial reopening of the inpatient service, with children being admitted from Monday night to Thursday night, from mid March 2019, as in interim step before the full reopening of the ward in autumn 2019.

56. Financial Position to December 2018 Year End Forecast and Financial Outlook 2019/20

- 56.1 Mrs Goldsmith advised that detailed consideration of the paper had been held at the Finance and Resources Committee. She commented that there was now confidence that breakeven would be achieved in the current year and moderate assurance was being taken recognising that the last quarter of the year was when the system was under most pressure. It was noted from table 1 in the paper that parts of the system were not in financial balance and this linked to work in respect of the change agenda and the financial strategy.
- 56.2 Mrs Goldsmith advised that the difficult part to manage was in respect of IJB year end positions as previously in order to obtain stability NHS Lothian had covered any overspends. It was noted that in the current year 2 IJBs would be overspent with the other 2 being underspent. In order to address the IJB position reference had been made back to the integration schemes and at the Finance and Resources Committee consideration had been given on how to apply these principles to the yearend position. The Finance and Resources Committee had asked for the principles to be tested and this was in the process of happening. It was noted that the 2 IJBs with the underspend wanted to retain the resource and this would mean if agreed that this quantum of resource would no longer be available to NHS Lothian to support its bottom line. Mrs Goldsmith advised that she was confident that agreement would be reached with the 4 IJBs and that a further report would be submitted and discussed in March 2019 at the Finance and Resources Committee.

- 56.3 In terms of the 2019/20 financial planning cycle time had been spent at the Finance and Resources Committee going through the normal 1 year plan with it being noted that there was a keenness to develop longer term plans for the future. Mrs Goldsmith advised that the financial position was similar to that in previous years and that NHS Lothian would receive a 2.6% uplift as well as some NRAC (National Resource Allocation Committee) benefit. Current pressure was around acute drugs with some significant new medicines coming on stream which would bring with them big financial challenges. There would be a need to consider how best to introduce those into the system. Mrs Goldsmith advised that the unscheduled care position was being looked at and that outstanding issues would be addressed quickly.
- 56.4 Mrs Goldsmith commented there was a need for a whole system approach to future financial planning and predicted that NHS Lothian would have an opening gap of £20m. There would be a need to work through this in the course of the year to move this to financial balance. She advised that as previously reported the issue would be discussed at the Finance and Resources Committee in March with a further report being brought back to the Board at its April meeting.
- 56.5 Mr Murray questioned whether there had been any movement with the Scottish Government in terms of adopting an aligned approach with the local authority budget setting processes. Mrs Goldsmith advised that this would be included as one of the recommendations of the Ministerial Steering Group. She advised that the process in Lothian was becoming more aligned through discussions with Section 95 Officers. She reminded colleagues however that a significant amount of funding was received from the Scottish Government throughout the year for specific items of Board responsibility like the new GP contract. Mrs Goldsmith advised that the current main focus of finance colleagues was to make sure that the baseline remained aligned.
- 56.6 Mr Ash commented that the IJB schemes to some extent had always been artificial and that there was a need for a review. He reminded the Board that IJBs could not overspend and the position in respect of the set a-side budget was discussed as was the business unit approach which included partnership engagement. Mrs Goldsmith advised that dialogue was held with IJBs particularly in respect of their relationship with the Health and Social Care Partnership. Mr Ash commented that if agreement was reached with partnerships then in the interest of transparency there would be a need to identify what element of the gap needed to be recouped in the next year.
- 56.7 The Board agreed the recommendations contained in the circulated paper.

57. Revision of Integration Schemes as a Consequence of the Carers (Scotland) Act 2016 and Associated Regulations

- 57.1 Professor McMahon commented that he hoped that the detail of the paper would be relatively straight forward. He commented that the Carers (Scotland) Act provided an opportunity to refresh the integration schemes. It was noted that the IJB Chief Officers were supportive of the proposed way forward. Proposals would now require to be subject to public consultation with it being hoped that this could be undertaken in time for the April Board meeting.

- 57.2 Mr Murray advised that any proposals would require to be approved by Ministers and that this would move into the domain of the Ministerial Steering Group review of integration as well as the Audit Scotland report. The Board noted that the integration schemes were enshrined in statute and that there was also a need to bring thoughts back at a point in the future around the set a-side budget as well as details of what any review was likely to secure in terms of outcomes.
- 57.3 Professor McMahon reminded the Board that funding passed out to IJBs directly and that the Board therefore could not make any planning assumptions. The position in respect of pre 5 year old children was discussed. Professor McMahon commented that only aspects around individual carers were being discussed as part of the circulated paper although he recognised the need for a broader review.
- 57.4 The Board agreed the recommendations contained in paragraphs 2.1 and 2.2 of the circulated paper.

58. Quality and Performance Improvement

- 58.1 Dr Watson commented that the circulated paper was the regular update to the Board. An updated table was provided at the meeting. He advised that the report attempted to cover key measures around safety and performance. The paper included a summary of levels of assurance from Board Committees. Dr Watson advised that the only difference in the tabled paper was that the information in respect of delayed discharges by locality had been amended.
- 58.2 The Board noted some of the data contained in the circulated paper was subject to a deep dive process at Board Committee level. Dr Watson updated on the level of information that was available through the dashboard process. He advised that some of the information contained in the Board paper was the most recently available for consumption in the public domain albeit it might look slightly historical.
- 58.3 Dr Watson advised that most of the areas of concern in the report were either discussed at the Board meeting itself or through other Board or management committees and that this process was the subject of a lot of focus, energy and attention. He commented that it was helpful to look behind the headline figures which in some instances tended to be broad brush. For instance the cancer 31 day performance was currently 94.3% against the 95% national target but was still showing as a red performance indicator. Mr Ash concurred with this view advising that a block of red could be hiding an improving or deteriorating performance position. It was agreed that for future iterations of the report it would be helpful for the Board to understand reasons for movements in the expected degree of improvement. Dr Watson would progress and would ensure that dashboard information was available to Board members and would address the costs of accessing this. The point was made that even a narrative behind the bold trajectory commentary would be helpful. Dr Watson would consider how best to address these issues.
- 58.4 Mr McCann commented that he did not sit on all of the Board Committees and that he felt as a Board member that he could only be responsible if he understood data and this was not currently accessible. He commented that the current spreadsheet

