



## ***West Lothian Integration Joint Board***

West Lothian Civic Centre  
Howden South Road  
LIVINGSTON  
EH54 6FF

13 January 2021

A meeting of the **West Lothian Integration Joint Board** will be held within the **Webex Virtual Meeting Room** on **Tuesday 19 January 2021** at **3:30pm**.

### **BUSINESS**

#### **Public Session**

1. Apologies for Absence
2. Order of Business, including notice of urgent business and declarations of interest in any urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest
4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Tuesday 10 November 2020 (herewith)
5. Minutes for Noting
  - (a) West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 2 December 2020 (herewith)
  - (b) West Lothian Integration Joint Board Strategic Planning Group held on 22 October 2020 (herewith)
6. Membership & Meeting Changes -

Consider any changes to be made to Board, Committee or Strategic Planning Group membership or amendments to meeting arrangements.
7. Anti-poverty and Health and Wellbeing Update - Report by Martin Higgins (herewith)

DATA LABEL: Public

8. Chief Officer Report (herewith)
9. West Lothian IJB 2020/21 Budget Update - Report by Chief Finance Officer (herewith)
10. Chief Social Work Officer's Annual Report 2019-2020 - Report by Chief Social Work Officer (herewith)
11. Health and Care Governance Group Update - Report by Chief Officer (herewith)
12. Revised Model Code of Conduct - Consultation Response - Report by Standards Officer (herewith)
13. Draft Equality Outcomes 2021-2025 - Report by Chief Officer (herewith)
14. Self-evaluation Acton Plan Progress Update - Report by Chief Officer (herewith)
15. Revised Report Template - Report by Chief Officer (herewith)
16. Workplan (herewith)

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NOTE      **For further information please contact Anastasia Dragona on 01506 281601 or [anastasia.dragona@westlothian.gov.uk](mailto:anastasia.dragona@westlothian.gov.uk)**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within WEBEX VIRTUAL MEETING ROOM, on 10 NOVEMBER 2020.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Martin Hill, Katharina Kasper and George Paul

Non-Voting Members – Allister Short, Steven Dunn, David Huddleston, Mairead Hughes, Alan Jo MacPherson, McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Damian Timson

Absent – Dom McGuire

In attendance – Robin Allen (Senior Manager Community Health and Care Partnership), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager), Jeanette Whiting and Fiona Wilson (Team Manager, Community Health and Care Partnership)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 22 September 2020 as a correct record.

3 MINUTES FOR NOTING

- a. The Board noted the minutes of the West Lothian Integration Joint Board Audit Risk and Governance Committee meeting held on 9 September 2020.
- b. The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 3 September 2020.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised members that the Health Board had reappointed Martin Connor as a voting member of the IJB from 6 December 2020 to 5 December 2023. The IJB noted the appointment.

The IJB appointed Jo MacPherson to the role of Chair on the Health and Care Governance Group on an interim basis until a permanent Chair was

appointed.

## 5 CARE HOMES UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Officer providing an update on the current situation within care homes as a result of the Covid-19 pandemic and setting out current support arrangements. The report also provided an update on the recent Public Health Scotland report on discharges from hospitals to care homes between 1 March and 31 May 2020.

It was recommended that the Board:

1. Note the current situation in care homes as a result of Covid-19 and the support arrangements in place; and
2. Note the recent Public Health Scotland report on discharges from hospitals to care homes.

### Decision

To note the terms of the report.

## 6 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

### Decision

To note the terms of the report.

## 7 JOINT INSPECTION OF THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a draft action plan to address the recommendations made in the report of the joint inspection of the effectiveness of strategic planning in the West Lothian Health and Social Care Partnership.

The contribution of carers as a key stakeholder group was discussed and it was agreed that specific mention should be made to carers in the action plan. The ongoing collaboration across finance teams to support

investment & disinvestment decisions was also clarified.

It was recommended that the Board:

1. Approve the action plan to address the recommendations made in the inspection report;
2. Agree the campaign branding for the implementation of the inspection action plan; and
3. Agree the reporting cycle for monitoring progress.

Decision

1. To approve the terms of the report.
2. To include mention of carers as a key stakeholder group at an appropriate point in the action plan.

8      STRATEGIC COMMISSIONING PLAN FOR OLDER PEOPLE AND PEOPLE LIVING WITH DEMENTIA

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a revised strategic commissioning plan for services for older people and people living with dementia, and seeking the Board's approval.

It was recommended that the Board:

1. Approve the strategic commissioning plan for services for older people and people living with dementia; and
2. Approve issue of a strategic direction to NHS Lothian and West Lothian Council to implement the action plan associated with the strategic commissioning plan.

Decision

1. To approve the terms of the report.
2. To note thanks to Jeanette Whiting and Yvonne Lawton and all officers involved in the production of the Strategic Commissioning Plan.

9      WEST LOTHIAN IJB 2020/21 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2020/21 budget position, including updated Covid-19 financial implications and, based on this, a forecast outturn position for the year.

It was recommended that the Board:

1. Note the forecast outturn position for 2020/21 in respect of IJB delegated functions taking account of delivery of agreed budget savings;
2. Note the currently estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding; and
3. Note that further updates on the 2020/21 budget position and progress towards achieving a balanced budget position will be reported to future Board meetings.

Decision

1. To note the terms of the report.
2. To review set aside resources and consider the position of and potential collaboration with other IJBs.
3. To add implementation of whistleblowing standards to a future agenda.

10 INCLUSION OF IJBS AS CATEGORY 1 RESPONDERS

The Board considered a report (copies of which had been circulated) by the Chief Officer advising of the Scottish Government's intention to include Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 and advising of the current consultation exercise taking place in relation to the proposed changes.

It was recommended that the Board:

1. Note the proposed changes to the Civil Contingencies Act 2004 in relation to the inclusion of IJBs in the list of Category 1 responders; and
2. Consider its response to the consultation, to be issue on behalf of the IJB by the 22 November deadline.

Decision

To note the terms of the report.

11 PUBLIC SECTOR CLIMATE CHANGE DUTIES

The Board considered a report (copies of which had been circulated) by the Chief Officer advising the Board of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask the Board to agree the contents of the

draft submission.

It was recommended that the Board:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year;
2. Agree the contents of the draft 2019/20 submission to the Scottish Government and the proposed improvement actions;
3. Note the outcome of the 2019 Scottish Government consultation on climate change duties for public bodies
4. Agree to submit a response supporting removing Integration Authorities from the list of public bodies required to report; and
5. Consider inviting the council and health board to a future meeting or development session to talk to their respective sustainability plans and how they relate to the commissioning of health and social care services.

#### Decision

1. To approve the terms of the report.
2. To note recommendation 4 should be removed from the report.

## 12 PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting performance based on the latest data available on the Core Suite of Integration Indicators. The report also provided the IJB with a copy of the current log of strategic directions for noting.

It was recommended that the Board:

1. Note the contents of the performance report and its limitations;
2. Agree that more up to date performance data will be presented when available;and
3. Note the log of strategic directions issued to NHS Lothian and West Lothian Council.

#### Decision

To approve the terms of the report.

## 13 MEMBERS' CODE OF CONDUCT

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2019/20 in relation to the ethical standards in public life regime and the Board's Code of Conduct.

It was recommended that the Board:

1. Note the summary of the work carried out in 2019/20 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;
2. Note the resumption of the Scottish Government review of the Model Code of Conduct and the formal consultation on a proposed revised version
3. Since a revised Model Code would require the Board to revise and adopt its own local version, agree that the Board's review of its own Code was further postponed until after the revised Model Code was approved and published; and
4. Agree that a presentation by the Standards Officer concerning the Code of Conduct, covering 2018/19 and 2019/20, should be arranged to take place at a Board development day.

#### Decision

To approve the terms of the report.

### 14 RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Chief Officer advising members of the risks in the IJB's risk register.

It was recommended that the IJB consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

#### Decision

1. To note the terms of the report.
2. Risks to be reviewed in due time to ensure transparency and consistency.

### 15 WEST LOTHIAN ADULT PROTECTION COMMITTEE 2018-2020 ADULT PROTECTION BIENNIAL REPORT

The Board considered a report (copies of which had been circulated) by the Head of Social Policy informing members about West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

It was recommended that the Board note the content of the West Lothian Adult Protection Committee 2018-2020 Adult Protection Biennial Report.

Decision

1. To note the terms of the report.
2. To review wording on equality considerations to ensure clarity and transparency.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.



MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD AUDIT, RISK AND GOVERNANCE COMMITTEE held within WEBEX VIRTUAL MEETING ROOM, on 2 DECEMBER 2020.

Present – Present – Martin Connor (Chair) and Bill McQueen; Councillors George Paul and Damian Timson; and Caroline McDowall

In Attendance – Allister Short (Chief Officer), Lorna Kemp (Policy Officer), Jo MacPherson (Head of Social Policy), James Millar (Standards Officer), Kenneth Ribbons (Internal Auditor), Stevie Dunn (Staff Representative)

Apologies –Caroline McDowall, Stephen Reid (EY External Auditor), Patrick Welsh (Finance Officer)

1. DECLARATIONS OF INTEREST

There were no declaration of interest made.

2. MINUTE

The committee confirmed the Minute of its meeting held on 9 September 2020 as a correct record.

3. RISK MANAGEMENT - HIGH RISKS

The committee considered a report (copies of which had been circulated by the Chief Officer advising of the IJB's Risk Register.

It was recommended that the committee consider the risks identified, the control measures in place and the risk actions in progress to mitigate their impact

Decision

To note the terms of report.

4. GOVERNANCE ISSUES 2019/20 - UPDATE ON PROGRESS

The committee considered a report (copies of which had been circulated) by the Standards Officer providing an update on issues identified for attention through the annual governance statement for 2019/20 and on others matters arising since.

The report recommended that the committee note the update on governance issues of concern being progressed in 2020/21 and that further updated information will be included in the annual governance statement for 2020/21 and its covering report.

Following discussions and a number of questions the committee agreed the following.

#### Decision

1. To note the update on governance issues of concern being progressed in 2020/21.
2. To note the additional information proceeded in relation to items 4(17/18), 4(18/19), 7(18/19), 24(17/18), 9(19/20), 16(19/20) and 18(19/20) in the Appendix.
3. To agree the most urgent items requiring to be progressed were 4(17/28), 4918/19) and 24(17/18) and to note that they were highlighted in the Internal Audit report on IJB Governance at Item 08 on the agenda.
4. To recommend to the Board that items 6(18/19), 10(19/20), 16(19/20), 19(19/20), 20(19/20) and 23(19/20) are incorporated immediately in its workplan and reporting cycle to enable them to be removed from the list of issues to be further progressed.
5. To agree that a report on the lessons to be learned from the Accounts Commission Report on Fife integration Joint Board (Audit Scotland, 2 March 2020) (9(19/20)) should be brought to the committee for consideration.

#### 5. COMMITTEE SELF-ASSESSMENT RESULTS

The committee considered a report (copies of which had been circulated) by the Chief Officer to inform the Audit Risk and Governance Committee on the results of the self-assessment survey of the Committee's administrative arrangements and activity.

The report recommended that the committee:

1. Note the results of the self-assessment questionnaire; and
2. Discuss if any actions should arise from the results.

#### Decision

To note the terms of the report.

#### 6. INTERNAL AUDIT OF IJB GOVERNANCE

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the outcome of an internal audit of the IJB's governance arrangements.

The report recommended that the committee notes that control was considered to be effective.

Discussions took place with regard to the provision of a GDPR officer and it was advised that work was underway to establish what arrangements existed in other IJB's and consider how appropriate provision could be made. It was also noted that the Chief Officer made an undertaking to report back to the next meeting of the committee.

#### Decision

To note the terms of the report.

### 7. INTERNAL AUDIT OF IJB PERFORMANCE MANAGEMENT

The committee considered a report (copies of which had been circulated) by the Internal Auditor advising of the outcome of an internal audit of the IJB's performance management arrangements.

The report recommended that the committee notes that control was considered to be effective.

#### Decision

To note the terms of the report.

### 8. COVID-19: GUIDE FOR AUDIT AND RISK COMMITTEES

The committee considered a report (copies of which had been circulated) by the Chief Officer informing the committee of the report by Audit Scotland "Covid-19: Guide for Audit and Risk Committees.

The report recommended that the committee considers the themes and messages in the report.

#### Decision

To note the terms of the report.

### 9. EUROPEAN UNION EXIT UPDATE

The committee considered a report (copies of which had been circulated) by the Chief Officer providing an update on potential EU Exit implications for health and social care service delivery and work being undertaken by officers across health and social care to assess risks and identify options for mitigation.

The report recommended that the committee

1. Notes that there was an increasing amount of guidance and

collaborative working on understanding EU Exit issues;

2. Notes that there was still uncertainty on the final arrangements associated with the EU Exit at the end of December 2020;
3. Notes the potential risks to delivery of health and social care functions that may impact on the IJB's strategic planning role; and
4. Notes the work being undertaken by partner bodies and officers supporting the IJB on EU Exit preparations related to health and social care functions.

During discussions concerns were raised with regard to supply of vaccine/medicines when the UK left the EU in January. The Chief Officer advised that he would seek assurances from those responsible at a national level that this would not be a problem.

#### Decision

To note the terms of the report.

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#### 10. WORKPLAN

A workplan and reporting cycle had been circulated for information.

#### Decision

1. To note the workplan;
2. To agree that officers consider how the workplan could show work completed as well as work to be done in future.

**West Lothian Integration Strategic Planning Group**

**Meeting Held on 22 October 2020 at 14.00, Held virtually on Microsoft TEAMS**

**MINUTE & ACTIONS**

<b>Present:</b>	Bill McQueen (Chair), Allister Short, Yvonne Lawton, Andreas Kelch, Marjolein Don, Caroline McDowall, Greg Stark, Elaine Duncan, Sheila Hook, Douglas Grierson, Alan McCloskey, Gillian Edwards, Karen Love, Mairead Hughes, Isobel Penman, Pamela Main, Jeannette Whiting, Brenda Coulter, Kathleen Mathieson, Gordon Edwards, Lorna Kemp
<b>Apologies:</b>	James McCallum, Robin Allen, Fiona Wilson, Martin Higgins, Jacquie Campbell, Tim Dent, Marjorie Mackie, David Morrison, Robert Telfer, Nick Clater, Alice Mitchell, Jo MacPherson, Alison Wright

	<b>Discussion/Decision</b>	<b>Action</b>	<b>By Whom</b>	<b>By When</b>
1.	<b>Introductions and Apologies</b> Apologies were noted as above.  The Chair extended a particular welcome to the Group's new service user representative Gordon Edwards, who is attending his first meeting.			
2.	<b>Order of Business including notice of urgent business</b> Order of Business confirmed as on agenda.			
3.	<b>Declarations of Interest</b> No declarations of interest.			
4.	<b>Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 3 September</b>  Minute confirmed as accurate.			

	Yvonne advised that she had not yet been able to meet with David Small due to business around the Covid-19 pandemic taking priority. The Group was advised that Elaine is promoting engagement with the Independent Contractors Group. A new senior pharmacist has been appointed for West Lothian with a specific remit for engaging community pharmacy colleagues.			
5.	<p><b>Learning Disability Complex Care - Presentation</b></p> <p>Karen Love presented on Learning Disability Complex Care and spoke about the positive behaviour support strategy to upskill staff in supporting service users whose behaviour challenged.</p> <p>Karen explained that where appropriate and in consultation with service users and their families and carers, some people would be repatriated to West Lothian from other areas as part of transitional planning fulfilling the partnership's aim to care for people closer to home.</p> <p>Karen advised that GPs were engaged from the outset in the process. Karen would like to see an innovative approach where people can have as much control of their own care as possible and resources maximised. Models of care in place in Midlothian and Fife have been considered during planning.</p> <p>Karen advised that the project is on track despite Covid-19. In relation to active travel, the new accommodation is close to rail and bus routes and this was considered at the time of selecting the location. Yvonne confirmed this. Allister confirmed the council are funding the capital costs.</p> <p>Mairead highlighted that people would be discharged from the Royal Edinburgh Hospital and will require support with complex needs. Karen commented that the positive behaviour support strategy will help in upskilling staff teams. Agreed Lorna will circulate the presentation with the action note.</p>	Circulate presentation	L Kemp	Following meeting

6.	<p><b>Respite Provision</b></p> <p>Karen presented the report and advised that the purpose of the report was to give an overview on the remobilisation of respite provision.</p> <p>Kathleen questioned that people had been contacted about respite mobilisation and shared her experience. Karen will take these comments back social work teams. Kathleen added those without social workers might be missed when it comes to communications. Allister assured Kathleen that this would be picked up outside the meeting.</p> <p>Karen explained the proposed reduction to two days respite is to ensure there is some provision for everyone as soon as possible while significantly reducing the number of people accessing provision at any one time. Karen advised that a negative Covid test was required for those accessing respite on the day they access. Karen confirmed that only one service is council run and the others are commissioned.</p> <p>Brenda advised that she has had some positive contact to see if she is coping from a senior Mental Health Officer and social work.</p> <p>Allister commented on the importance of respite and the potential unintended consequences of respite being closed and is keen to understand service users' experience. Will take away as piece of work to review the implications of closing respite and will seek input from service users as part of this.</p> <p>Kathleen highlighted that Carers are not a homogenous group and that there will be individual requirements in regards to respite.</p> <p>Gordon spoke about his experience and advised that the council has been imaginative in the way they had provided support during the pandemic.</p>			
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7.	<p><b>Joint Inspection Report</b></p> <p>The purpose of this report is to bring a draft action plan against the eight recommendations made in the joint inspection report published on 9 September.</p> <p>Yvonne invited the Strategic Planning Group to comment on the action plan today or in the next few days. Bill commented that Allister, Yvonne and others felt that most of the recommendations were fair and invited comment.</p> <p>Marjolein asked if St John's Hospital Strategic Planning could be represented on the Older People Planning and Commissioning Board. It was noted that there was already representation on the board from senior managers from the hospital who had had full input to the development of the plans.</p> <p>Andreas commented on the complexity of the organisation and the number of stakeholders across health and social care. Andreas suggested it would be helpful to map out the services and teams with a view to improving communication and networking. Andreas suggested learning from other areas to do something in relation to mapping/networking. Bill asked we consider what we might bring back to the Group.</p> <p>Dougie expressed that he is keen to have a conversation about Locality Planning across the CPP and to consider how we join the approaches to localities across the Community Planning Partnership. Dougie suggested looking at the Health and Wellbeing survey and being mindful of what can be provided in the community such as sports activities at the softer end of health and wellbeing.</p> <p>Alan suggested adding in a progress column to the plan once it's agreed.</p> <p>Caroline questioned if the timescales on the draft plan were realistic given Covid-19 and coming into Winter.</p> <p>Greg made the point that much of the information required is already collected by our commissioned and third sector partners and so duplication should be avoided.</p>	Consider how the wider system can be mapped to improve communication and networking	Y Lawton/ L Kemp	
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	<p>Allister highlighted that there is a lot of learning that can be gathered from the Group and that all members are equal partners and contributors to this work and can bring ideas to meetings. There is a need to consider how we use networking and communication to establish identity and responsibilities. There is still progress to be made before we are taking truly integrated approach where work on things such as respite is a collaborative approach.</p> <p>A discussion on Localities took place and the need to take a joined up, collaborative approach in order for it to be meaningful.</p> <p>Agreed that comments would be taken into consideration before the action plan is submitted to the IJB for approval on 10 November.</p> <p>It is noted that Alison Wright submitted comments on the draft action plan directly to Yvonne outwith the meeting.</p>			
8.	<p><b>Older People's Commissioning Plan</b></p> <p>Yvonne advised that the IJB considered a first draft of the plan in January and acknowledged there was still work to be done on the plan. The reflections from the SPG on Covid have been incorporated into the plan. Covid has allowed some changes to happen more quickly, for example, Yvonne advised some new ways of working had been tested in hospital discharge hub and we are thinking much more about a preventative approach and how we engage with the third sector and stakeholders as equal partners. Yvonne highlighted the developments in the use of technology and acknowledged this will play a big part in services going forward.</p> <p>Yvonne invite the group members to consider the revised draft and agree any changes before it goes to the IJB for approval on 10 November.</p> <p>Elaine commented that the plan clearly identifies where we are now and where we want to be. Some of these investments will require more resources and that as a</p>	<p>Feedback to Yvonne on plan</p>	<p>ALL</p>	<p>End of October</p>