approach was not easy to read. Dr Watson advised that several attempts had been made to make the dashboard easier to read and that as previously agreed he would go away and identify resource to make it more readable.

- 58.5 The Chief Executive commented that the current reporting process focused on performance but said little about patient safety and quality. He thought that there was a need to report via the Healthcare Governance Committee aspects that impacted on safety in respect of issues like the time to first assessment and overcrowding in the Emergency Department. He commented that he felt there was a need to make sure that Board members were sighted on papers being submitted to governance committees. He reported in respect of the 4 hour emergency access standard that a report would be considered by the Healthcare Governance Committee in respect of what performance meant for safety and experience. He commented that the issues that required to be reported via the Healthcare Governance Committee included where performance concerns were impacting on patient safety and experience. He advised that he was of a view that currently the system was trying to translate crude operational figures whilst there was a need to drill down to identify safety problems associated with targets. The Chief Executive commented that at the last meeting of the External Support Team one of the members referred to the fact that in some other Health Board areas that the Chairs of the Board Committees provided a report to the Board which highlighted if necessary areas of concern that needed to be escalated. The view was that issues of significant concern should by definition populate the Board agenda. Dr Williams commented that communication was key and referred to the last meeting of the Acute Hospitals Committee where data had been interrogated in terms of quality and safety. Formal escalation to the Healthcare Governance Committee and the Board was discussed. Dr Williams felt that the issue was about proper delegation to Board Committees and Chairs obtaining an understanding of what detailed interrogation and oversight meant.
- 58.6 The Chief Executive advised that a governance blue print was being developed by the Scottish Government which would address the type of issues that required to go to Board Sub-committees. He advised that views on the committee structure had shifted in the last few weeks and would be discussed in Private session.
- 58.7 Mr McQueen advised that he did not serve on any of the 3 Board Committees that undertook scrutinising work. He commented from the circulated report that 8 measures were currently not being met with some issues having an April 2018 last review date. In that regard he was interested in the frequency of review and whether this was being taken seriously enough. He felt that if there was a lengthy period between reviews then there was a possibility that performance would be deteriorating without this coming to light.
- 58.8 Mrs Hirst commented that as a Board the focus tended to be on negative aspects of progress and trends. She reminded colleagues that in the previous year the City of Edinburgh delayed discharge position had moved from 234 down to 124. She commented that although issues still remained that this was the sort of detail that was important in evidencing an improving position.
- 58.9 Professor Humphrey commented in respect of the Healthcare Governance Committee that the focus was not on assessing performance but risk. She felt that if

the Committee was receiving consistent assurance in particular areas then the focus should move elsewhere. She reported that the Committee on occasion undertook deep dives to ensure that risk was not impacting on patients. Mr McQueen commented that from a public perspective there was a need to provide assurance about what was being done around both performance and risk. Professor Humphrey commented that as suggested by Dr Watson that a number of the red performance areas featured on the Boards agenda on a routine manner. She advised that where escalation was required to the Board that this would happen.

- 58.10 Dr Watson advised that he would take a closer look at whether the dates contained in the report were the most recent and would pick up any areas that were running behind expectation. He took on board the points made by Mr McQueen about the public expectation about information being as current as possible. He felt that a broader part of the debate was about how to change the figures for the better through a process of measuring continuous improvement. He advised that structures were now starting to be used to capture quality improvement project data as well as the development of a website. The Chairman commented that a large part of what had been discussed at the meeting reflected the difference between governance oversight and management oversight.
- 58.11 The Chairman commented that there was clearly a need for further discussion. Dr Watson would look at the cumbersome nature of some of the links in the dashboard.
- 58.12 Mrs Mitchell commented that for Board members who did not serve on a governance committee that there was a need to have confidence about the quality and age of data. She concurred with previous views made that the public perception around governance was important.
- 58.13 The Board agreed the recommendations contained in the circulated paper.

59. Progress Against the 4 Hour Emergency Access Standard Programme

- 59.1 The Chairman commented that there was a lot of content in the circulated paper and he assumed people had read what had been circulated with the agenda and were familiar with the subject matter.
- 59.2 Mr Crombie commented that following earlier discussion the reason the paper was before the Board was because the 4 hour emergency access standard was in the red performance zone. He commented that consideration had been given to the corporate risk register in terms of delivery of the 4 hour emergency access standard and that the paper had been modified to look at performance delivery and the impact that this would have on patient safety and experience.
- 59.3 The Board noted that progress against the 4 hour emergency access standard had been considered at the December 2018 Board meeting where significant assurance had been taken. The Board noted that the Audit and Risk Committee had looked at this area in detail.
- 59.4 The Board noted that on 21 January 2019 a delivery report had been presented at a meeting Chaired by the Scottish Government with representation from the Academy

of Royal Colleges, External Support Team and NHS Lothian. The meeting was scheduled to discuss progress against recommendations made by the external review and to agree the status of external support going forward in the short to medium term from January to March 2019. The Board noted that it had been concluded at this meeting that NHS Lothian had made significant progress against the recommendations made by the external review and that the level of external support should now be reconfigured to a reduced level to allow the efforts made to be embedded as business as usual. It was noted there was a number of new and emerging actions which also required to be progressed before the next 'touch point' with the Scottish Government in March and then again in June. Those touch points would be comprised of detailed deep dives into performance data, 'walkrounds' in the adult acute sites and feedback from staff. It was hoped that following the March touch point that sufficient assurance could be provided to allow the external support team work to conclude.

- 59.5 Mr Crombie commented that the circulated paper characterised an improving position and that at a point in December performance at the Royal Infirmary of Edinburgh had been 83.5%. He advised that the data had been validated. The paper intended to assure the Board that performance continued into January 2019 with performance at the Royal Infirmary of Edinburgh having been over 90% on 7 days. Although formal targets were not yet being delivered there were definite signs of green shoots. Mr Crombie advised that there was a need to move beyond arbitrary performance into looking at the impact on the front door in terms of safety indicators. There was a need to triangulate consideration and work being done by the Board and the Healthcare Governance Committee. A dip in performance had been noted at the recent Project Oversight Group and this had included a demonstrable issue in respect of safety indicators.
- 59.6 The Board noted that a comprehensive report on the 4 hour emergency access standard programme had been presented on 26 November 2018 to the Audit and Risk Committee to provide assurance on the processes in place and progress to date. The Audit and Risk Committee had concluded that mechanisms were in place in all 3 three adult acute sites to monitor performance against unscheduled care and to support staff to design and implement a programme of improvement actions and in doing so provided moderate assurance in the measures taken on the emergency access standard.
- 59.7 Mr Crombie advised that continued focus remained on issues and reported that the new Minor Injuries Unit at the Royal Infirmary of Edinburgh adjacent to the Emergency Department was now operational. In addition extra staff were being recruited and capital plans were evolving to deliver the accommodation required to ensure sustained performance. All of this work was on target and was progressing well.
- 59.8 Mr Murray commented that it was important to bring the product of work to the Board. He commented however that he would have expected under the summary of the programme plan that IJBs would feature in terms of the delegated authority vested in them and he hoped this was an area that would develop over the course of the year. Mr Crombie advised however that the timelines had required the deployment of resources to safe guard patient care and in that regard the workplan had been acute centric. He commented however that he could assure colleagues

that discussion with partnerships was ongoing to include IJB Chief Officers. He commented that the delayed discharge and matrix trajectories through to 1 April 2019 now brought a more systemic and systematic approach to this issue.

- 59.9 Mrs Mitchell advised that although she had felt that the paper was useful in terms of mapping to report recommendations that she was concerned that she still had a lack of understanding in terms of improvements in performance particularly in terms of detail of how and when new initiatives were evaluated. She recognised that the breadth of work had been immense but felt there was a need for a systematic evaluation of success to include the speed of evaluation. Mr Crombie advised that the Project Oversight Group and the Overall Assurance Group had held detailed discussion to include monitoring issues like access to first assessment and using overcrowding data to track patients in the Emergency Department. There was also evidence to show the very positive impact of the establishment of the Minor Injuries Unit. Mr Crombie advised an evaluation framework was evolving and that this would be picked up as part of the report to the next Board meeting.
- 59.10 Dr Watson commented on the difference between evaluation and real time monitoring. He commented that the Emergency Department was receiving process data regularly throughout the week. The early morning 'huddle' discussed areas where things had worked well. There was a real time use of data around the approach to evaluation and monitoring. Leadership was now visible and this had been commented on positively by staff in the Emergency Department.
- 59.11 The Chief Executive commented that the touch points in March and June referred to earlier were important because although improvements had been significant the issues did not just relate to the 4 hour emergency access standard. There was also a need to make improvements in reducing the 4 and 8 hour wait times and that NHS Lothian performance still remained 10% below where it needed to be. Through the External Support Team process NHS Lothian had been challenged not to be content to be in the pack but to move to best in class. The Chief Executive advised that the Scottish performance average was essentially driven by the 3 larger Boards which accounted for 60% of the A&E attendances in Scotland. Performance in the smaller Boards and Island Boards was always in the high 90% and the larger Boards ranged between 85 – 87%. The Chief Executive commented that the next challenge after celebrating that the position had stabilised and that significant improvements had been made was to move to achieve the national targets in this area. The point was made however that the lack of physical space and staffing was a major inhibitor in allowing the system to move to a 95% performance position. The position still remained that the volume of people coming to the Emergency Department was more than could be seen by the staff within the target deadline. An update position was provided in respect of ambulatory care work. It was noted that the Minor Injury Unit had made a significant step change and was now taking around one quarter of the activity out of the Emergency Department in to a completely separate space. The Chief Executive commented that there was a need for 3 or 4 step changes to get to the 95% position. He commented that the current situation represented a good story from a bad place and that lessons had been learned from the process albeit further work was required. The point was made that involving IJBs in the forward work would be critical as they needed to drive the improvement agenda. It was clear there that there was a need for extra capacity in the hospital, social care and primary care sectors and that this represented a significant challenge.

59.12 Professor McMahon commented that progress was encouraging. The position in respect of reductions in council budgets was discussed along with the fear that these might have an impact on the NHS in future months. The Chief Executive commented that this was a significant issue and had been discussed at the Annual Review Meeting with the Cabinet Secretary. He advised that he along with Mrs Goldsmith had met the previous day with the Edinburgh IJB and the Chief Executive of the City of Edinburgh Council where it had been reported that there was confidence that the revised budget allocation would bring additional resources to the Council with the intention being that this would be directed into the Health and Social Care agenda.