	<p>SPG we should be flagging to the IJB that these will require investment and on the other hand there may be opportunities for disinvestment.</p> <p>Marjolein commented that she was pleased to see Covid being considered and that loneliness was reflected but asked if we could explicitly list this in the examples given. Marjolein asked if there could be an offline conversation about keeping the group updated on progress.</p> <p>Andreas feels that the single point of contact would be hugely valuable for quality improvement. Andreas thinks this would be valuable to the GP cluster groups knowing where to refer frail elderly patients.</p> <p>Allister endorsed Jeanette's work on the plan.</p> <p>Allister acknowledged the challenges in Care Homes at the moment and would like us to focus more on this aspect and be a bit more ambitious in our model for Care Homes.</p>			
9.	<p><b>Suicide Prevention Strategy</b></p> <p>Greg presented the report and introduced himself as suicide prevention lead for the partnership.</p> <p>Greg stressed that suicide prevention in West Lothian must not be service led as we all have responsibility so the governance route for this piece of work is through the Community Planning Partnership (CPP).</p> <p>Greg advised that public consultation on the strategy is currently ongoing and that the suicide prevention group will analyse the consultation results to formulate the plan to be signed off by the CPP on 30 November. It is intended to have a plan in place in December and to launch a campaign before Christmas.</p> <p>Bill asked if there would be any Directions generated. Greg doesn't anticipate that specific services would be directed but rather that community champions would be appointed.</p>			

	<p>Marjolein asked if there's a link between this and the Mental Health and Wellbeing Working Group. Greg advised he feeds into that group but that there are specific actions and reporting required in relation to suicide that warranted this being a separate piece of work.</p> <p>Alan asked what role the third sector could play in support the consultation or any actions that derive from this. Greg advised that the group is considering third sector representation and will be in touch with Alan. Third sector will be key to delivery of the plan.</p> <p>Allister acknowledged the work that Greg and colleagues have done and commented that this is a good example of the partnership leading on a collaborative piece of work on a piece of work that can have a big impact on West Lothian.</p>			
10.	<p><b>Self-Assessment Survey</b></p> <p>Lorna presented the self-assessment survey question set and advised that this is an exercise currently undertaken annually by the IJB and the IJB's Audit Risk and Governance Committee.</p> <p>It was agreed that the survey would be issued via the council's survey tool and the results reported to the next meeting of the Group.</p>	Issue survey and report to next meeting	L Kemp	10 December
11.	<p><b>Work Plan</b></p> <p>It was noted that the work plan would be reviewed and populated on an ongoing basis.</p> <p>Marjolein advised that she attended the Sustainability Development Group this morning. There is a Sustainability Development Framework in draft. Allister advised that the framework will be discussed at the IJB but would be cautious about one partner bringing their own framework to the Group. Agreed to consider what sustainable development issues could be brought the SPG. Marjolein would</p>		Y Lawton/ L Kemp	Ongoing

	like to see sustainability reflected in the joint performance framework and would welcome consideration of the framework at this group to ensure a joint approach. Allister commented that this wouldn't be possible for December and would need to involve all partners to be meaningful. Bill asked Allister to bring a view to December meeting on how we address sustainability.	Suggest how sustainability can be addressed	A Short	10 December
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Date: 19 January 2021

Agenda Item: 7

## West Lothian Integration Joint Board

### **ANTI-POVERTY AND HEALTH AND WELLBEING UPDATE**

#### **REPORT BY MARTIN HIGGINS**

#### **A PURPOSE OF REPORT**

This paper is an update on recent work community planning work relating to COVID-19 with specific reference to health and wellbeing.

#### **B RECOMMENDATION**

B1. The Integration Joint Board is asked to note continued involvement in joint community planning COVID-19 mitigation activity.

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	<i>None</i>
<b>C3</b>	<b>Policy/Legal</b>	<i>None</i>
<b>C4</b>	<b>Risk</b>	<i>None</i>
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.

<b>C6</b>	<b>Environment and Sustainability</b>	<i>None</i>
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	<i>None</i>
<b>C8</b>	<b>Strategic Plan Outcomes</b>	<i>None</i>
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	COVID-19 recovery priorities will inform the Local Outcomes Improvement Plan review.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	N/A

## **D TERMS OF REPORT**

D1. This paper is an update on Community Planning activity relating to COVID-19 with specific reference to health and wellbeing. It provides an update on recent community planning activity. An initial consultation with CPP colleagues during July to September 2020 highlighted a number of social and economic challenges arising from the pandemic: income; employment (and unemployment) and business support; housing and homelessness; longer-term resilience arrangements particularly for third sector; mental health and wellbeing.

D2. In July 2020, the HSCP pursued a number of actions to increase mental health provision including increased access to Community Wellbeing Hubs; a review of Third Sector mental health payments; and the completion of the West Lothian Suicide Prevention Action Plan. A new Third Sector Mental Health Collaborative Group has been established with the aim of ensuring mental health support providers and referral agencies work in a collaborative manner to improve services (see Appendix 1 for examples of activity).

D3. Work focusing on the other major themes is being led by CPP partners as outlined in Figure 1. Income maximisation and support is being led by the council Anti-Poverty service while the council's Economic Development service is leading work to support on employment and business support. The Rapid Rehousing Transition Plan is adjusting to needs presented by the pandemic, notably challenges around the availability of temporary accommodation and longer-term housing options.

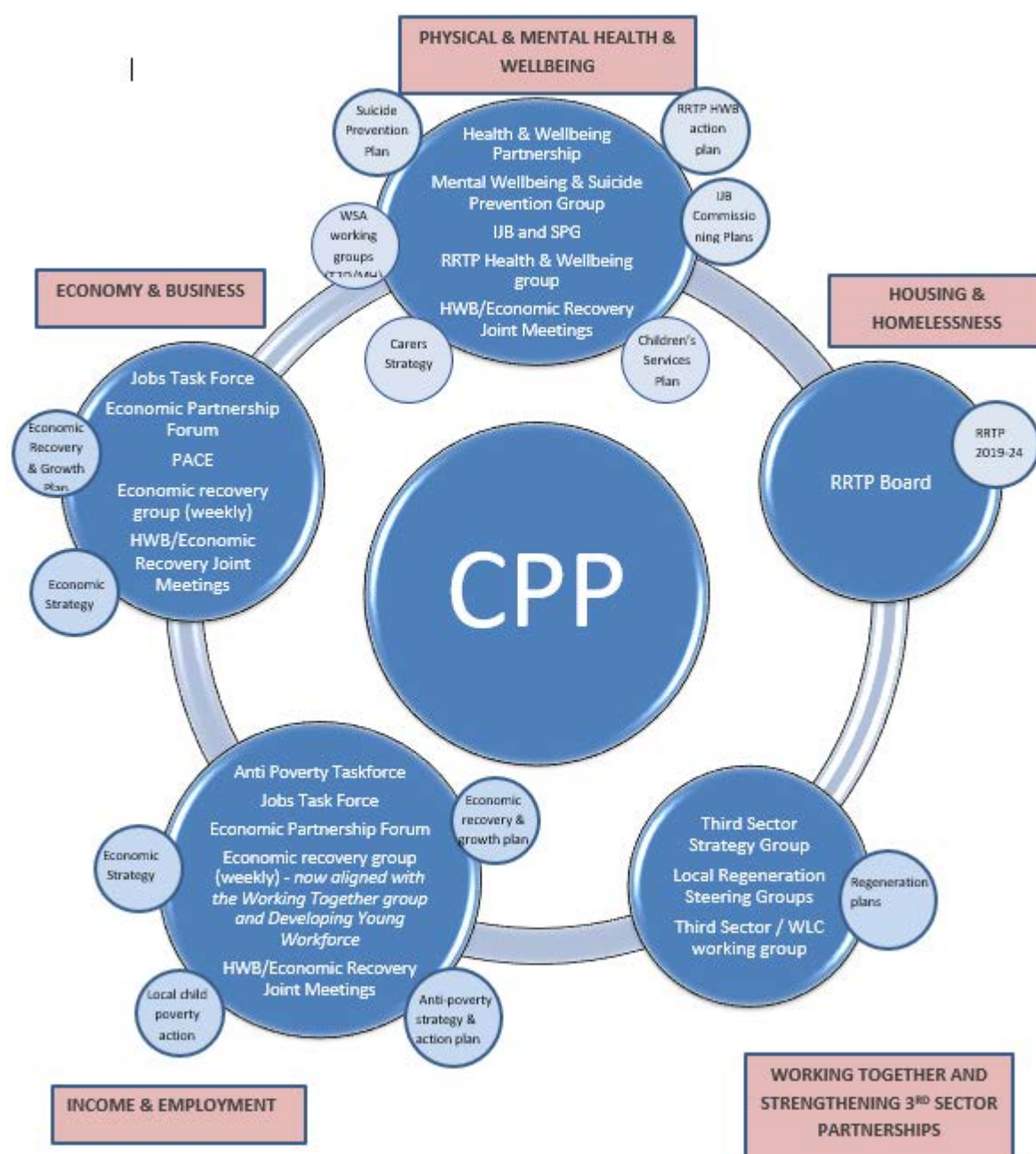


Figure 1: Mapping COVID-19 themes to CPP groups

D4. The remaining work on the Community Planning pandemic priorities relates to physical health. This is being picked up by the Health and Wellbeing Partnership. All of these priorities will inform the Local Outcomes Improvement Plan review. This review has been delayed by the pandemic but the last CPP Board meeting agreed that work should resume on the LOIP in 2021. There was discussion of the pandemic impacts on physical health and the last Strategic Planning Group. It was agreed that this pandemic mitigation work could inform and shape IJB plans with regard to physical activity referrals.

D5. A COVID-19 sentinel dataset has also been established by the working group. The paper presented to the CPP Board on 30 November is appended as Appendix 2. The data are intended to provide a snapshot over time of some of the high level impacts of COVID-19 in West Lothian. Key points include:

- Unemployment numbers doubling in the last year but currently at a plateau
- The unemployment among 18-24 year olds higher than the Scotland average
- A high proportion of people aged 51-60 years old being made redundant due to COVID-19
- Concern about more redundancies in early 2020
- More than 4,000 food parcels being distributed on a monthly basis
- More than £900,000 has been granted from the Scottish Welfare Fund between late March and the end of October
- Strong economic activity in research and pharmaceutical sector in West Lothian

D6. It would be desirable to have up to date data in relation to mental health and wellbeing. Existing data tends to focus on service/input measures and acute mental health. There is less data and intelligence around whole population mental health and wellbeing. There may be some more useful information from the mental wellbeing hubs and this is currently being explored.

## **E CONSULTATION**

*Not applicable*

## **F REFERENCES/BACKGROUND**

*Not applicable*

## **G APPENDICES**

Appendix 1: West Lothian Third Sector Mental Health Collaborative Group activity

Appendix 2: West Lothian COVID-19 sentinel dataset commentary (WL CPP Board briefing paper, 30 November 2020)

## **H CONTACT**

Martin Higgins, [martin.higgins@nhslothian.scot.nhs.uk](mailto:martin.higgins@nhslothian.scot.nhs.uk), 0131 465 5460

19 January 2021

Appendix 1: West Lothian Third Sector Mental Health Collaborative Group activity

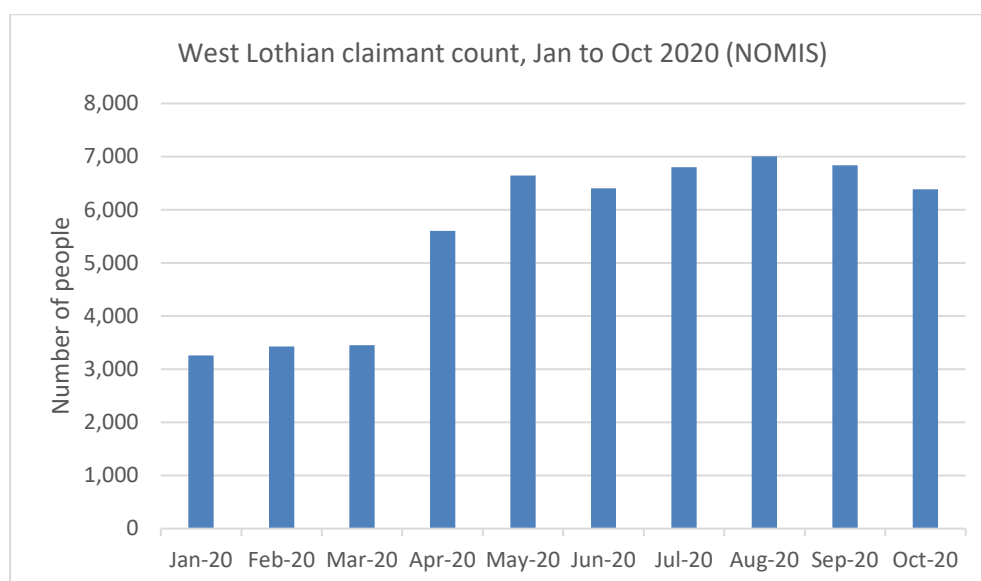
West Lothian Third Sector Mental Health Collaborative Group The Bridge Community Project	1:1 Counselling for adults living in the West Lothian area.
Positively Able CIC	Professional Peer counselling for adults experiencing disability
Beechbrae	Branching Out, an outdoor woodland programme to support mental health
Carers of West Lothian	Support and counselling to disabled adults and unpaid carers (including young carers).
Mood Project - Mental Health & Well-being	Group activities and telephone support for mental health
EnvironMentalHealth CIC	Support plus Learning & Development including First Aid For Mental Health training
The Brock Garden Centre SCIO	Therapeutic activities in the garden centre for people with chronic mental health conditions
Polbeth Community HUB	Person Centred Counselling for adults living and/working in the Polbeth area
S.M.I.L.E Counselling	One to one Counselling to children and young persons aged 11 years to 24 years
Men Matter West Calder	Primarily social and peer support although signpost to partners who deliver counselling
Neil's Hugs Foundation	Support groups for people bereaved by suicide
Cyrenians OPAL	Support to clients age 60+ with low mood

## Appendix 2: West Lothian COVID-19 sentinel dataset commentary (WL CPP Board briefing paper, 30 November 2020)

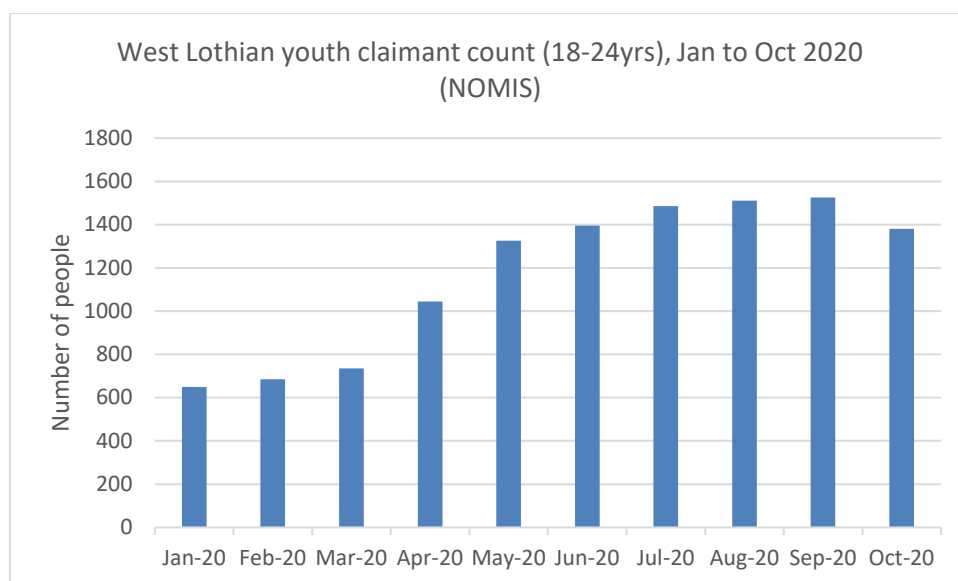
### **Claimant Count**

Since September 2019, unemployment claims have doubled in West Lothian. This upward trend started in April 2020. There were almost 7,000 people claiming unemployment related benefits September (6,835), but have dropped back down closer to 6,000 in October. At 5.5% for October, the West Lothian unemployment rate is still below the Scotland average of 6.0%.

From the claimant count data and the fact that the Claimant Count statistics for September and October are slightly lower than those recorded in August it would look as though the initial shock to the labour market has dissipated and, at least in West Lothian, a stabilising of the situation. The end (and restart) of furlough may have had some impact on September and October numbers; there is also an annual reduction in unemployment claims as universities and colleges return in September. Most economic forecasters had suggested that there may be a significant rise in unemployment in January and February as seasonal employment comes to an end. The extension to the Job Retention scheme announced by the Chancellor on the 5th November should support jobs at least until the end of January or possibly to the end of March.



The 18-24 age group has been particularly affected by the COVID-19 economic downturn. Since September 2019, unemployment claims in this age group have also doubled. This upward trend started in March 2020 and now there are just under 1,400 young people claiming unemployment related benefits. At 9.8%, the West Lothian unemployment claimant rate is higher than Scotland (8.8%) and UK (9.2%) although a decrease in the rate from September 1,525 (10.8%) and August 1,510 (10.7%). Many young people have been employed in sectors such as the hospitality and the retail sectors, which have both been hard hit by the lockdown. At the same time, job vacancies in the UK between April to October 2020 have been at the lowest levels since the ONS vacancies survey began in 2001.



We can drill this data down to a more local level and we are currently investigating this as we go forward.

It should be noted that many West Lothian residents work in Edinburgh and Glasgow. Job cuts in Edinburgh may have impacted the West Lothian claimant count numbers.

### **Job Retention Furlough Scheme and Self-Employment Income Support**

By August 2020, 27,600 West Lothian jobs had been protected by the furlough scheme. But gradual withdrawal of support meant that the number of jobs protected dropped significantly to 7,800 in September.

The Self-Employment Income Support Grant Scheme began on 13 May 2020 and has provided support to the self-employed in West Lothian. Take up rate has been substantial, with 73% initial take up to June (4,400), peaking in in July and August at 76% (4,600). In the latest month, take up of support has dropped slightly to 69% (4,100). The average value of grant claims was £2,800, although this has dropped off to £2,500 in the last couple of months. Uptake is likely to increase over the coming months with the extension of SEISS in the form of two further grants, each available for 3 month periods covering November 2020 to January 2021 and February 2021 to April 2021.

### **Total Employment**

The economic development team has been monitoring key employers in West Lothian. These 207 businesses employ almost 21,000 people in the area. 103 companies provide no cause for concern; 66 businesses are at amber status and 28 businesses are showing cause for concern. There is no information on the other 10 companies. There has not been much change in the status of these companies over the last two months.

There are signs of business growth in the pharmaceuticals and life sciences sector.

### **PACE data**

The PACE scheme means that Skills Development Scotland works with local economic development teams to support employees who face redundancy in companies with more

than 20 staff. It is, however, difficult to monitor the economic wellbeing of smaller businesses as there is no system to identify their difficulties. The West Lothian Business Gateway support team has identified some smaller companies that have made redundancies and is providing support to staff in these organisations. In addition, a local PACE line via West Lothian Council's contact centre has been introduced.

### **Food Support**

Since food support started in mid-May until the end of September, 73,624 food parcels have been delivered in West Lothian. This equates to more than 3,600 per week. It is worth noting that the 'nature' of the need relating to food has changed. During lockdown (April to June) the need arose from the fact that people could not access food. More than 4,100 food parcels were delivered on average during each week in June. In recent months, the need has been due to people having less money and unable to afford food.

### **Scottish Welfare Fund**

There has been a significant increase in the amount of Scottish Welfare Funding disbursed in West Lothian. More than £900,000 has been granted between late March and the end of October with a significant increase in the crisis grants awarded and, as the 2020-21 financial year has progressed, and there has been movement in rented housing stock a steady rise in community care grants.

People can apply for grants if they are advised to self-isolate by Test and Protect. But successful applicants are low, mostly due to difficulties in meeting all the criteria; in the first three weeks of the scheme, less than 10% of applications have met Scottish government criteria for the grant.

### **Schools: Education Maintenance Allowance, Free School Meals and Clothing Grants**

The Education Maintenance Allowance figures are not complete until the end of the academic year however there will be an increase in figures when the second cohort of the school year becomes eligible (January).

There is an increase of 1,674 (37%) in the total number of children eating free school meals in this academic year. During the lockdown period prior to summer break, free school meal uptake increased; uptake then levelled out during the summer holiday period. Average uptake in May was 60% which fell to 55% in June and to 42% in July. Uptake of free school meals during the September and October holidays was notably lower than during lockdown and the summer holidays.

The eligibility criteria for clothing grants have been extended to include those receiving council tax reduction so that more children can receive this grant. This may have contributed to the increased uptake of almost 10% for this grant; 7,714 children in West Lothian have benefitted from this award.

### **Rent and Council Tax Arrears**

Housing continues to maintain a high collection rate for rent, with the 2019/20 collection rate at 98.23%. Income management is being monitored continuously and corrective actions taken as needed. Income so far this year has been higher from customers and the average

transaction value has increased. Both of these increases are over and above the previous year even after adjusting for the rent increase applied in April 2020.

Rent arrears has increased since March. The rise is within the forecast projections made each year and includes known rises due to customers paying on a monthly schedule and charges being applied on an accelerated schedule due to non-collection weeks which will resolve by the end of the year.

The largest real debt driver is the transition of customers from legacy Housing Benefit onto Universal Credit due to the break in benefits during the initial Universal Credit assessment period. Maximum debt on accounts has increased largely due to the removal of eviction actions while court processes are suspended.

Most wards are within target with only one ward, Breich Valley, underperforming at this stage. There are historical debt issues with this area so this underperformance cannot be attributed to the pandemic pressures.

There has been an increase in council tax arrears which is complemented by an increase in the council tax reduction caseload. The council's Revenues team is projecting a loss on council tax receipts due to COVID-19.

### **Ongoing Work on the Data Set**

Data for many of these indicators is only available at a West Lothian level. Further work is ongoing to look at where robust, reliable data can be captured at a more local level.

There is a lack of useful, up to date data in relation to mental health and wellbeing. Existing data tends to focus on service/input measures, and the more acute aspect of mental health. There is less data and intelligence around whole population mental health and wellbeing. There may be some more useful information from the mental wellbeing hubs and this is currently being explored.

More work is also required to capture indicators pertaining to community physical and mental health and wellbeing. There are many third sector organisations that support their communities to address many of the health and wellbeing issues that are key to any preventative approach. But this work may be under the radar and many organisations may not even see their work in this light. For example, befriending, sport and exercise, community events, older people groups and youth activities all play a key role in prevention of poor health and promotion of wellbeing but are perhaps not captured statistically or reported elsewhere. It would be desirable to capture this activity needs so that it can be recognised, better integrated and understood by the CPP.



# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 8

## CHIEF OFFICER REPORT

### CHIEF OFFICER

#### **A PURPOSE OF REPORT**

The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues.

#### **B RECOMMENDATION**

Note and comment on the key areas of work and service developments that have been taking place within West Lothian in relation to the work of the Integration Joint Board.

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	<p>A key risk will be staffing capacity to address key issues around reducing delayed discharge and admission avoidance.</p> <p>The risk is captured in the risk register and will be monitored.</p>
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
<b>C6</b>	<b>Environment and Sustainability</b>	None

<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	All apply
<b>C8</b>	<b>Strategic Plan Outcomes</b>	All apply
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	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
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	No new impacts identified.

## **D TERMS OF REPORT**

### **D1 Screening and Inequalities**

- 1.1 There is good evidence to indicate that take up of health screening services is lower amongst particular communities, both demographic and geographic, which can lead to late detection of particular cancers and other conditions. Following initial discussion with NHS National Services Scotland (NSS), a proposal was developed for piloting further work within West Lothian and it has now been confirmed that funding has been made available which will now enable NSS to do more detailed digital/data service design work around inequalities, early intervention and screening with West Lothian IJB (for noting, North Lanarkshire will also be involved in this work).
- 1.2 This is an important development, which has the potential to improve health outcomes and reduce inequalities across West Lothian. To ensure effective engagement with local communities, we will be working closely with the Regeneration Team and with colleagues within the community planning partnership.
- 1.3 A further discussion and planning session is due to be held on 20 January and a further update will be provided at a future IJB Board meeting.

### **D2 Drug Related Deaths**

- 2.1 The official figures on the number of Drug Related Deaths in Scotland in 2019 were recently published. In summary, there were 1,264 drug-related deaths in Scotland, 77 (6%) more than in 2018. This is the highest number ever recorded in Scotland. The previous year's figures (2018) saw a rise of 253 (27%) from 2017. These remain worrying figures across Scotland and further highlights the need for improvements to be made. In terms of Lothian, there were 23 drug deaths in West Lothian in 2019, a slight decrease on 2018, which recorded 26 drug deaths – the data for other parts of Lothian is set out below, with 2018 data in brackets.

- City of Edinburgh – 96 (93);
- Midlothian – 18 (14);
- East Lothian – 18 (17).

- 2.2 In terms of drug deaths per 1,000 people (2015-19):
- Scotland – 0.18 per 1,000
  - City of Edinburgh – 0.17 per 1,000;
  - Midlothian – 0.14 per 1,000;
  - East Lothian – 0.13 per 1,000;
  - West Lothian – 0.11 per 1,000.
- 2.3 It is clear that all these deaths are a tragedy and whilst there has been a small reduction in West Lothian, there is a need to cautious and to ensure a renewed focus towards further reductions. There are a range of actions across West Lothian commissioned through the Alcohol and Drug Partnership to support this work – a full report on this to update Board members will be presented at the IJB Board meeting on 18 March 2021.

### **D3 Covid-19 Update**

#### **3.1 Vaccination Programme**

IJB Board members will be aware that the vaccination programme has now commenced in Scotland and the delivery of the vaccine is guided by the Joint Committee on Vaccination and Immunisation (JCVI), an independent clinical group of experts that provides all Governments in the UP with advice on vaccinations. This includes the prioritisation process for the vaccine, which is set out below:

- 1) Residents in care homes for older adults and their carers
- 2) All those 80 years of age and over and frontline health and social care workers
- 3) All those 75 years of age and over
- 4) All those 70 years of age and over and clinically extremely vulnerable individuals
- 5) All those 65 years of age and over
- 6) All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- 7) All those 60 years of age and over
- 8) All those 55 years of age and over
- 9) All those 50 years of age and over

- 3.2 There was also a further recommendation there is a maximum interval between the first and second doses of 12 weeks for both the Pfizer BioNTech and AstraZeneca COVID-19 vaccines. This is in recognition of the very high levels of protection offered from the first dose, and that the increased transmission rate of the new strain of coronavirus poses a significant risk of increased case numbers and subsequent deaths.

- 3.3 In terms of progress in West Lothian, the following vaccinations have been delivered:
- 2,531 1<sup>st</sup> dose staff vaccinations which includes both health and social care staff
  - 469 1<sup>st</sup> dose for care home residents, with the full programme completed for those without an outbreak by 15 January
  - 38 1<sup>st</sup> dose for patients within Hospital Based Complex Clinical Care (HBCCC) settings

- 3.4 There has also been the commencement of those in category 2, with GPs now vaccinating those patients who are over 80 and able to attend the local clinics for their vaccination. The West Lothian HSCP vaccination team will start vaccinating over 80s who are housebound from 18 January.

- 3.5 The progress being made in West Lothian is very encouraging though key challenges remain, particularly in relation to supply of vaccine to General Practice as this is currently only 100 doses being delivered weekly though there is commitment from

Scottish Government that supply will increase. The final preparations are also being made for the mass vaccination programme, which locally will operate from the Pyramids Business Park in Bathgate, supplemented by local clinics in Strathbrock Partnership Centre and Howden Medical Centre from early February.

**3.6 *Commissioning Plans***

Due to the increased prevalence of Covid-19 within the community and the subsequent move to Tier 4 across mainland Scotland, a number of health and care services have had to review their current activity and delivery mechanisms. It is likely that this change will impact on the IJB strategic commissioning plans, therefore it is proposed to ask each of the commissioning boards to review the commissioning plan in light of these changes. An updated report setting out the revised commissioning plans will be presented to the IJB meeting on 18 March for review and agreement.

**3.7 *Care Homes***

The impact of Covid-19 continues to be felt across care homes in West Lothian and whilst the number of care homes currently managing an outbreak has reduced in the last month, it continues to be a worrying time for residents, staff and families. We continue to work closely with care home providers across West Lothian to ensure support, guidance and advice is available around key issues such as infection prevention and control, PPE, staff and resident testing and the recently introduced testing for visitors. This has been a significant undertaking by care home managers and staff to implement these arrangements and we are incredibly grateful for all the work that has been done to ensure that families and loved ones can maintain some form of contact, albeit on a limited basis. The roll-out of the vaccination programme is an important factor in our fight against the virus however there is a need to ensure that existing measures remain in place to keep everyone safe and well.

**3.8 *Review of the Integration Scheme***

There is a requirement for NHS Lothian and West Lothian Council to review the Integration Scheme every 5 years and this was due to take place by 16 June 2020 – a timetable for the review was set and agreed in January 2020. However, due to the pandemic, the partners agreed to delay the review of the integration scheme and to revisit this in Autumn 2020. Due to the continuing situation with the pandemic, a further delay was sought and it has been agreed by partners to review the position in Spring 2021.

**D4 Complaints and Information Requests – Quarter 3 of 2020/21**

**4.1 *Complaints***

At its meeting of 5 December 2017, the Board agreed the Complaints Handling Procedure be amended in line with recommendations from the Complaints Standards Authority. This included a requirement to report on complaints received by the Board on a quarterly basis.

**4.2** There have been no complaints received in Quarter 3, or to date.

The Complaints Standards Authority has published a new Model Complaints Handling Procedure (MCHP) and requested that Integration Authorities review their own Complaints Handling Procedure before 1 April 2021.

**4.3 *Requests for Information***

The Board is also required to submit quarterly statistics on requests for information to the Office of the Scottish Information Commissioner (OSIC). Freedom of Information (Scotland) Act 2002 is an Act of the Scottish Parliament which gives everyone the right to ask for any information held by a Scottish public authority. The Environmental

Information (Scotland) Regulations 2004 (the EIRs) come from a European Directive on access to environmental information. The EIRs give everyone the right to ask for environmental information held by a Scottish public authority (and some other bodies).

4.4 There were no requests for information in Quarter 3.

**E CONSULTATION**

None

**F REFERENCES/BACKGROUND**

None

**G APPENDICES**

None

**H CONTACT**

Allister Short – 01506 281002 [allister.short@westlothian.gov.uk](mailto:allister.short@westlothian.gov.uk)

19 January 2021



# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 9

## **WEST LOTHIAN IJB 2020/21 BUDGET UPDATE**

### **REPORT BY CHIEF FINANCE OFFICER**

#### **A PURPOSE OF REPORT**

The purpose of this report is to provide an interim update, in advance of the Quarter 3 monitoring, on the 2020/21 budget position, including updated Covid-19 financial implications.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Notes the forecast outturn position for 2020/21 in respect of IJB delegated functions
2. Notes the latest estimated financial implications resulting from Covid-19 in relation to both expenditure and additional Scottish Government funding
3. Notes the key risks associated with the 2021/22 forecast position
4. Notes the current position regarding the UK and Scottish Budgets for 2021/22

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction is not required.
<b>C2</b>	<b>Resource/ Finance</b>	The 2020/21 budget resources relevant to functions delegated to the IJB are £250.820 million based on current budget contributions.
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	There are a number of risks associated with health and social care budgets, which require to be closely managed. The financial risks resulting from Covid-19 will require to be closely monitored.
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.

- C6 Environment and Sustainability** None.
- C7 National Health and Wellbeing Outcomes** The 2020/21 budget resources delegated to the IJB will be used to support the delivery of outcomes.
- C8 Strategic Plan Outcomes** The 2020/21 budget resources delegated to the IJB will be used to support the Strategic Plan.
- C9 Single Outcome Agreement** The 2020/21 budget resources delegated to the IJB will be used to support the delivery of the Single Outcome Agreement.
- C10 Impact on other Lothian IJBs** None

## **D TERMS OF REPORT**

### **D1 Background**

This report sets out an interim month 8 update in advance of the Quarter 3 monitoring on the overall financial performance of the 2020/21 IJB delegated resources and provides a year end forecast which takes account of relevant issues identified across health and social care services.

Reporting on the performance of delegated resources is undertaken in line with the IJB's approved financial regulations and Integration Scheme.

This report provides the latest estimate on additional Covid-19 cost pressures and additional Scottish Government funding confirmed to date for the year as a result of the current pandemic. This has impacted across the whole partnership and work on the disaggregation of Covid-19 costs, particularly across Health functions continues to be refined to ensure accurate information is provided at an IJB level.

A short update on the latest position with the UK and Scottish budgets for 2021/22 including the latest timescales for budget announcements and reporting on the IJB 2021/22 budget is included in the report.

### **D2 2020/21 Summary Budget Outturn Forecast**

The table below reflects the 2020/21 year end forecast position against budget based on the latest monitoring undertaken at month 8.

	<b>2020/21 Budget £'000</b>	<b>2020/21 Forecast £'000</b>	<b>2020/21 Variance £'000</b>
Core West Lothian Health Services	116,546	119,802	3,256
Share of Pan Lothian Hosted Services	26,671	26,467	(204)
Adult Social Care	76,103	77,754	1,651
<b>Payment to IJB - Total</b>	<b>219,320</b>	<b>224,023</b>	<b>4,703</b>
Share of Acute Set Aside	31,500	34,126	2,626
<b>Unallocated IJB Uplift</b>		<b>(1,227)</b>	<b>(1,227)</b>
<b>Total</b>	<b>250,820</b>	<b>256,922</b>	<b>6,102</b>

The table shows that at this stage of the financial year an overspend of £6.102 million is forecast against IJB delegated functions for 2020/21. This takes account of confirmed initial additional Scottish Government funding to meet the cost implications resulting from Covid-19.

As detailed above, an overspend of £4.703 million is forecast on the payment to the IJB and an overspend of £2.626 million is forecast against the share of acute set aside resources attributed to West Lothian IJB. This is offset by £1.227 million of unallocated IJB resources effectively held as a reserve for the current year. Appendix 1 provides further detail on the forecast position for 2020/21.

As noted above the overspend position is largely driven by additional costs relating to the current pandemic. Covid-19 has created an unprecedented challenge for the delivery of health and social care services and there are significant additional costs arising in 2020/21. Taking account of the ongoing impact of this, Health Boards and Integration Authorities have been asked by the Scottish Government to continue to submit regular Local Mobilisation Plan / Remobilisation Plan cost updates detailing the financial implications arising.

It is important to note that the expectation is that additional health and social care costs reported in these plans will be met by the Scottish Government. Recent communications from the Scottish Government have confirmed this intention. These plans and associated financial cost estimates are being closely reviewed by the Scottish Government in discussion with IJB Chief Finance Officers. The plans include both modelled costs for the year and the tracking of actual costs as they are being incurred.

### **Covid-19 Costs**

The latest estimated full year additional expenditure linked to the West Lothian Mobilisation Plan is £8.419 million for 2020/21, as per the last submission to the Scottish Government. It should be noted that acute costs resulting from the pandemic are included in the overall NHS Lothian Mobilisation plan. A summary of the key areas of additional anticipated costs included in the West Lothian plan are as below.

- Additional Staffing Costs – this includes the recruitment of additional Homefirst / REACT staff to help prevent hospital admission and facilitate supported discharge. Also, includes additional costs of social care staff to help ensure services are maintained across internal care at home and care homes
- Additional Prescribing Costs – this includes the impact of increased volumes and price increases. Price per item so far this year has been significantly higher than anticipated
- GP Practice Costs – This relates to additional payments made to GP practices for additional practice costs and extending opening required as a result of the pandemic
- Additional Care Home Capacity – this relates to contractual arrangements put in place at the start of the pandemic to purchase additional care home beds to increase capacity available over the short term
- Additional Support to Care at Home providers – this relates to increased hourly rate payments based on commissioned hours to cover costs resulting from COVID-19, such as staffing and PPE, and ensure providers are supported to remain financially sustainable

- Additional Support to Care Homes – this reflects additional costs to external care homes to help ensure they are sustainable during the pandemic. Sustainability payments will cover additional provider costs linked to staff sickness, additional staffing, PPE and other costs as resulting from Covid-19
- Reduced Care Income – this reflects reduced income from both non residential and residential care as a result of Covid-19

### **Additional Scottish Government Funding for Covid-19 Costs**

At month 8 the partnership has received total funding of £3.789 million along with additional Living Wage funding of £214,000. This is set against estimated additional costs resulting from Covid-19 of £8.419 million to give estimated net unfunded Covid-19 costs of approximately £4.416 million at this stage.

The funding received to date includes a further £1.345 million since the previous report to the Board relating to West Lothian's agreed share of funding that was distributed by the Scottish Government in October 2020. Assurance has been provided in respect of further funding allocations from the Scottish Government to meet the additional costs resulting from the pandemic. Updates on further confirmed funding allocations will be provided to Board members as part of future finance reports to the IJB.

## **D3 Other Cost Pressures and Risks**

As previously reported, outwith the pressures linked to the pandemic the main pressure relates to acute services staffing. In particular, nursing overspends at St John's Hospital have previously been identified as a significant cost pressure with analysis work indicating that budgets allocated were insufficient and were significantly less than West Lothian's NRAC share, relative to other Lothian areas.

Further review of this position is being undertaken but the position for 2020/21 is difficult to gauge due to the impact of Covid-19 on staffing requirements and costs. However, based on the financial assurance work undertaken in March 2020 before the full emergence of Covid-19, it was again evident that the current year acute staffing costs would significantly exceed the core budget provided to West Lothian. This continues to make it extremely difficult for West Lothian IJB to achieve a balanced core budget position and importantly will make it difficult to fund future service transformation and find the financial flexibility to meet integration objectives associated with shifting the balance of care to community settings.

This funding shortfall in acute budget resources continues to be raised by IJB officers and will be discussed further with NHS Lothian as part of the 2021/22 financial planning process for 2021/22 and future years. Appendix 2 sets out a full listing of the key 2020/21 budget risk areas that have been identified as a result of the budget monitoring undertaken to date and the current budget position in each. A number of strategic financial risks are also included which will continue to be updated upon going forward.

## **D4 Quarter 3 Monitoring**

The Quarter 3 budget monitoring exercise is currently progressing for health and social care functions. Based on this, a comprehensive update on the 2020/21 budget position will be presented to the next meeting of the Board.

Consistent with previous years, discussions are ongoing with partner bodies around agreeing actions to ensure the IJB achieves a balanced budget position for the year. A key aspect of this will clearly be ensuring that funding is provided by the Scottish

Government to fully meet the additional costs resulting from Covid-19. As part of the quarter 3 monitoring, the IJB Chief Officer and Chief Finance Officer will discuss the forecast year end spend position for IJB functions with partner bodies and seek to agree any actions required on additional funding required to fully fund any remaining pressures. The quarter 3 monitoring and actions proposed to balance the IJB's forecast spend against funding will be reported to the next meeting of the Board in March 2021.

## **D5 2021/22 Budget Considerations**

The Chancellor of the Exchequer delivered his UK Spending Review to the House of Commons on 25 November 2020. This set out what the UK Government will spend on public services in 2021/22. It did not include any tax announcements and a more detailed UK budget for 2021/22 only is anticipated to be announced on 3 March 2021.

The Scottish Government have advised that the draft Scottish Budget will be announced on 28 January 2021. The Scottish Budget will also only cover financial year 2021/22. It is evident from the Chancellor's announcement that there will be an increase for the overall Scottish Budget in 2021/22 however how this is translated into grant funding for NHS Lothian and West Lothian Council, and IJB delegated functions more specifically, will not start to become clearer until the breakdown of the Scottish Budget is received on 28 January 2021.