59.13 Mrs Hirst commented in respect of the 4 hour emergency access standard that there was a danger that the system became focused on numbers and meeting targets. She commented that in England there was discussion about abolishing this target and that in New Zealand a 6 hour standard was in place. She felt that the focus of the Board should be on whether people were being harmed as a consequence of poor performance. Dr Williams commented that Board papers were prepared using a whole system measure and it would be important not to lose sight of this. He commented during discussion about capacity and increased activity that there was a need to understand what was the most appropriate use of resources to ensure that people got out of hospital quickly.

Mr McQueen commented that the report was a thoughtful one. He made reference to the appointment of 'Speak Up Ambassadors' and commented it was important that managers encouraged people to speak up. There was a need to ensure that information within the system was directed to appropriate levels of staff as currently some people felt that they were getting bombarded by messages. Mrs Butler commented on the position in respect of the Speak Up Guardians in England. She commented that the Scottish position was different in that it employed a Non Executive Whistle Blowing Champion approach which was a more formal position. She commented that ideally she wanted to create a culture where people felt able to speak up and that managers felt comfortable to deal with issues appropriately. The Board were provided with details of the 'We Care So Speak Up' initiative as well as the Ambassador and Advocate role. The point was made that in England the process worked well with the Advocate steering people to the appropriate area or encouraged people to raise issues with their line manager. The point was made that in a few years time it would be hoped that there would be a significant cohort of managers linked to the quality improvement process who would feel more comfortable and confident in engagement and receiving feedback. The point was made that at the last Dignity at Work Survey 69% of staff had felt able to raise concerns about patient safety leaving 31% who had not felt confident and there was a need to address this through a new open and transparent culture.

59.14 Professor Humphrey questioned how to take the learning and apply it to other services with red areas highlighted in the risk register. Mr Crombie advised that this was subject of wide discussion and that there was a need to focus on the positive improvements. He commented that nobody on the Executive Team or the Board would have wanted to have gone through the process that the system had recently undergone although silver linings were now being identified and staff were now referencing the use of data. The point was made that discussions still required to be

held about how to frame the next steps and how to use this process in other areas. Professor Humphrey felt that there was also an obligation to share this learning outwith the organisation. Mr Crombie advised that the Scottish Government had cascaded some of the learning for the rest of Scotland via the unscheduled care national events.

- 59.15 The Chairman commented that he felt that this was a good learning example. He felt that the taskforce approach through the External Support Team should be transferrable across other pressure points. He commented that he had held a concluding meeting with the Chair or the External Support Team who had been fulsome in his praise of the relationship that had developed. All of the feedback had been solidly positive in terms of the quality and commitment of all of those who had worked together as a team to move the system forward.
- 59.16 The Board agreed the recommendations contained in 2.1 and 2.2 and in particular accepted the report as a source of moderate assurance that there were robust and transparent mechanisms in place to demonstrate progress against the 4 hour emergency access standard plan and that a delivery report had been presented to the Scottish Government on 21 January 2019 to describe this progress in detail.

60. Waiting Times Improvement Plan

- 60.1 Mrs Campbell advised that the purpose of the report was to update the Board on NHS Lothian's progress in developing our response to the National Waiting Times Improvement Plan (WTIP).
- 60.2 The Board was reminded that the WTIP required by March 2021 delivery of 95% of outpatients seen within 12 weeks, 100% of treatment time guarantee (TTG) eligible patients seen within 12 weeks, 95% of cancer patients seen within 31 and 62 day standards. In terms of work done it was reported that by the end of the month that meetings would have been held with 16 of the high value risk services in terms of delivering recurrent and sustainable plans at subspecialty level. This would include risks associated with the delivery of either capacity or workforce. A substantial programme of work was already underway with draft plans being produced. The Board noted that a Pan Lothian infrastructure was being developed to support the work moving forward. Part of the plan would be around testing and looking at redesign opportunities and this along with associated work would identify the gap to be addressed. Work was also underway in respect of analysing the backlog.
- 60.3 It was noted that since the previous Board that NHS Lothian had received a financial allocation from the National Operational Programme Board of £2.7m against 7 specific specialty bids. This was against the total nationally available resource of £25.8m. The details of the first tranche investment profile were provided to the Board. It was noted that performance in outpatients was broadly in line with the position being slightly over in respect of inpatients. Adult urology and paediatric general surgery were slightly over target and recovery plans were in place.
- 60.4 The funding that NHS Lothian had received was relatively small in proportion to the size of the problem. The point was made that independent sector providers did not

have capacity and that this would be an issue that needed to be managed going forward.

- 60.5 In terms of 2019/20 the Board were advised that development of trajectories was underway.
- 60.6 The Board was advised by Mrs Campbell that the forward challenge was significant with detailed examples of the quantum of the issue facing the Board being provided. The point was made that to minimise any impact on waiting times whilst national procurement processes were being put in place and allocations for 2019/20 were finalised a number of actions had been established that would continue from 1 April 2019 the estimated full year costs were £6.919m. It was noted that once clarity was obtained on process to access the independent sector there might be additional costs associated with patient flow and transport.
- 60.7 Mrs Campbell commented that in 2019/20 there would be a need for £32m to impact on the backlog and manage the recurrent gap. £86m would be required between now and March 2021 to help deliver the WTIP requirements.
- 60.8 The National Strategic Operational Programme Board had implemented a national procurement programme for 3 specialties. In terms of the timing of the tender there was a risk of a stop start position being evidenced in terms in private sector use. There was no process currently in place in respect of procurement beyond 1 April 2019. This increased the level of risk for NHS Lothian with circumstances already having conspired to impact on 850 'see and treat' cases per month. Mrs Campbell advised she would be meeting with Scottish Government colleagues the following day and was hoping to be able to procure capacity beyond 1 April as well as to obtain an allocation to reflect the size of the problem that NHS Lothian was experiencing proportionate to the rest of Scotland. Mrs Campbell commented that a significant risk identified at the previous meeting was the availability of workforce and this continued. A working group had been established and was looking at key scenarios.
- 60.9 Mr Murray commented that he did not think that what was being proposed was a sustainable programme of change. He commented that the injection of resource did not provide a long term financial perspective. There was a need to capture the essence of short term changes whilst recognising that there was limited confidence in dealing with sustainable change. This position needed to be recorded in the risk register along with details of any amelioration of the ongoing risks. Issues around limits to 24/7 access as a consequence of workforce issues were discussed.
- 60.10 The Chairman commented that issues around the feasibility of the plan were well made as were comments around the financial position both of which have been discussed as part of the annual review discussion with the Cabinet Secretary.
- 60.11 The Chief Executive commented on issues around population growth and reported that even with redesign and innovation population drivers would continue in an upward direction. Demand for hospital, primary care and social care was increasing and the current funding base did not provide capacity to deliver particularly as year on year it fell behind the level of population growth. The gap was so significant that

it was now difficult to ignore and he felt serious discussions around this position would start to happen at national level.

- 60.12 The Chief Executive commented that the link between long waiters and safety concerns needed to feature at the Healthcare Governance Committee. There was a need to identify how to mitigate risk. In future the unscheduled care / scheduled care papers would attempt to articulate patient safety and experience issues.
- 60.13 Mrs Campbell in response to a question from the Chairman advised that in terms of allocation from the Scottish Government that NHS Lothian had only bid for what it felt it could deliver. Mrs Goldsmith reported that some other Boards delivery was being achieved through financial support from the Scottish Government.
- 60.14 The Chief Executive reported that there was a West to East drift and that NHS Lothian only received funding of 89 pence in the pound whilst another Health Board received 105 pence whilst its population in relative terms was reducing. The position was not just around elective services. NHS Lothian had only been able to open 30 beds to support the winter period whereas another Board had been able to open 200 winter beds because it had more access to capacity. It was noted this had a cumulative impact.
- 60.15 The Chief Executive commented that the system was now better sighted on this issue than it had ever been. The Chairman felt that thankfully other people were now sighted on the illogicality of the position. He felt it was important to properly record and raise concerns in this area whenever possible.
- 60.16 Dr Williams commented on the impact of the new GP contract and reported that traditionally GPs had been the gatekeepers of access to specialist service. He commented that he was concerned about the timescale available to Mrs Campbell to take this work forward. Mrs Campbell reported in terms of the GP contract that she was working with the Director of Primary Care Transformation looking at risk and opportunities in respect of issues like Community Treatment Centres and working together to mitigate demand.
- 60.17 The Board agreed the recommendations in 2.1 and 2.4 of the circulated paper.

61. Date and Time of Next Meeting

- 61.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 3 April 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

62. Invoking of Standing Order 4.8

- 62.1 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 12th March 2019 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:	Appendix 1: Minutes of the meeting of West Lothian Integration Joint Board held on 12 th March 2019,
Contact Person:	Jim Forrest, Depute Chief Executive 01506 281977 Jim.Forrest@westlothian.gov.uk
CMT Member:	Jim Forrest, Depute Chief Executive
Date:	20 th June 2019

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL , on 12 MARCH 2019.

Present

Voting Members – Martin Hill (Chair), Martin Connor, Harry Cartmill and Angela Doran (substituting for George Paul).

Non-Voting Members – Jim Forrest, David Huddlestone, Pamela Main, Ann Pike, Pamela Roccio and Patrick Welsh and Rohana Wright.

In attendance – Lesley Henderson (HR Services Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance), Jo Macpherson (Interim Head of Social Policy) and James Millar (Standards Officer).

Apologies – Elaine Duncan, Jane Houston, Mairead Hughes, Alex Joyce, Bill McQueen, Martin Murray, George Paul and Damian Timson.

Absent – Dave King

1 ORDER OF BUSINESS

The Chair advised that agenda item 9 (Recruitment and Appointment of Director) would be considered following agenda item 5 (Minutes for Noting).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minute of its meeting held on 29 January 2019 as a correct record. The minute was thereafter signed by the Chair.

4 MINUTES FOR NOTING

The Board noted the minutes of the Audit, Risk and Governance Committee of 12 December 2018 and the Strategic Planning Group of 13 December 2018.

5 RECRUITMENT AND APPOINTMENT OF DIRECTOR

The Board considered a report by the HR Services Manager, West Lothian Council (copies of which had been circulated) which informed members that the Director was retiring and proposed arrangements for the recruitment and appointment to the post.

The Director of the IJB, described as 'Chief Officer' in the relevant legislation, was a member of staff of either NHS Lothian or West Lothian Council and was seconded to the Board as its only member of staff. The Director held roles and responsibilities in all three organisations and therefore the health board, council and the IJB had an interest in the appointment process.

Each organisation had its own procedures for recruitment and appointment to senior positions; however it was proposed that the recruitment and appointment of the Director be carried out through a tripartite process due to the nature of the post. The report set out a recruitment plan which included a six-member appointment panel with two appointees from each body. The panel would make a recommendation to the three bodies following interviews. The Board was asked to agree the process and make two appointments to the panel to represent its interests.