Discussions on the outcome of the Scottish Budget and implications for IJB funding contributions from partners will be a key area of review following confirmation of partner funding, and importantly additional funding for delegated IJB functions. These discussions will be important in influencing the funding contributions to the IJB from partner bodies. In line with the IJB financial regulations and Integration Scheme, financial assurance of the partner budget contributions will be undertaken as part of the 2021/22 budget report presented to the Board in March 2021.

## **E CONSULTATION**

Relevant officers in NHS Lothian and West Lothian Council.

## **F REFERENCES/BACKGROUND**

West Lothian Integration Scheme  
West Lothian IJB 2020/21 Budget Update – Report to IJB on 10 November 2020

## **G APPENDICES**

Appendix 1 – IJB 2020/21 Budget Update  
Appendix 2 – IJB Finance Risk Update

## **H CONTACT**

Patrick Welsh, Chief Finance Officer, West Lothian Integration Joint Board  
Tel. No. 01506 281320  
E-mail: [patrick.welsh@westlothian.gov.uk](mailto:patrick.welsh@westlothian.gov.uk)

19 January 2021

**WEST LOTHIAN INTEGRATION JOINT BOARD - 2020/21 BUDGET UPDATE AT MONTH 8**

	2020/21 Budget £'000	2020/21 Forecast £'000	2020/21 Variance £'000
<b>Core West Lothian Health Services</b>			
Community Equipment	1,085	1,383	298
Community Hospitals	2,489	2,416	-73
District Nursing	4,271	3,918	-353
General Medical Services	30,965	31,649	684
Mental Health	17,291	17,761	470
Other Core	3,367	4,029	662
Prescribing	34,333	35,901	1,568
Resource Transfer	22,745	22,745	0
<b>Core West Lothian Health Services - Total</b>	<b>116,546</b>	<b>119,802</b>	<b>3,256</b>
<b>Share of Pan Lothian Hosted Services</b>			
General Medicine	3,228	3,249	21
Hosted GMS	2,471	2,513	42
Hospices	1,089	1,091	2
Learning Disabilities	2,915	2,946	31
Lothian Unscheduled Care Service	2,307	2,717	410
Mental Health	358	358	0
Oral Health Services	3,685	3,620	-65
Other Hosted Services	976	744	-232
Psychology Service	2,225	2,314	89
Rehabilitation Medicine	1,435	1,275	-160
Sexual Health	1,396	1,336	-60
Substance Misuse	710	705	-5
Therapy Services	2,497	2,330	-167
UNPAC	1,380	1,270	-110
<b>Share of Pan Lothian Hosted Services - Total</b>	<b>26,671</b>	<b>26,467</b>	<b>-204</b>
<b>Adult Social Care</b>			
Learning Disabilities	18,008	18,328	320
Physical Disabilities	8,131	7,921	-210
Mental Health	4,398	4,349	-49
Older Peoples Assessment and Care Mangement	32,035	33,040	1,005
Care Homes and Housing with care	8,479	9,542	1,063
Occupational Therapy	1,949	1,228	-721
Support and Other Services	3,103	3,346	243
<b>Adult Social Care - Total</b>	<b>76,103</b>	<b>77,754</b>	<b>1,651</b>
<b>PAYMENT TO IJB - TOTAL</b>	<b>219,320</b>	<b>224,023</b>	<b>4,703</b>
<b>Acute Set Aside</b>			
Acute Management	1,106	1,440	334
Cardiology	1,496	1,526	30
Diabetes	806	822	16
ED & Minor Injuries	6,087	6,273	186
Gastroenterology	1,136	1,189	53
General Medicine	6,433	7,036	603
General Surgery	2,141	2,422	281
Geriatric Medicine	5,419	5,506	87
Infectious Disease	1,618	1,511	-107
Junior Medical	1,323	2,482	1,159
Outpatients	109	89	-20
Rehabilitation medicine	589	612	23
Respiratory Medicine	2,090	2,092	2
Therapies	1,147	1,126	-21
<b>Acute Set Aside - Total</b>	<b>31,500</b>	<b>34,126</b>	<b>2,626</b>
<b>TOTAL DELEGATED IJB FUNCTIONS</b>	<b>250,820</b>	<b>258,149</b>	<b>7,329</b>
<b>Unallocated IJB Uplift</b>		<b>-1,227</b>	<b>-1,227</b>
<b>NET OVERSPEND IJB FUNCTIONS</b>	<b>250,820</b>	<b>256,922</b>	<b>6,102</b>

## Appendix 2

### IJB Finance Risk Schedule

#### 2020/21 Financial Risks

Risk Area	Value of Pressure	Impact / Description
Community Equipment	£298,000	This is a slightly improved position from the previous forecast. The overspend is due to an increase in purchases of mattresses, rental and purchase of paramedical equipment, OT aids and a bulk purchase of incontinence products to facilitate early discharge and is as a consequence of Covid-19.
General Medical Services	£684,000	This reflects an improved position from the previous forecast. This overspend is due to additional payments made to GPs during the Covid outbreak. Funding has been received by NHS Lothian from the Scottish Government for these costs but further review is required before this funding can be allocated.
Mental Health	£470,000	The forecast overspend has increased slightly on the previous reported position. The overspend for Mental Health is as a result of using high cost locum staff to cover consultant vacancies along with cost pressures relating to new drugs. This will continue to be monitored going forward and it is anticipated that the cost pressure will reduce as posts are recruited to.
Prescribing	£1,568,000	This is a small decrease on the previous reported position. The prescribing overspend is driven by a number of issues including cost, short supply and a change in the mix of products. Additional flu vaccination costs are also included. The forecast overspend will continue to be included in the Covid-19 additional cost returns submitted to the Scottish Government.
Lothian Unscheduled Care	£410,000	The overspend has reduced slightly from the previous forecast. The budget pressure is largely due to increased use of locums. Further work is also being undertaken to review the skill mix across medical and nursing staff to ensure it is consistent with staff budget assumptions and availability and appropriate for service delivery.
ED and Minor Injuries	£186,000	This is an improved position on the previous forecast. The overspend reflects use of agency and bank nurses employed on a month to month basis to meet unfilled vacancies and provide cover for sickness absence. Staffing pressures and the allocation of existing staffing budgets at acute sites is being considered further, in conjunction with safe staffing work and work ongoing in relation to IJB budget and cost allocations.
General Medicine	£603,000	This is an improved position on the previous forecast. The overspend relates to nursing pressures in the main General Medicine wards within St John's Hospital driven by activity alongside nursing gaps being filled on a supplementary basis and cover for sickness particularly in untrained nursing. Additional staffing costs at the peak of the pandemic along with increased drug costs are also contributing to the forecast pressure.
General Surgery	£281,000	This is an improved position on the previous forecast. The forecast overspend for General Surgery is resulting from staffing costs in excess of budget available and higher than anticipated drug costs.

## Appendix 2

Junior Medical	£1,159,000	This is an increase on the previously reported position. There continues to be a significant forecast overspend for Junior Medical. This is due to ongoing pressures due to gaps in rota's and rota's requiring additional staffing to be compliant. The overspend reflects additional staffing costs due to Covid-19.
Internal Care Homes for Older People	£1,063,000	This reflects a small increase from the previous forecast. There is a significant forecast overspend for Internal care Homes for Older People. This is partly due to an ongoing pressure from the requirement to cover core vacancies, staff sickness and other absences. Work is ongoing to identify a sustainable solution to this problem including review of staffing levels. In addition, it also reflects additional costs resulting from the pandemic which are included in the mobilisation plan.
Older People Assessment and Care Management	£1,603,000	This is unchanged from the previous reported position. The pressure for Assessment and Care Management is driven by the additional cost to support external care providers including care homes and care at home. It includes increased hourly rates for care at home providers and sustainability payments to care homes to help ensure the care sector is financially supported during the pandemic.
Support and Other Services	£243,000	This is unchanged from the previous forecast. The forecast overspend for Support Services is related to spend associated with covering for staff absences.

## Strategic Risks

## Appendix 2

Risk Area	Impact / Description
Covid Pandemic	The Covid pandemic impacts across the whole of Health and Social care with very significant implications for service delivery and associated financial consequences. There remains a great deal of uncertainty over how long the current restrictions will remain in place and how far reaching the long term effects of the pandemic will be.
Brexit	The UK left the European Union in January 2021. At this stage financial implications of the negotiated deal are still being monitored. Any financial implications resulting will need to be considered as part of budget monitoring and medium term financial planning.
Pay Awards / Costs	Health and council pay awards have been agreed for 2020/21 so there is a degree of certainty around costs for the current financial year. Negotiations are at an early stage for 2021/22 in what is expected to be a very challenging financial backdrop. Any pay award agreed will require to be fully funded to avoid further budget pressures arising.
Workforce Planning	Effective workforce planning will be important to ensuring health and social care services are delivered effectively and efficiently. Updates on workforce planning for health and social care functions will be considered further in future updates to the IJB.
Future Years Savings	There are very challenging savings targets for 2020/21 and future years. Failure to fully deliver on any element of the planned changes will put additional pressure on other areas. The process of identifying further potential efficiencies to address any funding gap in future settlements is being progressed across the Health and Social Care partnership.
Demographic Growth	Estimates have been made regarding demographic growth for adults requiring care provision. West Lothian is anticipated to have the highest growth in the elderly population, particularly over 75s. These demographic forecasts will result in increased financial pressure and it will be important that forecast assumptions are kept under review.
Contributions Policy	Income generated by the Contributions policy is directly related to the level of service being delivered to Service Users. Some of these services have been impacted by Covid-19 and this is likely to be the case for at least the remainder of the financial year which may result in an increased shortfall in the income generated.
Living Wage	The 2021 Living wage has recently been announced at £9.50 per hour. This represents a 2.2% increase on the previous rate. It will be important that this increase is fully matched by additional Scottish Government funding.
Prescribing	Prescribing continues to be a very volatile area with a large overspend forecast in the current year. This area is particularly impacted by changes in supply and availability and will continue to be monitored closely throughout the year.
Mental Health	The demand for Mental Health services could be greater than the additional Scottish Government funding provided. Ongoing review of costs and funding in liaison with Scottish Government will be required going forward. Implications of the pandemic are being closely monitored.
Delayed Discharge	Management of the volume of delayed discharge will be essential going forward to enable new initiatives and deliver future reductions. However, this is dependent on capacity being available in community care and managing additional demands resulting from Covid-19.



# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 10

## CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2019 -2020

### REPORT BY THE CHIEF SOCIAL WORK OFFICER

#### **A PURPOSE OF REPORT**

- A.1** This report provides the Integration Joint Board with the opportunity to comment on the Chief Social Work Officer's annual report.

The Chief Social Work Officer's report is an overview of the statutory work undertaken during the period 2019-2020.

#### **B RECOMMENDATION**

- B.1** It is recommended that members:

1. Note the contents of the Chief Social Work Officer's annual report for 2019-2020
2. Note that a draft of the report has been submitted to the Scottish Government Chief Social Work Advisor

#### **C SUMMARY OF IMPLICATIONS**

- |           |  |  |
|-----------|--|--|
| <b>C1</b> | <b>Directions to NHS Lothian and/or West Lothian Council</b> | A direction(s) is not required.  |
| <b>C2</b> | <b>Resource/ Finance</b>                                     | None   |
| <b>C3</b> | <b>Policy/Legal</b>  | No new implications  |
| <b>C4</b> | <b>Risk</b>  | No new risks have been identified.   |
| <b>C5</b> | <b>Equality/Health</b>                                       | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |

- |            |   |   |
|------------|---|---|
| <b>C6</b>  | <b>Environment and Sustainability</b>         | No environmental impacts have been identified.  |
| <b>C7</b>  | <b>National Health and Wellbeing Outcomes</b> | The services covered by the report contribute to the delivery of the National Health and Wellbeing Outcomes |
| <b>C8</b>  | <b>Strategic Plan Outcomes</b>                | The services covered by the report contribute to the delivery of the Strategic Plan Outcomes.               |
| <b>C9</b>  | <b>Local Outcomes Improvement Plan</b>        | The services covered by the report contribute to the Local Outcomes Improvement Plan.                       |
| <b>C10</b> | <b>Impact on other Lothian IJBs</b>           | Pan Lothian arrangements are in place for relevant areas of social work duties including Public Protection. |
- D TERMS OF REPORT**
- 1 Background**
- 1.1 The legislation governing the delivery of social work services requires the Chief Social Work Officer (CSWO) to exercise a general level of oversight.
- 1.2 The Scottish Government publish national guidance for local authorities on the appointment and responsibilities of Chief Social Work Officers, including related reporting arrangements. The arrangements in West Lothian are consistent with this guidance.
- 2 Service Overview**
- 2.1 The role of the Council's Social Work Services is to support, care for and protect people of all ages, by providing or purchasing services designed to promote their safety, dignity and independence, and to contribute to community safety by reducing offending and managing the risk posed by known offenders.
- 2.2 Services are delivered within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. Where possible, services are delivered in partnership with a range of stakeholders, including, most importantly, people who use them. The Chief Social Work Officer's report covers all social work services provided including services not delegated to the Integration Joint Board.

### **3 Chief Social Work Officer Duties**

- 3.1 The role of the Chief Social Work Officer is to ensure the provision of appropriate professional advice in the discharge of the local authority's statutory functions and to provide a focus for professional leadership and governance in regard to these functions.
- 3.2 In addition, there is a small number of duties and decisions that relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom responsibility has been appropriately delegated.
- 3.3 The Council's scheme of delegation provides for senior social work staff to make certain decisions on behalf of the local authority in the following areas:
- Adults with incapacity
  - Mental health
  - Adoption
  - Secure accommodation and emergency placement of children
  - Protection and Risk Management
    - Child Protection
    - Adult Protection
    - MAPPA

### **4 Chief Social Work Officer Report**

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

### **5 Conclusion**

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

### **E CONSULTATION**

The report was considered at the meeting of West Lothian Council on 24<sup>th</sup> November 2020

### **F REFERENCES/BACKGROUND**

None

**G APPENDICES**

Appendix 1 – Chief Social Work Officer's Report 2019 - 2020

**H CONTACT**

Jo MacPherson, Chief Social Work Officer and Head of Social Policy  
01506 281336

19th January 2021

# **Chief Social Work Officer Annual Report**

**01/04/19 – 31/03/20**

28 Sept 2020

## **Contents**

<b>Chief Social Work Officer's Summary</b>	<b>2</b>
<b>1. Governance and Accountability</b>	<b>15</b>
<b>2. Service Quality and Performance including delivery of Statutory Functions</b>	<b>23</b>
<b>3. Resources</b>	<b>42</b>
<b>4. Workforce Planning and Development</b>	<b>46</b>
<b>5. COVID -19 The Challenge Ahead</b>	<b>50</b>

## Chief Social Work Officer's Summary

In West Lothian we are committed to providing high quality social work and social care services, albeit within an increasingly complex environment. The last quarter of 2019/20, saw social work and social care service face the unprecedented challenge of responding to the COVID-19 global pandemic. Staff across the Health and Social Care Partnership worked closely with all of our key stakeholders and in particular with our partners in the Third and Independent Sectors, with families, carers and services users to ensure that essential services continued to be delivered during these unparalleled times. Key services were able to be delivered against agreed commitments alongside other services that adapted to the challenges and rapidly changing circumstances presented by Covid-19. Section 5 of this report provides a more detailed overview of the social work and social care response to COVID-19 and the challenges for the months ahead.

In 2019-2020, prior to the pandemic, services were successfully delivered against a challenging financial and complex legislative backdrop. As with other local authorities across Scotland, West Lothian Council faces significant budgetary pressures and difficult decisions have to be taken on how services will be designed and delivered in the future. Within this context the Chief Social Work Officer has a key role in ensuring that these financial decisions do not compromise the safety and wellbeing of people who require support from social work services.

The Chief Social Work Officer also has a key role in providing advice and guidance to the West Lothian Integration Joint Board (IJB) for the social work functions that have been formally delegated to the IJB.

Increased personalisation of services, a continuing focus on securing opportunities for prevention and early intervention and an ever increasing requirement for joint working aimed to improve outcomes for people who use services and their families bring considerable organisational and financial pressures to bear on the service.

A range of measures were implemented during 2019-2020 to ensure that planned reductions in budget allocations were taken forward while ensuring that the impact on care was not a negative one, but one that allowed for service improvements through service reform and redesign.

Working in a climate of continuing constrained public spending remains a significant challenge for a demand led service such as Social Policy. Along with reduced funding, the service is also faced with an increasing cost of service delivery through factors such as inflationary pressures, an increase in the demand for services due to an increasing population and increased complexity of need.

The council's social work services do not work in isolation but rather work in partnership with private, public and third sector partners to meet the needs of some of the most vulnerable people in West Lothian. The financial pressures of our partners are considered and reflected in our future service planning.

One of the many challenges faced by social work and social care services in West Lothian is the recruitment and retention of a suitably qualified workforce. This is a challenge that we share with our partners and the organisations that we commission to deliver services on our behalf. The challenge of maintaining a stable highly skilled workforce has been further exacerbated by the uncertainty surrounding the impact of exit from the European Union (EU) and changes to free movement of workers across the EU. The Covid 19 pandemic has demonstrated the key importance of the social care workforce in protecting the health and wellbeing of some of our most vulnerable citizens and within that context recruitment challenges become more critical.

As well as the challenges faced in 2019 -20 there have also been many positive developments and improvements for social work and social care services in West Lothian. Although challenging within the current context, health and social care services are committed to applying a much greater focus on earlier intervention across all areas, including building capacity within families and communities to help people maintain their independence wherever possible. It is recognised that for such approaches to be successful resources will require to be moved upstream and that interventions must be early enough to optimise the opportunity for success.

In terms of services for children and in recognition of the importance of mental health and wellbeing for children and young people in West Lothian we are recruiting to a dedicated post to lead to ensure that strategic planning is sufficient to enable children and young people are able to access services and support for their mental health and emotional wellbeing within their community.

Partners in West Lothian remain committed to improving outcomes for our looked after children and young people. We are already working towards shifting the balance of care for looked after children and will work together take forward the findings of the Independent Care Review – The Promise.

In keeping with our vision and aims in 2019-20 there has been a continuing positive downward trend in the use of residential school placements outwith West Lothian. At the end of quarter 4 of 2016-17 there had been 29 young people placed in such resources. By the end of 2019-20 22 young people had been placed in residential care settings outwith West Lothian. This constitutes a 24% reduction over a three year period and demonstrates our commitment to reducing the numbers of children and young people receiving care and education outwith West Lothian. Services have been working positively to ensure that young people at risk of moving to external care placements are supported to remain within West Lothian. There was a slight increase in the use of secure care with 5 young people requiring such provision. All secure placements made during the year were for short time periods. Services have also worked well in reducing the number of young people receiving their day education outwith West Lothian with this figure reducing in 2019-20 by 35% when compared to the figures for 2018-19.

There remains to be effective joint working between Social Work and Education services to improve the position as outlined above. In the longer term, we aim to further shift the balance of care to ensure that, where possible, children are looked after in community settings rather than in residential care, regardless of whether these services are provided by council or by an external provider.

In support of this intention the use of Family Group Decision Making was further extended during 2019-20 to ensure that more children and young people are able to experience wider family network support where they may not otherwise have had the opportunity to do so. We continue to review how we position and provide services to support families at the earliest point and that intensive support is provided to ensure, that where it is safe to do so, that children at risk of being accommodated remain placed within their own families, family networks and communities.

The Looked After Children attainment project is funded by the Scottish Attainment Challenge fund and was developed through collaboration between Education Services and Social Policy. The aim of the project is to provide bespoke packages to support these young people to attain qualifications and achieve positive destinations, linking with their mainstream school placements as far as possible. The 2019-20 cohort of young people supported by the project was identified on a multi-agency basis, with specific criteria including supporting children and young people who have limited engagement with education and are particularly at risk of care placement breakdown. All of the young people who left in summer 2019 to go onto further education sustained their course places for a full year, and were successful in securing spaces at college for term 2020/2021. The success of the project has so far been supported by multiagency working and a core focus on building and maintaining positive relationships with the young people and the adults around them.