The recruitment pack and an estimated timeline were attached to the report as Appendix 1 and 2 respectively. The Chair recognised that timing was important but expressed disappointment that the Board was not consulted on the content of the recruitment pack prior to the post being advertised. In respect of the timeline, the Board were informed that if the process was agreed, consideration should be given to upcoming Board meeting dates and whether these would require to be altered to accommodate the process. It was agreed that an additional meeting should be held in May 2019 to ensure an appointment could be made in a timely manner.

It was also noted that there was a possibility that an interim appointment would be required depending on the date the successful candidate could take up the post. This would be dealt with by the Chief Executives of the council and health board and appointed by the IJB in line with the Integration Scheme.

The Board was recommended to:

1. Agree that recruitment and appointment to the post of Director was carried out in co-operation with the council and the health board through a joint appointment panel with the formal and final appointment being made by the Board at the end of the process outlined in the report;
2. Appoint two voting members to the appointment panel to represent the Board's interests; and
3. Consider if any additional Board meetings, or re-arranged Board meetings, would be required to ensure compliance with the proposed recruitment process.

Decision

- 1) To approve the terms of the report.

- 2) To agree in principle that a special meeting of the Board would be arranged in May 2019 to ensure compliance with the proposed recruitment process and that the date would be confirmed at a later date.
- 3) To appoint Bill McQueen and one Council-appointed member of the Board, to be confirmed following discussion with Councillors not present at the meeting, to the appointment panel to represent the Board's interests.

6 MEMBERSHIP & MEETING CHANGES

The Clerk informed the Board that Jane Houston had advised she was retiring at the end of March and had therefore resigned as the Staff Representative for NHS Lothian.

The Board were also informed that Bridget Meisak had resigned from Voluntary Sector Gateway West Lothian and that the organisation had nominated Pamela Roccio to replace her as the Third Sector Representative. The Board were asked to confirm the appointment.

Decision

- 1) To note the resignations of Jane Houston and Bridget Meisak.
- 2) To appoint Pamela Roccio as the Third Sector Representative.

7 IJB FINANCE UPDATE

The Board considered an update report by the Chief Finance Officer (copies of which had been circulated) on the budget forecast position for 2018/19 for the IJB delegated health and social care functions.

As a strategic planning body which did not directly deliver services, employ staff or hold resources, the IJB issued directions but NHS Lothian and West Lothian Council were responsible for managing services within available budget resources. Regular financial performance reports were provided to the Board to ensure sufficient oversight of health and social care functions.

Details were provided of the latest overall monitoring positions for the health board and the council taking account of the West Lothian IJB delegated functions. Information was then given on the 2018/19 summary budget outturn for IJB delegated functions for which an overspend of £891,000 was currently forecast. The detail of this forecast position was attached to the report at Appendix 1.

The report noted that subject to ongoing monitoring and agreement through the partnership arrangements in place, the pressure on Health IJB delegated resources may, as in past years, be met through the achievement of an overall NHS Lothian breakeven position. Details of the

key risks, service pressures and approved savings which had been identified were noted against the relevant components of the budget. An update on the Finance Risk Schedule was attached to the report at Appendix 2. Appendix 3 set out a breakdown of savings identified for 2018/19.

In summary, the report advised that actions were being progressed across the IJB and partner bodies with the objective of achieving a balanced budget position for 2018/19.

During discussion it was noted that any adjustments to the current Council or NHS Lothian funding would require the IJB to issue revised directions. The Chair considered that directions issued to partner bodies in the future should be sufficiently detailed and identify areas where savings were required to be made or which would benefit from change to ensure services were delivered within available resources. Comments were also made regarding the council's forecast overspend which was expressed in the report as a percentage of the council's total revenue budget. It was requested that if figures were presented in this way in future, that the same information was given in relation to NHS Lothian's total budget.

The Board were recommended to note:

1. The forecast outturn for 2018/19 in respect of IJB Delegated functions taking account of saving assumptions; and
2. The current position in terms of year end management of partner overspends and underspends, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position in 2018/19.

Decision

- 1) To note the terms of the report.
- 2) To request that future finance updates which included figures as a percentage of the Council's total budget also included similar information in relation to the NHS Lothian budget.

8 IJB 2019/20 BUDGET - FINANCIAL ASSURANCE

The Board considered a report by the Chief Finance Officer (copies of which had been circulated) which set out the outcome of the financial assurance process on the contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2019/20. Approval was sought for the issue of Directions to partner bodies for the delivery of functions with associated resources from 1 April 2019.

The financial assurance process was undertaken to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by the council and health board. The Council and NHS Lothian were responsible for agreeing the IJB's delegated functions and setting their respective budgets, including the level of payments and

set aside resources to the IJB.

The Chief Finance Officer advised the Board of the matters taken into account as part of the financial assurance process. These matters, which were listed in the report, formed the basis of reviewing the 2019/20 resources identified by the council and health board, with the Integration Scheme also informing the approach.

It was noted that the Council had agreed its budget for 2019/20 on 19 February 2019 which included the level of resources associated with IJB delegated functions of £75.539 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement of £160 million specifically for social care and mental health. West Lothian's share of this funding had been confirmed as £4.223 million. This funding was additional to the £11.988 million included in the previous Scottish Budgets in 2016/17 to 2018/19 and in total £16.211 million had been baselined as specific recurring funding from 2019/20 and had been allocated to the IJB. Appendix 1 to the report showed further details on the split of the resources against the various adult social care functions/services in 2019/20.