There has also been a positive impact in relation to enabling a number of care experienced young people to access and sustain permanent accommodation with person centred intensive support through the Rock Trust Housing First pilot. The West Lothian pilot project provided by Almond Housing Association and Rock Trust was the first Housing First project to be aimed specifically at young people. The Housing First project commenced working with 5 young people and was successful in extending this to a total of 12 young people by the end of 2020/21. Funding allocated through the West Lothian Rapid Rehousing Transition Plan will enable the provision of a further 5 housing first packages by Rock Trust to young people who are homeless or at risk of homelessness. The further development of housing first models for all client groups with multiple complex needs is a key strand for the West Lothian Rapid Rehousing Transition Plan.

It is recognised that the incidents of domestic abuse recorded by the police per 10,000 population for West Lothian remains above the Scottish average and a new Violence Against Women and Girls Strategy will be developed to address this issue. The new strategy will be underpinned by a comprehensive strategic needs assessment and improvement plan. It should be noted however that responses and support in relation to Violence Against Women and Girls in West Lothian continues to be positive with the Domestic and Sexual Assault Team (DASAT) responding to 1620 referrals during 2019/20. During the same period the LISA project supported 206 women, an increase of 45% on the previous period. In 39% of the cases, women were supported to remain in their own homes and prevented them from having to move into temporary accommodation.

In terms of justice services, the Up2U Domestic Abuse Programme was developed in consultation and with the support of a Quality Assurance Group consisting of representatives from Victim Support Services, Mental Health, Children's Services, Substance Misuse Services and Health in Portsmouth, England. The programme is based on research and practice successfully used in service user rehabilitation, motivational interviewing and attachment theory.

It can be tailored to work with both males and females from the age of 16 and can also be delivered for people who use domestically abusive behaviours in same sex relationships. Staff training is now almost complete and due to Covid-19 a review of how this programme can be delivered safely is underway. Options for supporting the programme's review and evaluation are currently being explored.

Positive use continued to be made of Unpaid Work requirements in Community Payback Orders. 168 bikes were repaired, recycled and passed on to members of the community who would otherwise not have benefitted from cycling. 29765 tonnes of metal were recycled and the funding generated through the scrap value were donated to local charities.

Overall, across Social Policy, work continues to redesign services to ensure that they best meet the needs of those who are most vulnerable in our society and are sustainable for the future.

In relation to services for adults, the strategic focus of shifting the balance of care from hospital to community-based services is being supported through the Royal Edinburgh Campus Redesign Programme. This is a collaborative approach to remodel services focusing on people accessing care, support and treatment within the West Lothian Health and Social Care Partnership. At this time consultation was undertaken with service users and the people who care for them via the Learning Disability Forum. Alongside this work took place with leading care providers to learn from their experiences of building similar complexes elsewhere in Scotland.

Plans were approved in June 2019 for a new £3 million housing project for people with learning disabilities who have complex care needs. The proposed accommodation consists of sixteen one-bedroom residences that each provides a main living room, separate double bedroom, galley kitchen, built in storage and toilet/bathroom. All will have their own small separate garden area as well access to the wider garden grounds. Support to individuals will be person centred with individuals being able to make informed decision as far as they are able to on their own model of care and delivery of this. In order for this to be achieved the identification of those individuals who will be moving to their own tenancy has commenced and this being undertaken alongside the individual and their extended family.

The original target for completion of the build was Autumn 2021, however due to the impact of COVID-19 the completion date is now most likely to be Spring 2022.

Our supported employment service continues to provide specialist employability and training support to individuals with a range of disabilities. This year they were short listed for Employment Related Service Association (ERSA) Employability Awards 2020 Team of the Year which provided great national recognition for the work undertaken by the team. There has also been further national acknowledgement of the work of the service through the DFN Project Search Awards where their success was recognised in achieving 80% job outcomes for the participants involved in Project Search.

There have been improvements made in performance in relation to the numbers of people whose discharge from hospital has been delayed and where there is delay, a reduction in the length of that delay. Further detail regarding approaches that have contributed to improvement is outlined in Section 2 of this report.

The two West Lothian's Community Mental Health Teams (CMHTs) were established during 2019/20, becoming fully operational in February 2020. The teams work in the two localities of West Lothian: East based in Strathbrock Partnership Centre and West based in Bathgate Partnership Centre. The teams bring together a range of health and social care staff to work with people with complex mental health problems and associated risks who typically require long term treatment, care and support.

The CMHTs work with service users, families, carers, primary care services and other agencies to design, implement and develop comprehensive care and support packages of health and social care. The teams are made up from the following teams: nursing, psychology, psychiatry, medicine, occupational therapy and social work. Services are delivered in the community, in a suitable environment that best supports the service user.

Referrals to addictions services in West Lothian continue to grow, with 1040 referrals in 2019/20 representing a 10% increase on the previous year. There were an additional 257 referrals to HMP Addiewell.

Over the past year there has been significant improvement in addictions services in West Lothian. Previously services had come under pressure due to changes to funding and staff shortages which had a detrimental impact on waiting times performance against the national target. The A11 target states that 90% of clients should be in treatment within 3 weeks of referral and no people should be waiting more than 6 weeks. Services can now evidence a significant improvement in performance which has resulted in the A11 waiting times target being met every month since June 2019. This progress is the result of an A11 recovery plan which included 3rd Sector partners receiving additional resources to support clients transferring from statutory services.

A pilot project, hosted by West Lothian Drug and Alcohol Service (WLDAS), has been put in place with the aim of providing support for young people with problematic alcohol or drug use or those affected by other problematic use. The pilot will be evaluated to establish effectiveness and inform future developments.

This summary outlines a range of key challenges and some significant policy changes that have applied to the service during 2019/20. Despite the challenging context there have been a range of positive developments and improvements over the year. The service has embarked on major programmes of change and reform with a focus on continuous improvement and meeting the needs of service users in different and more sustainable ways.

Social work and social care employees in West Lothian have worked extremely hard over the year to deliver change and improvement and have made a significant contribution to enhancing outcomes and supporting vulnerable people.

The following information is an extract from the Social Policy Management Plan for 2019/20 setting out an overview of key activities, outcomes and resources required to deliver these over the period. Social Policy makes a meaningful and measurable contribution to the delivery of the Council's Corporate Plan 2018/23 as detailed in the following tables:

	Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 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"> <li>Children and Young People Teams for Mental Wellbeing, School Attendance Improvement and Parenting Groupwork and Support</li> <li>Integrated Early Years Services</li> <li>Family Placement Team</li> <li>Community Addictions Services West Lothian</li> </ul>	SPCF130_Percentage of Children and Families Care Inspectorate Inspections graded good, very good or excellent	88%	100%	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"> <li>Child Care and Protection Teams</li> <li>Child Disability Service</li> <li>Reviewing Officers Team</li> <li>Domestic and Sexual Assault Team</li> <li>Social Care Emergency Team</li> <li>Whole Family Support Service</li> <li>Residential Houses</li> <li>Inclusion and Aftercare Service</li> <li>Family Centre Service</li> </ul>	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.	88%	80%	85%

Alignment with Corporate Priorities / Enablers						
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 Target
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"> <li>■ Whole Family Support Service</li> <li>■ Inclusion and Aftercare Service</li> <li>■ Sure Start</li> <li>■ Youth Justice Team</li> <li>■ Community Payback Team</li> <li>■ Support to adults with physical disabilities, learning disabilities and mental health issues</li> <li>■ Domestic and Sexual Assault Team</li> <li>■ Community Addictions Services West Lothian</li> </ul>	SPCF127_Percentage of young people who are eligible for Aftercare Services who present as homeless	3.3%	2%	2%
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"> <li>■ Assessment and Care Management Services (including Self Directed Support and compliance with the Carers (Scotland) Act 2016)</li> <li>■ Facilitating Hospital Discharge</li> <li>■ Care Homes including respite care</li> <li>■ Housing with Care</li> </ul>	CP:CC017_Percentage of customers who rated overall satisfaction with the Older Peoples service they received as good or excellent	97%	98%	98%

	Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 Target
		<ul style="list-style-type: none"> <li>Day care and personalised support</li> <li>Care at Home and specialist provision</li> </ul>	SW03a_Percentage of People Aged 65+ with long-term care needs who are receiving personal care at home	65.7%	64%	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"> <li>Provision of Home Safety Service and further development of Telecare</li> <li>Reablement and Crisis Care Services</li> <li>Occupational Therapy Service</li> <li>Home Safety and Technology Enabled Care programme</li> </ul>	CP:SPCC100_Increasing the number of people aged 75+ supported by technology to remain at home.	2553	2755	2755
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	58%	90%	70%
			SPCC024_Net cost per head of population on social care services for older people.	£1,493	£1,432	£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: a) Improving dementia care, with particular emphasis on improving post-diagnostic support; b) Expanding use of technology-enabled care to support older people and carers of older people; c) Supporting older people to live at home or in a homely setting for longer; d) Ensuring specialist mental health provision for the over 65's; e) Ensuring support needs of carers are met, particularly carers of those with dementia; f) Developing single points of information for all older peoples' service provision.	<ul style="list-style-type: none"> <li>■ Assessment and Care Management services for older people</li> <li>■ Reablement and Crisis Care</li> <li>■ Short Breaks/Respite and Day Care</li> <li>■ Review Housing with Care</li> <li>■ Redesign of Post Diagnostic Support Service</li> <li>■ Provision of Home Safety Services and development of Telecare</li> <li>■ Review of Care Home Liaison service</li> <li>■ Older People Acute Care Team</li> <li>■ Review Access Systems</li> </ul>	<p>CP:SPCC101_Percentage increase, year on year, of the number of carers of older people who have an adult carer support plan.</p> <p>SPCC019_Average number per month of West Lothian patients whose discharge from hospital is delayed.</p>	New Indicator	New Indicator	5%
6 Delivering positive	(P6.1) The development of more targeted care at home, the use of assistive	<ul style="list-style-type: none"> <li>■ Reablement and Crisis Care</li> <li>■ Home Safety Service and Development of Technology</li> </ul>	P-SPCC015_Number of households receiving telecare	3,681	3,750	3,750

	Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 Target
outcomes on health	technology and provision of reablement will positively contribute to improved outcomes for people.					
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"> <li>■ Assessment and Care Management</li> <li>■ Improve % of Personalised Care Options</li> <li>■ Develop Core and Cluster Housing Models</li> <li>■ Access to Employment</li> <li>■ Community Addictions Services West Lothian</li> </ul>	SOA:1307_19_Premature mortality rate per 100,000	410	411	411

	Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 Target
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"> <li>■ Acute Care and Support Team</li> <li>■ Child and Adolescent Mental Health Service</li> <li>■ Older People Acute Care Team</li> <li>■ Post Diagnostic Support (Dementia)</li> <li>■ Development of Core and Cluster</li> <li>■ Domestic and Sexual Assault Team</li> <li>■ Criminal and Youth Justice Service</li> </ul>	SPCJ124_9b Percentage of women with mental health issues receiving Almond Project support who report improvement in mental health and wellbeing.	100%	95%	100%
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"> <li>■ Joint management of the Community Equipment Store</li> <li>■ Support to adults with physical disability and mental health issues</li> </ul>	<p>CP:SPCC101_Percentage increase, year on year, of the number of carers of older people who have an adult carer support plan.</p> <p>SOA1306_17 Percentage of carers who feel supported in their care role</p>	<p>New Indicator</p> <p>42%</p>	<p>New Indicator</p> <p>46%</p>	<p>5%</p> <p>46%</p>

	Alignment with Corporate Priorities / Enablers					
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 Target
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"> <li>Day care and personalised support plans</li> <li>Occupational Therapy Services</li> <li>Access to Employment</li> <li>Short Breaks from Caring</li> <li>Provision of HSS and development of Telecare</li> </ul>	CP-SPCC028_ Percentage of people with a learning disability supported in their own tenancies	56% latest available data 18/19	60%	60%
			CP-SPCC002_ Percentage of Care Inspectorate Inspections undertaken within registered learning disability services graded good or above	100%	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"> <li>Reablement and Crisis Care</li> <li>Joint Management of Equipment Store</li> <li>Development of Independent Housing Options</li> </ul>	CP-SPCC015_ Number of households receiving telecare	3,681	3,750	3,750

Alignment with Corporate Priorities / Enablers						
Council priority / enabler	Deliverable	Social Policy key activities / processes	Indicator(s)	2019/20 Performance	2019/20 Target	2020/21 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"> <li>■ Child Care and Protection Teams</li> <li>■ Prison based Social Work Team at HMP Addiewell</li> <li>■ Criminal Justice Throughcare Team</li> <li>■ Domestic and Sexual Assault Team</li> <li>■ Public Protection Team</li> </ul>	SOA1305_04 Percentage of women who report that they feel safer as a result of intervention by the Domestic and Sexual Assault Team	100%	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"> <li>■ Youth Justice Team</li> <li>■ Community Payback Team</li> <li>■ Unpaid Work Order Team</li> <li>■ Assessment and Early Intervention</li> <li>■ Early and Effective Intervention</li> </ul>	CP: SPCJ103a Percentage of Early and Effective Intervention (EEI) cases 8 to 17 years who do not become known to the Youth Justice Team within 12 months  CP:SPCJ144 Percentage of Community Payback Orders supervised by the Criminal and Youth Justice Service with a successful termination	94%          80%	80%          75%	95%          80%

## 1. Governance and Accountability

### i. Service Context

Social Policy encompasses a wide range of social work services planned and delivered for a large number of people with a spectrum of differing needs. Together with health services managed locally, it is part of the council's Health and Social Care Partnership Directorate.

The Directorate is headed by the council's Depute Chief Executive who is also the Chief Officer of the Integration Joint Board and is accountable to the Chief Executives of the council and NHS Lothian. The Chief Social Work Officer, in the dual role of Head of Service, and the Head of Health Services report to the Depute Chief Executive. Four senior managers have responsibility for defined aspects of Social Policy services: Community Care, Children and Families, and Criminal and Youth Justice Services.

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. Social Policy contributes to the aims of the HSCP's. Those include delivering positive outcomes and early interventions for early years; improving the quality of life for older people; minimising poverty, the cycle of deprivation and promoting equality, reducing crime and improving community safety; and delivering positive outcomes on health.

Social Policy has responsibility, with the HSCP partners, for the operational delivery of health and social care services for children and families, community care and justice. It is also responsible for carrying out older people's services as directed by the West Lothian Integration Joint Board.

In doing so, the service contributes with key partners to a series of joint plans including:

- The council's Corporate Plan
- The council's transformation programme and Digital Transformation strategy
- Implementing the priorities outlined in plans and strategies for children's services, corporate parenting, community justice, autism, and violence against women and girls
- The Integration Board Strategic Plan and its Engagement Strategy
- Joint Commissioning Plans based on strategic needs assessments to focus clearly on council priorities

### ii. Partnership

Social Policy has a key role to play in the wider Community Planning process especially where there is a focus on the needs of vulnerable or disadvantaged people. It makes a significant contribution to partnership working in three key strategic planning partnerships: the Integration Joint Board and its Strategic Planning Group; the Children and Families Strategic Planning Group; and the Safer Communities Strategic Planning Group.

Figure 1 – Strategic Planning Structure



#### ■ **West Lothian Integration Joint Board**

The Integration Joint Board (IJB) is a separate statutory body responsible for carrying out health and social care functions delegated by the council and the health board. The delegated functions are set out in the West Lothian Integration Scheme, a statutory agreement between council and health board and approved by the Scottish Ministers. The IJB sets the strategic direction and priorities for those functions and issues statutory directions to council and health board for their delivery. The delegated functions cover all Social Policy services for adults and older people, and domestic abuse and health improvement functions.

The IJB approved its new Strategic Plan for the period 2019-23 in April 2019 and also approved a new planning structure to support the achievement of the strategic priorities. The plan details how high-level outcomes are to be achieved through a process of strategic commissioning plans.

To make sure that services are matched with local need, separate community-based plans for the east and west of West Lothian have been produced. The East and West Locality Plans are closely aligned to the Strategic Plan and set out the key health and social care priorities for each area. The Plans set out the IJB's intention to work more closely with the Community Planning Partnership and other partners to better identify and meet the needs of West Lothian's communities.

#### ■ **West Lothian Integration Joint Board Strategic Planning Group**

The West Lothian Integration Joint Board Strategic Planning Group (IJB SPG) has a significant statutory role in the IJB's delivery against National Health and Wellbeing Outcomes and in accordance with the Integration Delivery Principles. It is responsible for the following:

- Developing the IJB's Strategic Plan and Strategic commissioning priorities
- Developing and overseeing the related three-year Action Plan
- Localities-based activity
- Monitoring performance against national outcomes and locally agreed outputs
- Reviewing the strategic plan and the three year action plan
- Providing input to the IJB in responding to emerging policy and regulations

- Linking with staff on service changes and organisational development
- **West Lothian Integration Joint Board - Health and Care Governance Group**  
The Health and Care Governance Group (IJB HCGG) and Care Governance Framework was established in 2017 and it was reviewed and revised in June 2019. It aims to provide assurance to the IJB on quality of care, planning and delivery of services and maintenance of professional standards and regulation of staff. It builds on existing duties, systems and processes already in place in the council and health board for the proactive promotion of safe, high quality, integrated care. It sets out explicit local lines of accountability across health and social care, with clear paths of escalation where evidence of risk is beginning to rise. An action plan has been put in place to further develop the processes required to give that assurance. It focuses on providing transparency and maintaining a culture which supports the safe and effective delivery of care.
  - **West Lothian Children and Families Strategic Planning Group**  
The West Lothian Children and Families Strategic Planning Group (C&FSPG) is part of the West Lothian Community Planning structure. It can therefore draw on partnership working with community planning partners, such as Police Scotland. It oversees the development of Getting It Right for Every Child (GIRFEC) across West Lothian and has responsibility for the duties in the Children and Young People (Scotland) Act 2014, including the development of a joint Children's Services Plan and the Corporate Parenting Plan. It is responsible for the statutory duty to report on progress on the priorities in the West Lothian Children's Services Plan 2017-2020.
  - **Public Protection**  
During the course of 2019-20, West Lothian moved from having a single Public Protection Committee (PPC) to having four dedicated committees. The change followed a process of evaluation and review which concluded that four distinct committees would support a more manageable approach to delivering on the agendas across all areas of protection involving different partner bodies and with different statutory and governance arrangements.

**Figure 2 – Public Protection**



The four committees provide leadership across Adult Support and Protection, Child Protection, Violence Against Women & Girls and Offender Management

(MAPPA). The committees ensure that staff have up to date policies, procedures, guidance and training to ensure that they are equipped to work in partnership to protect those at risk of abuse and harm. They are also responsible for quality assurance and making sure that members of the public have access to relevant information and know who to contact if they have any concerns that a child or adult may be at risk of harm.

The Chief Officers' Group oversees the work of the four separate committees. It is made up of Chief Officers from council, health board and Police Scotland and is chaired by Police Scotland. The CSWO is a member. It is responsible for ensuring that all agencies, individually and collectively, work to protect the children, young people and vulnerable adults of West Lothian. Strong connections therefore remain across the four areas ensuring a holistic and joined public protection approach.

#### ■ **Community Justice**

Since April 2017, statutory Community Planning Partnership arrangements have ensured oversight of the Community Justice partnership service delivering Community Safety and of compliance with multi-agency Criminal and Youth Justice arrangements. It does so through the Community Justice Strategy 2018/23 and its supporting West Lothian Community Justice Strategic Plan 2019-2024.

The vision in the Plan is to make communities safer and more resilient and to support people with criminal convictions to change their behaviour and become valued citizens. The Plan sets out a clear commitment to effective partnership. Its principles cover utilising all available resources from the public, private and third sectors, individuals, groups and communities; working closely with individuals and communities to better understand their needs; making best use of talents and resources; supporting self-reliance; and building resilience. It emphasises the need for early intervention and prevention approaches.

### iii. **The Role of the Chief Social Work Officer**

#### ■ **Overview**

The Chief Social Work Officer (CSWO) in West Lothian is responsible for monitoring all social work and social care service activity across the council and within any integrated arrangements.

The CSWO is by law a non-voting member of the (IJB). The influence of high-quality professional leaders in integrated arrangements is central to the effectiveness of improving the quality of care locally and nationally. The CSWO also has a defined role in professional and clinical and care leadership and has a key role to play in the IJB's Health and Care Governance systems.

The CSWO is a member of a number of significant decision-making teams and groups, both within the council and in multi-agency settings. These include internal senior corporate and service management meetings; attendance at council, committee and panel meetings; meetings of the IJB and its committees and groups; strategic planning groups; and scrutiny and oversight meetings such as the Protection of Vulnerable Groups (PVG) Referral Panel, the Child Protection

and Adult Protection Committees and the Edinburgh, Lothian and Scottish Borders Strategic Oversight Group.

There are a range of other roles undertaken by the CSWO and these include:

- Significant case reviews: signing off all significant case review reports across Social Policy and chairing the Child Protection Committee and its Significant Case Review sub-committee
- External audits and inspections: leading on all social work-related audits and inspections and liaising with inspecting agencies
- Human resources: ensuring 'Safer Recruitment' practices within the council including involvement in all instances where referral of a staff member is being considered to the Scottish Social Services Council (professional standards and conduct), the Central Barring Unit (protection of vulnerable groups legislation), or the Disqualified from Working with Children List

#### ■ **Planned Reports: Statutory Decision Making**

The CSWO must monitor the statutory decision-making aspects of the remit which have been delegated on a day-to-day basis to managers across the council. This is achieved by regular summaries of activity, and by sampling of a number of cases on an agreed and regular basis. The main areas for monitoring are listed below. There are some other less frequent statutory decisions which are delegated and discussed with relevant managers to ensure oversight.

- Complaints: receiving regular reports on social work complaints, the outcomes and actions taken any learning to be applied and being aware of relevant decisions by the Scottish Public Services Ombudsman involving other authorities
- Secure accommodation authorisations: convening a Secure Care Panel where secure care is being considered for a child to review and consider all of the information presented and decide if the legal test has been satisfied and if secure care best meets the child's needs. Regular reviews are carried out to ensure both that the legal test for the placement is still met and that the child's needs are still best met through secure care
- Emergency movement of children subject to a supervision requirement: receiving and scrutinising a quarterly summarised report
- Adoption and fostering: overseeing decisions made through authority delegated to senior managers
- Mental Health Officer decisions: overseeing decisions made through authority delegated to senior managers by receiving quarterly reports
- Adults with Incapacity Act decisions: scrutinising quarterly reports summarising decisions made

- Multi-Agency Public Protection Arrangements (MAPPA): receiving quarterly reports in relation to all high and very high-risk offenders and attending MAPPA Level 3 case conferences

#### ■ **Critical Incident Reporting**

Critical Incident Reports ensure the CSWO can advise and support staff and determine if additional measures need to be put in place, and whether outside agencies need to be informed.

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

Significant occurrence notification procedures are in place and all the issues listed above, and other issues not specifically described, will result in a notification and that will include the CSWO in all cases.

#### iv. **Corporate Governance**

In West Lothian it is recognised that good governance is not merely an auditing requirement; it is crucial for effective public services and achieving the social outcomes which are the council's objective. The council has adopted the Chartered Institute of Public Finance and Accounting (CIPFA)/Society of Local Authority Chief Executives (SOLACE) Framework. It has developed a Code of Corporate Governance in which each principle has a number of specific requirements which have to be met for the council to show that it complies with the code, and for each of those requirements a responsible officer in the council has been identified.

The statutory CSWO role is currently combined with the management position of Head of Social Policy. The combined role is described in the council's Scheme of Delegations to Officers.

The CSWO is required to report annually to the council and the arrangements set out here will form the basis of the content of the annual report. The CSWO also reports annually to the IJB. Statute guarantees the right of the CSWO to have access in the council to senior managers and elected members and to report to them whenever required. Similar provision has been made in the IJB's Standing Orders. The council's Scheme of Delegations to Officers ensures the independence of the CSWO and CSWO decisions from senior management control in relation to the statutory functions in the CSWO remit.

#### v. Customer Engagement

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

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

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

<b>Criminal Justice and Youth Justice - Customer Consultation Schedule 2019/20</b>				
<b>Customer Group</b>	<b>Method</b>	<b>Frequency</b>	<b>Responsible Officer</b>	<b>Feedback Method</b>
<b>Service users</b>	Survey	Annual	Group Manager	Public performance indicators Reporting on the council's website
<b>Partners / key stakeholders</b>	Survey	Annual	Group Manager	Public performance indicators Reporting on the council's website
<b>Unpaid Work recipient's satisfaction feedback</b>	Survey	Ongoing reported/ annually	Unpaid Work Manager	Public performance indicators Reporting on the council's website
<b>Unpaid Work consultation</b>	Focus group	Annual	Unpaid Work Manager	Annual to Policy Development and Scrutiny Panel

## 2. Service Quality and Performance

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

This information is reported annually to the Social Policy, Policy Development and Scrutiny Panel. The service performance is monitored on a monthly basis at the Senior Management Team meeting. The Social Policy Management Plan 2020 - 21 is the key document that details the strategic direction for service delivery, plans to improve outcomes and services. The Management Plan does not stand alone but is part of a wider planning and service development approach.

The wider West Lothian Health and Care Partnership Senior Management Team also meets on a monthly basis and routinely considers service performance measures to enable challenges to be identified at the earliest opportunity. Work is underway to review the performance measures used across the partnership and to develop a more integrated performance framework.

Social Policy also contributes to, and as a service is aware of, the benefits of the wider Community Planning process especially where there is a focus on the needs of vulnerable or disadvantaged people.

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

### **Regulation, Inspection and Improvement Activity**

From 31st July 2018 the Care Inspectorate has been implementing a revised methodology for inspecting care and support services. This was initially rolled out for the inspection of care homes for older people in 2018 and extended in 2019 to care homes for both adults and children and young people including school care accommodation.

Under the new framework Care Inspectorate officers undertake inspections and award grades in relation to the following 5 Key Questions:

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?

A six-point scale is used to describe the quality:

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

### Inspection of Registered Services

During the inspection year 2019/2020, all of West Lothian Council's services received the minimum level of inspection:

#### ■ Children and Families

The following services were inspected under the new framework:

Services for children and young people	How well do we support children and young people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
<b>Whitrigg House</b> <b>March 2020</b>	3 Adequate	3 Adequate	3 Adequate	2 Weak	3 Adequate
<b>Torcroft House</b> <b>November 2019</b>	2 Weak	3 Adequate	Not Assessed	Not Assessed	3 Adequate

As noted above the quality inspection reports from the Care Inspectorate of Services for Children and Young People show that of all areas assessed 75% were awarded Grades of 3 (Adequate). Service review work has been undertaken to inform improvement activity.

There was reduced gradings for residential houses and there is a significant programme of reform and change planned for the service aimed at improvement. There has also been a reduction in the number of registered services (closure of a Family Centre) which has also affected performance overall.

The following services were not subject to inspection during the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020:

Services for children and young people	Last Inspection date
<b>Adoption Services</b>	October 2018
<b>Fostering Services</b>	October 2018
<b>Through Care After Care</b>	December 2018

#### ■ Adults and Older People

Of the Care Homes inspected under the new framework 100% achieved grades of 3 (Adequate) across all areas assessed as detailed below. Where services grades of 3 (Adequate) were awarded service review work has been undertaken to inform improvement activity.

Care Homes	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
<b>Limecroft Care Home</b> <b>June 2019</b>	3 Adequate	3 Adequate	3 Adequate	4 Good	3 Adequate

It should be noted that not all care homes have been inspected using the new methodology yet with some services continuing to be inspected on the previous frame work.

The quality inspection reports from the Care Inspectorate of Services for Adults and Older People inspected under the previous framework show that of all areas assessed 100% were awarded Grades of 4 (Good).

Day Care, Care at Home and Support Services	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
Ability Centre	No inspection during the period			
Eliburn Day Centre	No inspection during the period			
Adult Placement Service	No inspection during the period			
Pathways	No inspection during the period			
Housing with Care	No inspection during the period			
Support at Home Services Feb 2020	Not Assessed	Not Assessed	4 Good	4 Good

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

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

- Direct supervision of front-line practice by team managers
- Individual reviews of care plans and packages of care by case managers
- Analysis of social work complaints
- Monitoring of service level agreement and contracts for the purchase of care
- Regular case file audits
- An annual programme of quality assurance, reviews of teams and services
- Routine performance monitoring
- Self-evaluation through Customer Service Excellence/ West Lothian Assessment Model
- Monthly Performance Reporting
- Multi-agency self -evaluation and quality assurance activity in relation to adult and child protection

### Joint Strategic Inspection

The Public Bodies (Joint Working) (Scotland) Act 2014 established a legal framework for the integration of health and social care services in Scotland. Scottish Ministers asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities from April 2017. The focus of strategic inspections is on how integration authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way. It is important to note that

strategic inspections do not set out to evaluate people's experience of health and social care services in their area. The purpose of the inspections instead is to assess the extent to which health and social care partnerships are making progress in their journey towards integrated service delivery and the aim of achieving better experiences and improved outcomes for people over time.

Between January and March 2020 inspectors from the Care Inspectorate and Healthcare Improvement Scotland visited West Lothian to inspect the effectiveness of strategic planning for adult health and social care services delivered by the West Lothian Health and Social Care Partnership. The inspection considered how well the partnership:

- Improved performance in both health and social care
- Developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- Established the vision, values and culture across the partnership, and the leadership of strategy and direction.

The inspection report was originally due to be published at the beginning of June 2020 but was delayed as a result of the pandemic. The report was finally published on 9 September 2020 and concluded that overall the partnership had made limited progress towards integration since 2016. It included the following evaluations:

- Improvements in partnership performance in both health care and social care – **Good**
- Policy development and plans to support improvements to service (operational and strategic planning arrangements; quality assurance, self-evaluation and improvement; commissioning arrangements) – **Adequate**
- Leadership and direction that promotes partnership - **Adequate**

The inspectors highlighted good performance results in a number of areas and had recognised the work of staff in delivering positive outcomes for the people who use health and social care services in West Lothian.

The position statement submitted in advance of the inspection, the partnership's senior leadership team and the Integration Joint Board had acknowledged that there were areas that needed to be progressed in the journey towards integration and had already begun to take forward plans prior to the inspection.

The inspection report included eight recommendations and an action plan has been developed to address these.

### **Collaborative Working**

West Lothian Health and Social Care Partnership have introduced more collaborative ways of delivering services and have made improvements in several areas including reducing unplanned hospital activity and delays in discharging people from hospital. A range of targeted integrated interventions have been put in place to improve performance in this area:

- **Integrated Discharge Hub**

The Integrated Discharge Hub based at St John's Hospital has been operational since December 2018. It brings together staff from the hospital, community, social work and Carers of West Lothian in one place to work alongside inpatient teams, patients, carers and families. The intent was to improve hospital discharge planning and reduce the length of time people had to wait in hospital for arrangements to be made for ongoing care and support in the community

The hub team holds daily, multi-disciplinary meetings to discuss complex discharges working in partnership with the hospital inpatient teams, carers and families. The discharge planning process has been streamlined because everyone who needs to be involved in decision-making and discharge planning can be consulted almost immediately. Improvements are already being seen such as: better communication, reduction in unnecessary delays and reductions in the average length of stay within the medical inpatient wards.

- **Home First**

On 1st September 2019, the discharge to assess phase of 'Home First' was Introduced. Home First is a model of care which provides a step-down approach to discharge from hospital to the community. The aim is to ensure people do not wait unnecessarily in hospital for assessment of ongoing care and support needs. Decisions made in a hospital environment often do not reflect someone's ability to cope at home and the Home First model addresses that by ensuring assessment of ongoing care and support needs happens in the individual's own home. Home First involves multi-disciplinary working across the health and social care system to:

- reduce unnecessary delays in hospital
- maximise the opportunities for people to return to the community as early as possible.
- provide a period of rehabilitation to maximise independence
- assess ongoing care and support needs in the community

Under the Home First approach, people requiring assessment of ongoing care and support needs on discharge are seen at home on the day of discharge when the process of assessment begins. Short term support is provided in the community by the Reablement Service and/or the Rapid Elderly Assessment Care and Treatment Team until decisions are made about longer term care requirements.

Additional investment has been made in the Reablement Service to increase capacity to deliver Home First. Work is ongoing to refine the pathways required to support the Home First approach and impact will be monitored and evaluated.

While a whole system approach is taken to the delivery of Care at Home services in West Lothian with services delivered by both the internal service and also by our partners in the independent sector, 91% of care hours are delivered by the independent sector. Following a competitive tendering exercise conducted during summer 2019 the West Lothian Care at Home Framework became operational on 1st October 2019. The aim of the framework was to improve the supply of care at home services, by attracting a wider range of providers to and reducing reliance on a few large suppliers and generally building capacity within the market.

Eleven providers were invited onto the framework, five of which were existing framework providers. Internal systems have been reviewed and improved to ensure quicker processes around matching packages of care to individuals and to support providers in the development of their services.

During 2019/20 there was a general improvement in number of days people spend in hospital when they are ready to be discharged when compared to the previous year.

### **Delivery of Statutory Functions**

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

- Mental health
- Looked After Children and Young People:
  - Adoption
  - Secure accommodation and emergency placement of children
- Protection and Risk Management:
  - Child Protection
  - Adult Protection
  - MAPPA

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

### **Mental Health**

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

The core tasks and responsibilities of Mental Health Officers stem from 3 main Acts of the Scottish Parliament and these are:

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

The Adult Support and Protection (Scotland) Act 2007 has also brought significant additional duties and responsibilities for all council staff including MHOs. There has been an increase in numbers of referrals to the MHO service to consider measures under the Adults With Incapacity Act for service users under the multi-agency Adult Protection procedures. This increase is due in part to better identification of matters relating to financial harm with 9 new applications for Guardianship including financial powers over the reporting period

A duty Mental Health Officer is available 24 hours a day across the whole council area. MHOs undertake the full remit of work under the Mental Health Care and Treatment (Scotland) Act 2003. There has been a decrease in the numbers of practising MHOs across the Council over the past year in some part due to maternity leave and the withdrawal from the MHO rota of established MHOs to focus on the demands of their substantive posts. The decrease in number of practising MHO's in West Lothian remains similar to the national picture where there are significant issues with the demographic of the MHO workforce and recruitment and retention of MHOs. While this is a national issue, West Lothian Council continues to prioritise the training of MHOs with a further 2 candidates in place to undertake the 2020/2021 MHO course. The numbers of Emergency Detentions under the MH Act has continued to rise (nationally by 3.3%) but these detentions are increasingly done without MHO involvement (50% without involvement nationally) which is reflected in the number of MHO assessments in this area.

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

Since the introduction of the 2000 Act, the trend in Guardianships has changed significantly and the number of applications granted by the Sheriff Courts continue to rise year on year. Guardianships are now routinely granted for a time limited period by the Court which has led to an increase in demand in relation to provision of MHO reports for renewal of Guardianship applications. With the predicted rise in population, and particularly for the over 75 age group, the increase in applications before the Courts is expected to grow placing additional pressure on the MHO service. There remains a trend towards an increased number of private applications for Guardianship as opposed to local authority applications which is consistent with the picture across Scotland. However, local authority applications have tended to be relate to individuals where there are significant vulnerabilities and safeguarding issues where Guardianship is viewed as a protective measure and require ongoing assertive management of their care.

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

	2017/18	2018/19	2019/20
<b>New Guardianships granted</b>	Private 56 CSWO 23	Private 61 CSWO 23	Private 69 CSWO 12
<b>Total</b>	79	84	81
<b>Existing Guardianships</b>	Private 241 CSWO 56	Private 292 CSWO 55	Private 269 CSWO 57
<b>Total</b>	297	347	326
<b>New Intervention Orders</b>	9	4	10

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

	2017/18	2018/19	2019/20
<b>Emergency Detention Certificates – Sec 36</b>	82	44	38
<b>Short term Detention Certificates – Sec 44</b>	170	153	163
<b>Compulsory Treatment Orders (new applications)</b>	65	48	37
<b>Assessments (Sect 86, 92, 95)</b>	338	352	336

### **Looked After Children and Young People**

Local Authorities have a responsibility to provide support to Looked After Children. A young person may become looked after for a number of reasons, including neglect, physical, sexual or emotional abuse, problematic parental substance misuse, complex disabilities which require specialist care, or involvement in the youth justice system, as well as for other reasons.

There are several types of placements where Looked After Children or Young People could be placed in, including at home (where a child is subject to a Supervision Requirement and continues to live in their normal place of residence), foster care, residential house or school, a secure unit or a kinship placement (where they are placed with friends or relatives).

In 2019-20 11 Unaccompanied Asylum Seeking Children were being looked after in West Lothian. For the most part young people in these circumstances were accommodated in the Council's internal residential provision while assessments were undertaken to enable appropriate support to be provided or placed in community settings within West Lothian.

Of the 11 young people:

- 3 were placed within foster care
- 2 were placed in Supported Adult Placements
- 5 were placed in supported accommodation and
- 1 is residing in their own tenancy and receiving telephone and email support

The total number of Children Looked After in West Lothian at 31/03/2019 and 31/03/2020 by statute and length of time under statute is detailed in the table below:

Looked After Children												
	Under 1		1-4		5-11		12-15		16+		Total	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
At Home with parents	3	3	22	19	38	39	35	27	3	5	101	93
Away from home – Community setting	14	13	58	62	106	115	87	79	24	32	289	301
Away from home – Residential setting	0	0	0	0	5	3	20	18	14	13	39	34
Secure care	0	0	0	0	0	0	1	2	0	0	1	2
<b>Total</b>	<b>17</b>	<b>16</b>	<b>80</b>	<b>81</b>	<b>149</b>	<b>157</b>	<b>143</b>	<b>126</b>	<b>41</b>	<b>50</b>	<b>430</b>	<b>430</b>

West Lothian Council is committed to improving planning for looked after children and strengthening permanence practice to improve the outcomes of all our Looked after Children, providing each individual child with a stable, secure, and permanent place to live.

	2017/18	2018/19	2019/20
Children registered for adoption	11	7	7
Children matched to adopters	12	7	6
Children registered for permanence order with authority to adopt	8	4	6
All children under the age of 12 registered for permanence excluding kinship/residence orders	17	18	10

In West Lothian permanence decisions for children under the age of 3 requiring a permanence order or adoption order are, on average, achieved within 27 weeks. Children under the age of 5 requiring a permanence order or adoption order are having this decision made within 30 weeks. Between 1st April 2019 and 31st March 2020, the children requiring a decision to be made for an adoption plan had this decision made on average within 32 weeks.

We are also working hard to achieve improvements for children above the age of 5 and in kinship care. In 2019/2020 West Lothian Council worked closely alongside the Centre for Excellence for Looked after Children in Scotland (CELCIS) on the Permanence and Care Excellence (PACE) programme. The PACE programme helped identify delays, blockages and difficulties to securing permanence for our looked after children. Data provided by PACE in May 2019 demonstrated that all children requiring a permanence decision under the age of 12 took 62.9 weeks from the date the child was accommodated. By April 2020 this figure was reduced to 52.9 weeks. In partnership with PACE the aim is to reduce the length of time between a child being accommodated and having a permanence decision to 40 weeks. West Lothian Council also aim to lodge permanence applications within 20 weeks of the plan being approved by the agency decision maker. A number of tests for change have been introduced.

Through PACE a number of new guidelines have been introduced. These have included that all children who are under the age of 12 who become accommodated have all their looked after reviews pre planned and dates arranged at the point of becoming accommodated. This includes a mandatory review within 6 months to consider the child's need for permanence. Guidelines for completing parenting capacity assessments have been updated alongside step by step permanence planning guides. Procedures for family finding have been clarified and a new and improved matching consideration form introduced. This alongside our commitment to using the adoption register/ link maker and attendance at adoption activity and exchange days has ensured our ongoing success in finding adopters for our looked after children who have an adoption plan. Work is ongoing to ensure we deliver high quality, robust assessments and advance the knowledge, skills and confidence of our workforce. Staff training is ongoing and consultation and peer support has been made routinely available.