The budget reflected savings of £2.859 million which would require to be delivered to manage within the resources. Comprehensive budget planning had been undertaken to realistically assess the additional cost demands to be budgeted for, and savings required as a result; however there were a number of key risks and uncertainties that would require to be closely monitored. These were highlighted in the report.

In terms of NHS Lothian, the financial planning process for 2019/20 had not yet completed, and overall budget figures were being prepared for submission to the NHS Lothian Finance and Resources Committee on 20 March 2019. The 2019/20 financial plan assumptions in the report took account of the total funding confirmed by the Scottish Government and NHS Lothian budget figures.

Based on the current NHS Lothian financial plan, the 2019/20 budget associated with NHS delegated functions for West Lothian was £151.211 million. This included £1.293 million of planned savings. However, at this stage based on initial spend forecasts and saving assumptions, a funding gap of £2.8 million was forecast for 2019/20 compared to anticipated spend. At the current stage, funding or savings to this amount would require to be identified for IJB delegated functions to be delivered within budget. Confirmation was yet to be received regarding some services.

The report noted that an additional £149 million for NHS Boards was still to be allocated by the Scottish Government for investment in reform, which could potentially assist with some budget pressures. Close management and monitoring would continue to take place in partnership to meet the objective of a breakeven position in 2019/20. The key risks and uncertainties relating to the budget were set out in the report.

Appendix 4 to the report set out the Directions proposed to be issued by the IJB to West Lothian Council and NHS Lothian, who were operationally

responsible for delivering services within the resources available. It was highlighted that an updated medium term financial plan would be reported to the Board on 23 April 2019 alongside the updated Strategic Plan.

The annual financial statement was attached to the report at Appendix 5.

The Board was recommended to:

1. Note the financial assurance work undertaken to date;
2. Agree that Council and NHS Lothian 2019/20 budget contributions would be used to allocate funding to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2019;
3. Agree to issue the Directions attached at Appendix 4 to the report to West Lothian Council and NHS Lothian respectively;
4. Note the update to medium term financial planning in respect of IJB delegated functions; and
5. Agree the updated IJB Annual Financial Statement attached at Appendix 5 to the report.

Decision

- 1) To approve the terms of the report.
- 2) To note that the Director, the Chief Social Work Officer and relevant stakeholders including third sector representatives would meet to consider the services they delivered, possible funding streams and how these could be achieved in future.

9 RECOMMENDATIONS FOR IJBS: ACTIONS FROM DEVELOPMENT SESSION

Three reports had been published recently which included a number of recommendations for integration authorities: 'NHS in Scotland in 2018' by Audit Scotland, 'Local Government in Scotland – Financial Overview 2017/18' by the Accounts Commission, and 'Health and Social Care Integration: Update on Progress' by the Accounts Commission and Auditor General. These reports had previously been considered by the Audit, Risk and Governance Committee in December 2018 and by the Board in January 2019. At its meeting in January, the Board agreed that the development session taking place in February 2019 should focus on these reports and that a further report proposing actions based on the discussion should be presented in March 2019.

A further report, 'Review of Progress with Integration of Health and Social Care' had been published by the Ministerial Strategic Group for Health and Community Care following the Board meeting in January. This report was also considered by members at the development session.

A report by the Director (copies of which had been circulated) summarised the development session discussion and proposed actions against each of the recommendations. Appendix 1 to the report set out each recommendation, the current position, proposed actions against these and timescales for implementation. The Board were asked to agree actions to be taken.

During consideration of the report, particular reference was made to the new strategic planning structure, a draft of which would be submitted to the Board in April 2019, and the importance of improving engagement with communities. Members were satisfied with the proposed actions and agreed that they should be taken, but requested that the timescales be reviewed, specifically those which were noted as 'ongoing'.

The Board was recommended to:

1. Note the summary of the Development Session held on 20 February 2019;
2. Note the business to come to the Board following discussion at the Development Session;
3. Note the current position and proposed action against each recommendation; and
4. Agree actions to be taken.

Decision

- 1) To approve the terms of the report.
- 2) To agree that the actions proposed in Appendix 1 to the report should be taken.
- 3) To request that the timescales for actions noted as 'ongoing' be reviewed to reflect whether they had already been completed or had an expected timescale to ensure effective tracking.

10 UNDERSTANDING PROGRESS UNDER INTEGRATION

Integration Authorities were required to set objectives against the six Ministerial Strategic Group (MSG) indicators for Health and Community Care. The Board considered a report by the Director (copies of which had been circulated) on the progress made against these indicators to date and the objectives for 2019/20.

The Scottish Government required progress updates on the integration of health and social care and had requested that integration authorities shared their progress against the local objectives on the six MSG indicators, and set objectives for 2019/20.

Partnerships had been requested to share details of how they expected

activity to change in the future, to the end of 2019/20 as a minimum which included clear measures of the expected change e.g. increase, decrease, or remain the same; the baseline year this change was based on; and expected final total figures for the period in question which would make it easier to see the expected final outcome.

The Strategic Planning Group at its meeting on 21 February 2019 had an extensive discussion of each of the six indicators and had proposed draft objectives for 2019/20. These were presented in Appendix 1 to the report. The draft objectives had been submitted to the MSG as interim objectives to meet their requirements but were subject to approval of the Board.

During discussion, members acknowledged that the performance to date was a mixed picture with progress being made in some but not all areas, particularly delayed discharge. It was recognised that the changing demographics in West Lothian presented a challenge and that the over 75 age category was growing which added pressure on some services and contributed to problems around delayed discharge. Members were advised of the various workstreams being developed to address some of the issues faced by services.