West Lothian Council continues to make good use of the adoption register and have successfully matched a number of children via linkmaker.

West Lothian council recognise the range and complexity of needs of adopted children and their families. Currently every adopted child receives a standardised assessment prior to placement to ensure their future needs are fully planned for. Adopted children who require therapeutic services are routed through the Mental Health and Wellbeing screening group. This includes counselling, parenting, play therapy and resilience services. Post adoption support is also provided as part of our service level agreement with Scottish Adoption. West Lothian Council are currently reviewing our adoption support arrangements to ensure foster carers' who adopt have the same access to services as those adopters approved by independent adoption agencies.

West Lothian Council continues to work in partnership with St Andrew's Children's Society to deliver concurrent planning avoiding unnecessary delay in making permanent plans for very young children.

Extending the use of Family Group Decision Making remains a priority to build upon the strengths of families to ensuring that, where possible, children can remain within their kinship network. Family Group Decision Making is now routinely being used in pre-birth planning.

### **Secure Accommodation of Children**

In very limited circumstances, when children are considered to present a serious risk of harm, either to themselves or to others, the Chief Social Work Officer may authorise their detention in secure accommodation. These decisions must be confirmed by a Children's Hearing and must be kept under close review to ensure that the decision is still in the best interests of the child and that the views of the child and relevant persons are taken into account. Courts also have the power to order the detention of children in secure accommodation.

During 2019-20, there was a slight increase in the use of secure care with 5 children requiring such provision during the year and for short time periods.

### **Protection and Risk Management**

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

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

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

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

- West Lothian Chief Officers Group
- West Lothian Child Protection Committee
- West Lothian Adult Support and Protection Committee
- Violence Against Women and Girls Strategic Group
- Offender Management (MAPPA)
- Community Justice Partnership

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

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

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

## Children at risk

	2017/18	2018/19	2019/20
<b>Child protection referrals</b>	479	413	422
<b>Joint Investigations</b>	227	193	173
<b>Initial and Pre-birth Child Protection Case Conferences</b>	88	84	122

In 2019/20 there was a slight increase in the number of Child Protection referrals made and a slight decrease in the number of Joint Investigations undertaken when compared to the previous period. In the period 2019/20 there has been an increase in the number of Initial and Pre-birth Case Conferences compared to 2018/19 (more than one child can be considered at a case conference).

The Scottish Government notes that there is variability from year to year in the numbers of children on the child protection register at a local authority level due to the small numbers of children involved in each local authority. In many cases, there are no obvious reasons for changes, although in some areas, sibling groups entering and leaving the system has led to fluctuating numbers.

Protecting children at risk is a multi-agency responsibility. The Child Protection Committee has responsibility for ensuring all agencies work together, staff are confident and competent in their roles and that information is provided to the public.

The Quality Assurance and Self-Evaluation subcommittee analyses management information on an ongoing basis to see if there are any identifiable trends in types of abuse, increasing or decreasing numbers of referrals, numbers of case conferences etc. For similar reasons Inter-agency Referral discussions are reviewed regularly.

A Significant Case Review on the theme of neglect was undertaken during 2019 and presented to the CPC in 2020. Lessons learned will be considered and tackled during the coming years.

A multi-agency IRD Review Group meeting of senior staff convenes on a two weekly basis to review all IRDs for quality assurance purposes, to monitor practice and to identify emerging themes. These themes are reported to the Child Protection Committee.

	As of 31 <sup>st</sup> March 2017	As of 31 <sup>st</sup> March 2018	As of 31 <sup>st</sup> March 2019	As of 31 <sup>st</sup> March 2020
<b>Children on Child Protection Register</b>	72	45	94	98
<b>Children looked after at home</b>	119	107	101	93
<b>Children looked after away from home</b>	375	352	329	337

#### Adults at Risk

	2017/18	2018/19	2019/20
<b>Adult Protection Referrals</b>	540	732	799
<b>Inter-agency Referral Discussions (IRDs)</b>	70	147	195
<b>Adult Protection Case Conferences</b>			
<b>(this includes Adult Protection Case Conference Reviews)</b>	72	82	82

There has been a year on year increase in the number of Adult Protection referrals recorded in West Lothian. The increase in the recorded number of referrals has been as a result of increased public awareness, through publicity campaigns and engagement events.

The Edinburgh and Lothian wide electronic IRD system was implemented May 2018, enabling all three core agencies to communicate and record information on a single document, reducing the risk of misunderstanding of information. A review group of senior managers continues to quality assure decision making at the IRD stage of adult protection process.

Remote access IRD training was provided to those staff with responsibility for conducting IRDs.

## **Domestic Abuse**

West Lothian Domestic and Sexual Assault Team (DASAT) provide a unique framework of integrated services, housed within local government, responding to both domestic abuse and sexual assault. In 2019/20 the team received 1620 referral and this is a slight decrease compared to the previous year when 1647 referrals were received. The team offers a range of services including:

- **The Court Advocacy Service**

The Court Advocacy Service works closely with the Procurator Fiscal's Officer to deliver a high quality service for victims of domestic abuse involved in the court process. The service received 615 referrals during 2019/20 this is a decrease of 4% compared with the previous period.

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

The LISA service aims to keep women and children safe in their own homes and provide multiple housing options to support women.

In 2019/20 the LISA project supported 206 women this is an increase of 45% on the previous period. In 39% of the cases, the project has supported women to remain in their own homes and prevented them from having to move into temporary accommodation.

- **Court Contact Children's Right's Service**

The Court Contact Children's Right's Officer aims to increase awareness of domestic abuse in the context of child contact and improve outcomes for women and children, by highlighting how patterns of coercive control can be continued through child contact. The worker ensures that children's voices are heard and their rights upheld within an adult judicial system by allowing Sheriffs to hear directly from the child so decisions can be made in a child's best interests.

## **Offenders in the Community subject to Statutory Supervision**

Since April 2016 the responsibility for Community Justice moved from the Community Justice Authority to Community Planning Partnerships. In West Lothian this has been

undertaken by the Community Justice Partnership which is part of the West Lothian Community Planning Partnership structure.

	At 31 March 2018			At 31 March 2019			At 31 March 2020		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>CPO requirement for supervision</b>	301	52	353	284	59	343	269	48	317
<b>CP O with a requirement for unpaid work</b>	270	31	301	258	24	282	253	28	281
<b>Drug treatment and testing orders</b>	13	4	17	9	3	12	13	0	13
<b>Number of individuals subject to Statutory Through Care</b>	183	2	185	161	3	164	160	3	163

The figures in the table detail the new orders put in place during the period April 2019 to March 2020 and does not reflect existing orders that can be in place for up to 3 years. Throughcare Orders can be for life.

The Scottish Government committed in its 2019-20 Programme for Government to extend the presumption against short sentence of 12 months or less, once additional safeguards for victims in the Domestic Abuse (Scotland) Act 2018 were in force. It is likely that this will see an increase in the need for more community based support although will provide an additional challenge in the current climate of restricted public finances.

The management of dangerous sexual and violent offenders in the community is one of the highest priorities for Criminal Justice Social Work and Police working together. Housing and Health services along with other statutory agencies also play a significant role in the detailed multi-agency procedures which are followed in West Lothian. This activity requires to be reported to Scottish Ministers.

When subject to statutory supervision on release from prison or community supervision, such offenders require to comply with any conditions attached to their licence/orders. They are subject to robust risk management. If the offender breaches any of the conditions imposed on them they may be subject to further investigation or a recall to prison, either by Scottish Ministers, the Parole Board or the Courts.

Multi-Agency Public Protection Arrangements (MAPPA) are defined in legislation and national guidance currently applies to the management of all registered sex offenders. In West Lothian these arrangements are well established. During the period April 2019 – March 2020 partners were able to robustly contain or reduce risk in 93.03% of cases. Criminal and Youth Justice are currently responsible for 37% of the total offenders managed under MAPPA in the community with the remainder being managed by Police Scotland.

Young people who offend are also managed through either the above or the Young Person Risk Management Process depending on age and current statutory status.

## **Improvement and Performance Activity**

### **Contract Monitoring**

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

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

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

### **West Lothian Assessment Model (WLAM)**

Effective internal scrutiny provides performance challenge and helps ensure a proportional approach to internal and external scrutiny activity, based on a strong understanding of current performance and the capacity to improve.

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

West Lothian Council recognises that there is always a way to make better and more efficient services for the people we serve, balancing quality of service provision with value for money.

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

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

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

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

Social Policy has three WLAM Units within the service, Children and Families, Community Care and Criminal and Youth Justice. All of the Social Policy WLAM units have demonstrated

an improvement after each cycle of assessment as highlighted by the increase in WLAM score across the service.

WLAM Unit	Cycle	WLAM	Change
<b>Children and Families</b>	2014/17	482	+57
	2017/20	539	
<b>Community Care Services</b>	2014/17	456	+72
	2017/20	528	
<b>Criminal and Youth Justice</b>	2014/17	488	+65
	2017/20	553	

## External Assessment

To supplement our internal improvement processes, the council undertakes planned external assessment on a periodic basis. This ensures that the council is scrutinised across different standards and frameworks promoting excellence and the highest standards of practice. It also allows comparison with the best performers across all sectors in the UK and beyond.

The key external assessment processes for the council are:

Assessment	Assessment Method	Improvement focus	Assessed level
<b>Customer Service Excellence</b>	Three year programme of corporate assessment	Assessment of the organisation's customer focus and overall standards of customer service and delivery.	CSE standard (2018)
<b>European Foundation of Quality Management (EFQM)</b>	Period corporate assessment	Assessment against fundamental concepts of Excellence against a global framework.	EFQM 5-star (2017) EFQM Global Excellence Award Finalist (2017)  EFQM Global Excellence Award Highly Commended "Adding Value for Customers" (2017)

## Complaints

Social Policy adopted the Social Work Model Complaints Handling Procedure as of April 2017. This is a two stage process:

- Stage 1 Frontline Resolution
- Stage 2: Investigation

Since the introduction of the new procedure the Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland.

The council's social work services are required by statute to report annually on statutory complaints received from service users, would-be service users, their carers and representatives. Improvement activity is ongoing with regard to resolution timeframes and training is being rolled out to all staff involved in the complaints process.

The council is committed to improving social work services for the people of West Lothian and recognises that complaints are an important source of customer feedback. The following table provides an overview of the complaints received during 2019/20 and their outcome.

<b>Total number of complaints</b>	<b>146</b>
<b>Percentage of complaints upheld</b>	<b>27.4%</b>
<b>Percentage of complaints partially upheld</b>	<b>24%</b>
<b>Percentage of complaints not upheld</b>	<b>48.6%</b>
<b>Percentage of complaints resolved within timescale</b>	<b>55.5%</b>

## **User and Carer Empowerment**

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

The Social Care (Self-directed Support) (Scotland) Act 2013; which came into effect on 1st April 2014, is a key building block of public service reform and is part of the national Self-Directed Support Strategy 2010-2020. The key focus of the strategy is to empower people to have more say in the decisions that affect them both as individuals, as users of social care services and as members of their communities.

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

Social Policy values the role that carers play within West Lothian and in particular how they enable the people they care for to enjoy a quality of life and independence that would otherwise not be possible. However, we recognise that without appropriate support there can be a cost to the carer in terms of their own health and well-being. In recognition of this, Social Policy and key partners are working together to identify how best the statutory and the voluntary sector could support carers in their caring role and ensure compliance with the requirements of the Carers (Scotland) Act 2016.

Our commitment to continue becoming better corporate parents is underpinned by a long and active tradition of engagement with children and young people. The West Lothian Champions Board is an example of this collaborative relationship between those providing and using services for care experiences children, young people and care leavers. This provides the structures and processes for our looked after children and young people to hold us, as Corporate Parents, to account for the progress that we make on delivering the commitments detailed within our Corporate Parenting Plan.

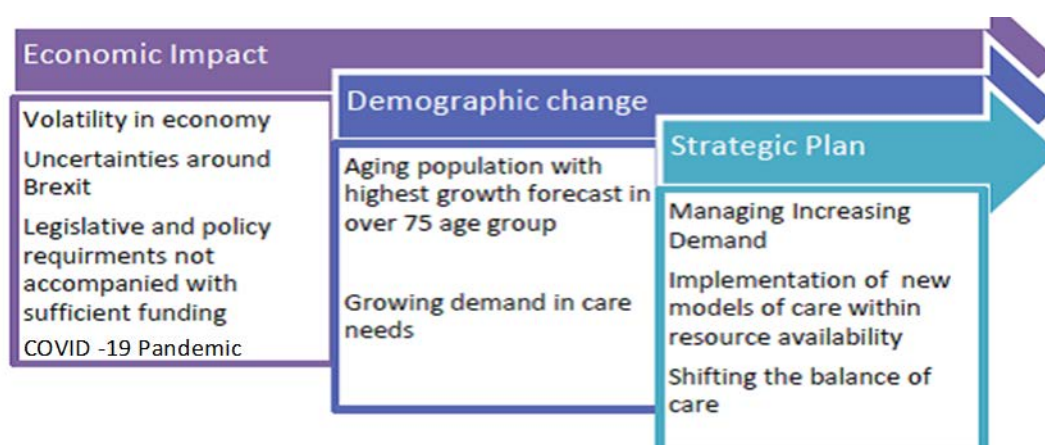
As well as the Champions Board we actively promote listening to childrens views through other mechanisms including: Having Your Say forum, Viewpoint, Advocacy services and Children's Rights service, Residential House Activities, Carers Consultative Forum and Kinship Care Group.

Community Choices places the decisions about investment in our communities into the hands of the people who live and work in them. Tackling poverty and community empowerment are two key priorities which are embedded in the Community Choices ethos. Social Policy is committed to the implementation of Community Choices as we know that our communities in West Lothian are best placed to address the inequalities in their own areas and therefore know what improvements can be made. Social Policy is progressing ways of delivering activities through Community Choices.

### 3. Resources

The medium term financial plan plays an important role in informing the planning and prioritisation of future service delivery, and strategic planning and commissioning. Financial planning assumptions are reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on the delivery of social work services.

Medium-term financial planning requires to take account of a number of risks as summarised below:



In February 2018 West Lothian Council agreed a five year revenue budget strategy including measures to address a budget gap of £65.3 million over the five years from 2018/19 to 2022/23. The Social Policy element of these savings was £23.3 million. Social Policy delivered £3,392,000 of these savings in 2019/20. The council is now in the third year of this strategy and continues with its ambitious project management approach to ensuring a break even budget is achieved at the end of each financial year.

The total net expenditure for Social Policy in 2019/20 was £103,076,000 which represented an underspend of £901,000. This was as a result of early delivery of future year savings of £561,000 and one off underspends related to Care at Home Delivery of £340,000.

While West Lothian Council did report an underspend for Social Policy in 2019/20 there remain a number of significant pressure areas as outlined below

#### Areas of pressure include:

- External and Internal Residential Placements for Looked After Children
- Residential Care for Adults with Physical Disabilities
- Residential Care for Older People.

These areas are all subject to ongoing monitoring and all form part of the council's redesign programme that will ensure that we can continue to deliver quality services within the available budget.

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

## Social Services Delivery Landscape

West Lothian is in Central Scotland, has a population of approximately 183,100 (National Records of Scotland 2019 mid-year estimate). This is an increase of 0.5% from 182,140 in 2018.

It covers an area of 165 square miles, two thirds of which are predominantly used for agriculture and a tenth of the area is taken up by urban development. In the east-central band there is a large shale oil field, whilst the area in the west is dominated by Scotland's central coalfield. Both of these natural resources were greatly exploited in the 19th and early 20th centuries and contributed to the development of a number of West Lothian's communities. The rapid development of these 'boom' communities meant the loss of these industries was felt heavily, and this legacy has resulted in some small but prominent concentrations of deprivation.

West Lothian had the 9th highest population in 2019, out of all 32 council areas in Scotland. Between 1998 and 2019, the population of West Lothian has increased by 19.5%. This is the 2nd highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.6%.

West Lothian faces a growing and also an ageing population. The West Lothian population is growing faster than the Scottish average and the number of people aged 75 and over is forecast to increase by 119.7% by 2041. During the same period the working age population 25-49 years and 50-64 years are only projected to grow by 2.1% and 4.1% respectively.

The number of carers in West Lothian is similar to the national average and has not changed since the 2011 Census. There has, however, been a significant increase (35%) in the amount of care provided with nearly 7,800 people providing unpaid care for 20 or more hours a week, and 4,600 of these for 50 hours or more.

### Inequalities

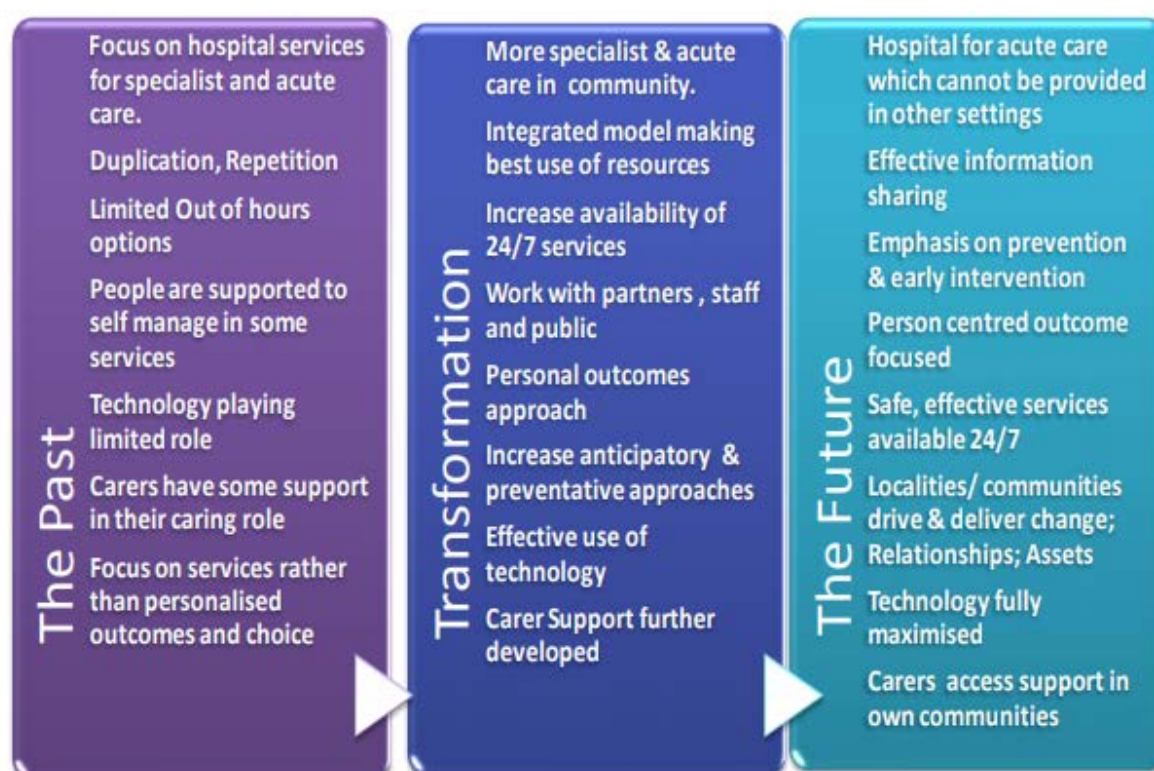
- 15,000 people in West Lothian (8% of the county's population) live within the 15% most deprived areas in Scotland.
- The most recent child poverty statistics (2018) show that 26.0% of West Lothian children are living in poverty. This is an increase of 3.2% from 2015 (22.8%)
- Around 22,000 households in West Lothian (28%) are defined as fuel poor, spending more than 10% of their income on gas and electricity costs

- A significant proportion of households are earning less than the average weekly wage; a quarter of West Lothian households earn less than £16,000 and approximately 38% earn less than £20,000.

Social Policy is committed to contributing to the delivery of the [West Lothian Anti-Poverty Strategy 2018-23](#)

## Strategic Commissioning

Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. This includes challenging historical spending patterns in light of what we know about our population needs and in particular managing the major trends of a growing, ageing population with increasing comorbidity.