Points were also raised in relation to recruitment, particularly to care positions. It was advised that attracting people to work in the care sector could be challenging due to the shift patterns, lone working and often difficult nature of the work, but that this was a national issue rather than one that affected West Lothian alone. An ongoing recruitment exercise was currently taking place.

The need for a strategic approach to the whole health and social care system to improve service performance across the Council, NHS Lothian and the third sector was emphasised. Officers agreed to submit a further report to the Board in April 2019 containing further information on the initiatives planned or in progress, changing demographics and funding challenges, and the impact these were expected to have on performance against the objectives in future.

The Board was recommended to:

1. Note the requirements of the Ministerial Strategic Group for Health and Community Care (MSG);
2. Note the progress against the 6 key indicators;
3. Discuss the proposed draft objectives for 2019/20 and agree any changes;
4. Note the draft objectives have been submitted to the MSG on 28 February 2018 in accordance with their requirements under cover that they were interim and subject to IJB approval; and
5. Approve the objectives for 2019/20 for final submission to the MSG and that future performance reports would be aligned to these objectives.

Decision

- 1) To approve the terms of the report.
- 2) To agree that a further report would be submitted to the Board in April 2019 detailing the estimated impact against the objectives of initiatives planned and currently underway, changing demographics and consequences relating to funding, particularly in relation to delayed discharge.
- 3) To agree to submit the objectives for 2019/20 to the MSG and that these would be monitored and could be revised in future.

11 UPDATE TO REPORT TEMPLATE

A report by the Director (copies of which had been circulated) was presented which sought approval of an updated report template to be used for reports to the Board, the Audit, Risk and Governance Committee and the Strategic Planning Group.

In accordance with Standing Orders, reports were required to be prepared using a standard template approved by the Board. The current report template had not been reviewed since the establishment of the Board and some changes were recommended.

The proposed changes were listed within the report and a copy of the proposed template was attached to the report at Appendix 1. If approved, the updated template would be used for all meetings of the Board, its committees and working groups from April 2019.

The Board was asked to approve the updated report template for use for reports to meetings of the West Lothian Integration Joint Board, the Audit, Risk and Governance Committee and the Strategic Planning Group from April 2019 onwards.

Decision

To approve the terms of the report subject to the inclusion of paragraph numbering in the report template.

12 PROPOSED MEETING DATES 2019/20

The Board were asked to approve dates for meetings of the Board and Strategic Planning Group and Development Sessions for 2019/20.

A paper setting out proposed dates had been circulated. It also noted that the Board meeting dates for April and May 2019 may require to be altered to accommodate the recruitment process for the post of Director.

Decision

- 1) To approve the proposed dates detailed in the paper.
- 2) To note that a further meeting would be held in May 2019 and that the date would be confirmed at a later date.

13 COMPLAINTS AND INFORMATION REQUESTS - QUARTER 3 OF 2018/19

A report by the Director (copies of which had been circulated) was required to be presented to the Board on a quarterly basis detailing complaints or requests for information made to the Board. This was in line with the Board's Complaints Handling Procedure and the legislative requirement to report statistics of requests for information made to the Office of the Scottish Information Commissioner.

There had been no complaints or information requests made during Quarter 3 of 2018/19 or since the establishment of the IJB. Quarterly updates would continue to be presented to future meetings of the Board.

The Board was asked to note:

1. That no complaints had been received in quarter 3 or since the establishment of the IJB;
2. That three requests for information had been received in quarter 3; and
3. That complaints and requests for information would be reported on a quarterly basis.

Decision

To note the terms of the report.

14 MEMBERS' CODE OF CONDUCT 2017/18

A report by the Standards Officer (copies of which had been circulated) informed the Board of developments in relation to the Code of Conduct and the activities of the Commissioner for Ethical Standards in Public Life in Scotland (CES) and the Standards Commission for Scotland (SCS) in 2017/18. A presentation was also delivered by the Standards Officer.

The CES annual report for 2017/18 had been published in October 2018 and the Standards Officer's annual report was considered by the Board at its meeting on 21 November 2018. The Board had agreed that as part of the process to meet its duties and to assist members in meeting theirs, a short presentation would be provided each year. The presentation reinforced members' understanding of the Code and their duties.

An overview of the three cases involving non-councillors that the CES had dealt with during 2017/18 was provided.

It was also noted that the results of a survey of members of devolved public bodies had also been published recently by the Standards Commission and members were directed to the website where these results could be viewed. The survey had found that “disrespectful conduct” appeared to be an issue for local health boards and Integration Joint Boards. This meant there was a possibility of a ‘bullying and harassment’ provision’ being included in the Model Code of Conduct and therefore an amendment being made to the Board’s Code of Conduct.

Although there had been no complaints made against any members of the Board, they were reminded of the importance of following the Code.

The Board was recommended to note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland.

Decision

To note the terms of the report and the presentation.

15 WORKPLAN AND LIST OF CYCLICAL REPORTS

The workplan for upcoming meetings and a list of reports that the Board considered on a cyclical basis were presented.

Decision

To note the workplan and list of cyclical reports.

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – 2019

	ISSUE	LEAD OFFICER	PDSP DATE
1	Mental Health Update	Nick Clater	29 th August
2	Finance Update	FMU	29 th August
	Reporting Activities of Outside Bodies –		
3	Minutes of Lothian NHS Board	Jim Forrest	29 th August
4	Minutes of West Lothian Integration Joint Board	Jim Forrest	29 th August