A strategic approach has been taken to commissioning and there is commitment to working with partners to:

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

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

**i. Strategic Commissioning Plans**

The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on Integration Authorities to develop a 'strategic plan' for integrated functions and budgets under their control. In compliance with this requirement strategic commissioning plans have been developed for all adult care groups. These strategic commissioning plans incorporate the important role of informal, community capacity building and asset-based approaches, to deliver more effective preventative and anticipatory interventions, in order to optimise wellbeing and the potential to reduce unnecessary demand at the 'front door' of the formal health and social care system.

In January 2020 new strategic commissioning plans were approved for services for older people, mental health and people living with learning and physical disabilities. The plan for substance misuse services was developed through the West Lothian Alcohol and Drugs Partnership and was due to be approved in April 2020 but this approval was delayed until September 2020 as a result of the COVID-19 pandemic.

In 2020/21 strategic commissioning plans will be developed for services for children and families and also for Community Justice services.

**ii. Contract Monitoring**

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

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

## 4. Workforce Planning and Development

Having the right number of staff, with the right skills, in the right posts, is a basic requirement for the delivery of high quality social work and social care services. It is recognised that good workforce planning that is linked to strategic plans and priorities is key to making informed decisions about changes to our workforce.

The IJB Workforce Planning Development Group oversees implementation of the West Lothian Integration Joint Board's (IJB's) Workforce Development Strategy. The Group ensures that workforce planning is aligned to the delivery of the strategic priorities set out in the IJB's Strategic Plan. Representatives from across health and social care bring substantial knowledge, experience and commitment to ensuring delivery of the action plan developed in support of the West Lothian Workforce Development Strategy. The Group also ensures that the ongoing learning and development needs of the health and social care workforce are identified and progressed across the partnership.

The Group provides assurance to the Integration Joint Board that workforce planning across the Health and Social Care Partnership is robust, evidence based, integrated across all staff groups and is aligned to financial planning and transformational change programmes. Workforce plans will be further refined during the course of the year to ensure that they support the priorities identified in strategic commissioning plans which are being developed.

As our transformational change programmes progress, our workforce will look different, it will be integrated, engaged, motivated and empowered, where innovation and positive response to change is necessary. Our traditional working boundaries will change with new ways of working such as multi-disciplinary team working, across, not just health and local authority, but also with our third and independent sector partners.

Our commitment to workforce development continues to be underpinned by our commitment to deliver excellent services supported by staff who are motivated to be the best they can be through relevant training and development opportunities to ensure they are equipped to meet the challenges ahead and be our workforce of the future.

This year a workforce planning seminar was held to review the demand for social work and social care staff across the Health and Social Care Partnership (HSCP) and an action plan developed for the recruitment, retention and training of staff across the sector. In addition, a succession planning group was established to take our priorities forward. Our priorities for a skilled and valued workforce include:

- Ensure that social care becomes a career of choice for people at all stages of life
- Invest in developing the workforce so that skills are refreshed to meet changing demands
- Support a compassionate, skilled, autonomous workforce
- Equip the workforce and users of services for digital transformation and greater use of technology.

Our recruitment drive also focuses on the importance of developing and building a talent pipeline and inspiring our workforce of the future. Together with our partners in Education, the Health and Social Care Partnership hosted a careers event aimed at primary and secondary pupils, highlighting the wide range of career opportunities available within the

Health and Social Care Sector. The event was attended by almost 1000 pupils from schools across West Lothian and provided an excellent platform for pupils to ask questions and take part in hands on activities and demonstrations.

A similar event was arranged for West Lothian College students where information was provided on social care careers and current vacancies, including locum and supply positions to enable students to consider paid employment and experience whilst undertaking their studies.

A promotional video was produced in early 2020 to showcase careers in Health and Social Care this linked in with the timing of the National Social Care recruitment campaign. The video depicted a wide range of careers within Health and Social Care and featured current staff members from a range of services who shared their opinions on the most rewarding aspects of their daily jobs.

We have continued to offer staff opportunities to enhance their professional development by sponsoring candidates to complete Mental Health Officer training and post-graduate courses in Adult Support and Protection, Practice Education and Child Welfare and Protection.

Partnerships have been developed with Higher Education Institutions (HEI), including the Open University, to provide additional placement opportunities for students. We continue to support our practice educators with the introduction of practice seminars in partnership with the University of Edinburgh

During 2020 a rolling programme of entry level social care qualifications was put in place and officers within Business Support – Customer and Community Team undertook SQA assessor qualifications to enable a robust assessment of candidates and provide a high level of support.

To ensure that the workforce is supported to continue to have the necessary skills and knowledge to meet the challenges ahead work will continue to delivery on the following key themes:

- Continued support to meet the Scottish Social Services Council's (SSSC) registration requirements alongside ongoing monitoring of registration compliance.
- Continued development of the Social Policy Scottish Vocational Qualification (SVQ) Centre to deliver Professional Development Awards (PDA) in Supervision and Dementia.
- Development of a pathway to support SQA assessor qualification to internal and external verification awards.
- Exploration of options for work experience and foundation apprenticeships
- Targeting of resources to ensure mandatory and necessary training is paramount alongside the ongoing development of in-house learning provision.
- Continued partnership working to ensure the best use of training resources
- Continued development of a blended approach to learning with an extended e-learning menu.
- Evaluation of the implementation and embedding of changing practices through a robust quality assurance function.

In West Lothian we also have an ongoing commitment to promoting multi-agency training and events in order for practitioners to develop an understanding of each other's roles, develop trust, share a common approach to protection work, accept responsibility and share good practice. During 2019/20 social policy and multi-agency staff attended the following training sessions:

- **Child Protection Training**

- Child Protection Awareness Raising
- Risk Assessment Training
- Graded Care Profile
- Vulnerable Babies
- Non-engaging families

During 2019/20 an Introduction to Child Protection module was developed for private nurseries to deliver to their own staff

- **Adult Protection Training**

- Adult Protection Basic Awareness Training
- Adult Protection Training
- Adult Protection Council Officer Training
- Home Fire Safety Training
- Self Neglect & Hoarding Training

The following Adult Protection workshops and events were also held:

- The Dewis Choice Initiative - Two sessions were delivered to a multi-agency audience and this training included sharing 'lived experiences' of older survivors of domestic abuse, how the initiative sits within the Adult Support and Protection Framework and the barriers facing older people experiencing abuse.
- The Financial Harm Reduction Group held numerous events with partners to engage communities who may be at risk of financial harm including workshops for people with early onset dementia.

Mandatory and statutory training remains a priority to ensure our workforce is meeting legislative and policy requirements. There are robust arrangements in place to identify and address current and emergent development needs and to deliver and track completion of mandatory and statutory training.

The SSSC report "The Demand for Social Workers" on the supply and demand of social workers in Scotland highlighted that the number of completions from qualifying social work courses in Scotland had fallen consistently over a five year period. This creates a serious challenge for the delivery of social work services and remains the key focus of our workforce planning going forward.

With regard to the effective delivery of social care services in West Lothian we must also consider the impact on our partners workforces. Workforce planning is fundamental to

ensure that we have the staff and skills need to deliver change. Some progress has been made to improve our workforce planning, but more needs to be done in particular we need to be more flexible and agile in how we deploy staff, work with partners and attract new people to work in the delivery of social work and social care services in West Lothian.

## 5. COVID-19 and The Challenge Ahead

Local government and public services in Scotland are under unprecedented pressure due to COVID-19. The precise scale and ongoing impact of COVID-19 on our communities, critical services and the wider economy is, as yet, unknown. However, the economic impact on public services is likely to be significant not only on funding but as a consequence of increased demand for services.

These new pressures sit within a context of councils for several years having to deal with increasing challenges while continuing to address the needs of local people and deliver on national priorities. Not only are public services facing the immediate and longer-term implications of COVID-19 but alongside this there are existing pressures connected to European Union exit, demographic change, impact of poverty and tackling inequality.

The need to do things differently to address the needs of communities more efficiently and effectively is even more important. Medium to long term financial planning is essential alongside the need for further radical and creative thinking to find sustainable long-term solutions to meet growing service demands within available resources. In going forward improved collaborative working will be key to making the best use of our local resources and there will be a continued focus on the improvement of our workforce planning.

In terms of responses to the pandemic, social work and social care services in West Lothian have adapted at pace.

All efforts have been made to meet statutory requirements and to mitigate and lessen adverse impact on service users of enforced service changes brought on by the pandemic.

Central to this capacity to respond at pace and retain quality of service support has been the skilled, dedicated and committed workforce who have demonstrated great resilience and professionalism during this sustained period of public health crisis.

Social care and social work employees have stepped up and voluntarily moved to work in areas of care and support where people resources were most needed. A significant proportion of the workforce have continued throughout to undertake their roles as prior to the pandemic but with significantly altered practices and approaches to manage the health risks presented by COVID 19.

For services with a strong foundation of relationship based practice, the requirement for remote working for many social work professionals has presented some practice issues. Digital engagement with service users and ensuring access to digital resources for people experiencing poverty will continue to be challenging. However, there are also opportunities for improving engagement and enabling people to participate where previously meetings in person may have been more problematic for some. Risk assessment work was undertaken at an early point of the pandemic to support managers and employees in assessment of safe contacts with people in need of direct care, support and protection visiting.

Home working has become the norm for most social work professions not involved in the provision of direct care. Working remotely and at distance from colleagues whilst offering flexibility in these times has also presented some challenges for social work employees. Finding ways of recreating peer support and the informal work support networks that good

office environments and cultures previously provided has been a priority for managers across services. The importance of effective professional supervision for all and especially newly qualified employees and those experienced practitioners working with the most complex and high risk has never more critical.

In West Lothian we are committed to high professional standards and the constant renewal, enhancement and expansion of social work knowledge and skills.

Supporting and retaining our staff has never been more important. There are some enduring challenges of recruitment to social care posts and within the context of the COVID 19 crisis and the critical importance of these roles we continue to drive to attract more people to join the social work and social care workforce. Whilst there has been some evidence of increased interest in social care employment it is yet too early to know whether this will be a continuing trend. We continue to focus on ensuring that we have succession plans in place to support our excellent employees to step up and lead the service of the future. Despite and because of the challenges presented by the pandemic we must continue to focus on supporting a learning and reflective environment across services and keeping the persons or families needing support at the centre of decisions about their support and care.

The COVID-19 pandemic has further emphasised the importance of the digitalisation agenda for social work and social care services and has brought into sharp focus the need to modernise some key processes. We have developed different ways of working in response to the pandemic and will capitalise on these going forward. There are undoubtedly many opportunities for us to deliver our services differently through technology. However, we must balance digital approaches with the real value of face to face contact, a key element in the delivery of social work and social care.

It is clear that there are also opportunities through increased and advanced use of technology to support more people to retain independence at home for as long as is possible and safe. We aim to further this work with pace and it will be taken forward by the Strategic Planning and Commissioning Boards within the Health and Social Care Partnership.

A key theme at the centre of leadership approaches in West Lothian through the pandemic has been very active engagement with care providers and suppliers of care and support for West Lothian citizens. At a very early stage the Health and Social Care Partnership put in place a range of measures designed to ensure that essential community health and social care services continued to be delivered for the population of West Lothian. This included early intervention to address market fragility by providing financial support to care providers to cover COVID 19 additional costs.

In keeping with the above, the West Lothian PPE centre was established in April 2020 with the aim of ensuring secure supplies of PPE and the timely delivery of essential items to health and care services across the partnership. The PPE centre has now become the main supply route for PPE in West Lothian. Without doubt, this has been a significant undertaking which has been delivered by West Lothian HSCP staff with support from the Unpaid Work team from Criminal Justice and Carers of West Lothian who played a key role in ensuring that unpaid carers and personal assistants in West Lothian have access to appropriate levels of PPE.

## **Services for Adults and Older People**

Keeping people safe is a primary duty of all of our social work and social care services. The COVID-19 pandemic has put a sharp spotlight on the social care and social work sector, its employees and the people of all ages who use its services. In some areas of care there has been significant and understandable focus and no more so than on care homes services for older people.

One of the most serious challenges faced by the social care sector and this continues to be so, is protecting the safety of older people resident in care homes particularly when rates of community transmission of COVID-19 are high.

The number of frail older people who have sadly passed away in care homes where COVID 19 has been a factor in their death has been and will continue to be a focus of scrutiny and concern for all involved in social care and social work. All deaths concern a person whose life is valued and loss felt by family and friends.

There has also been a significant emotional toll on staff working and managing care homes as a consequence of the impact of COVID-19. They have had to respond rapidly to changing practices in terms of infection control whilst also managing the impact of the suspension, restrictions of family visiting into care homes and the balancing of risks at the core of such extremely challenging circumstances.

To ensure the delivery of safe and effective care for people who live in care homes the partnership built on well established relationships across the care home sector to deliver enhanced support in line with Scottish Government guidance.

Arrangements were put in place to ensure consistent contact with care homes with situation reports reviewed at daily care homes oversight meetings involving the Chief Officer, Chief Social Work Officer, Chief Nurse, other partnership senior managers and representatives from NHS Lothian Public Health. These daily reviews allow for the early identification of emerging challenges and risks.

A rolling programme of joint health and social care assurance and support visits to care homes is ongoing. Work is also now taking place to identify how local enhanced care home assurance and support will be delivered going forward post COVID-19 and the workforce requirements associated with that.

In terms of governance and accountability, reports have been provided to the Council Executive on the above noted care homes Clinical and Care Oversight Group arrangements and on the emergency temporary powers relating to care provisions introduced by the Coronavirus (Scotland) (No 2) Act 2020. To this point, none of the new powers have been applied within West Lothian nor to this point has there been a requirement to use the easements to duties.

A single point of access for rehabilitation services was established and pathways were mapped and revised to reflect the important need for patient flow from the hospital to community settings. This work will be used to inform the further development of rehabilitation pathways. The partnership will continue to participate in the development of specialist and intensive rehabilitation outreach and community-based models of care,

working in partnership across Lothian to deliver the major programme of redesign associated with the Royal Edinburgh Hospital. The aim is to deliver services which are community focussed and better integrated.

The role of home carers, both internal and external, has been equally critical in responding to the pandemic and they continue to deliver high quality care at home in challenging circumstances. Care and support at home services to this point have continued to be delivered throughout the pandemic without interruption.

Services adapted to meet the challenges presented by Covid-19 and our dedicated and committed workforce took on the challenge of working in different ways, in different roles to do what needed to be done.

West Lothian's adult and older people's day care service delivery altered considerably during the COVID 19 lockdown restrictions and this has provided an opportunity to consider the re-design and modernisation of day services within West Lothian. Detailed feedback has been sought on service users' experiences of the service during lockdown and this will be used to consider the redesign of the service including opportunities to retain a blended approach of outreach and centre based provision.

### **Services for Children and Families**

Families caring for their children affected by significant and complex disabilities experienced significant pressures as many of the usual routes for providing breaks from caring and support for them were reduced as a result of COVID-19. Alternative supports were developed and an outreach service delivered jointly by Social Policy and Education to provide respite for these families. In addition, a respite resource at Inveralmond Community High School was developed to enable carers of children with disabilities to have a break from caring.

For those children with complex additional support needs, a Hub operated throughout the period of lockdown. This was open for children with additional support needs who also had keyworker parents.

Social Policy and Education staff worked together to prepare for children returning to school. Systems were put in place to manage anticipated increases in referrals to ensure children and their families received appropriate and timely support.

Detailed temporary guidance concerning public protection processes was put in place to ensure that risk and need were identified and plans developed to mitigate risk. There were frequent meetings of the West Lothian Chief Officers Group convened with reporting to provide assurance as to the provision of protection services during the pandemic. Social media messaging was used to promote information for the public about who to contact in relation to any public protection concerns. In the initial stages of the lockdown, the decision to place a child's name on the child protection register was made by the IRD participants and then moved to case conferences taking place virtually with arrangements in place to ensure families are able to participate.

There was a sharp focus on levels of domestic abuse being experienced by women and children during lock down and the Domestic and Sexual Assault Team (DASAT) saw an

increased level of referrals throughout the period. Service was provided in response to this.

Social Policy took a lead role in the provision of support to some of the most vulnerable children and their families in West Lothian. Working in partnership with key third sector providers, weekly support sessions in two 'Safe Space' resources were established in Livingston and Bathgate. Hot meals were delivered to our most vulnerable care leavers through a partnership between the Aftercare team, The Larder, Who Cares (Scotland) and Livingston Football Club. Letham House, a resource temporarily closed, was used as a space for young people to go with a worker and spend some time outwith their family when that is necessary.

The most vulnerable children continued to be seen in line with appropriate guidance. Performance in relation to contact being made with children subject to child protection plans, other multi agency plans and those in receipt of aftercare were reported weekly to Scottish Government and performance was strong.

### **Justice and Youth Justice Services**

Justice and Youth Justice services continued to maintain high levels of contact with those subject to statutory supervision. Whilst the criminal courts were and continue to be operating at greatly reduced capacity with a limited amount of new orders being made and Justice Social Work Reports requested, there remained a high number of individuals subject to community supervision.

Those serving long term prison sentences were still being released at their due date on parole or other licences. The service led on local implementation of a national early release of short-term prisoners initiative in order to relieve pressure on the Scottish Prison Service.

One area of service that was 'paused' in line with national guidance was the Unpaid Work Order scheme, group activity clearly being inappropriate in light of the pandemic. Staff were involved in supporting other areas affected by COVID-19 and supported delivery of meals to vulnerable people, delivery of PPE and also being redeployed to other service areas such as older peoples care homes.

Contact was maintained with those subject to supervision following a clear Red, Amber, Green (RAG) analysis and contact undertaken in line with National Outcomes and Standards and presenting levels of risk.

The service piloted use of video calling in some cases where risk assessment dictated that seeing internal physical environments was necessary.

MAPPAs have continued to operate at all levels through virtual meetings and those presenting as a risk supervised appropriately.

The service has maintained a presence in courts so a response can be provided to those appearing from custody.

Young people involved in offending and subject to orders through the Children's Hearing System continued to be supported by the Youth Justice Team and by Early and Effective Intervention as appropriate.

## Conclusion

Overall, social work and social care services within the West Lothian Health and Social Care Partnership and our wider partners have so far responded well to the pandemic with a number of key services able to deliver against agreed commitments. This has been incredibly challenging and continues to be so. There is no complacency about the ongoing work that needs to be done and the scope and scale of the challenges that will continue to present over time. We are reflecting on what has worked well, what has not and we are reviewing our plans with partners and stakeholders to ensure that we have robust arrangements in place for the future development of social work and social care services in West Lothian.

Work is now underway to review strategic commissioning plans in key service areas to reflect learning from the pandemic response and to update plans with revised priorities where necessary. We will build on these lessons to inform our future service design and the redesign of models of care.

With regard to future years, social work and social care services will be faced with significant challenges to meet increased demands and operate within tight fiscal constraints for the foreseeable future. The implications associated with COVID-19 will further increase the financial challenges and may impact on current plans to meet demands. In looking forward we will use all of the lessons learned through our collective response to COVID-19 to improve our practice.

The scale of the challenges ahead promotes a culture of learning from best practice focussed particularly on building capacity within families and communities, taking a strengths-based approach to practice and ensuring that all of our practice is underpinned by the principles of personalisation.

It is recognised that transformational change and whole system innovation will continue to be required across Social Policy to meet these unprecedented challenges.

The role of the Chief Social Work Officer will be significant in embedding improvements into social work practice and leading on the transformation of culture, system and practice. The Chief Social Work Officer will continue to play a key role in ensuring priorities are met, and that the most vulnerable people of West Lothian are protected and empowered to live a safe and fulfilling life.

Finally, I would like to acknowledge the excellent work undertaken by social work and social care teams in West Lothian through some of the most challenging times that we have worked through. The flexibility, dedication, compassion and professionalism of our workforce has been truly outstanding.

# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 11

## **HEALTH AND CARE GOVERNANCE GROUP UPDATE**

### **REPORT BY THE CHIEF OFFICER**

#### **A PURPOSE OF REPORT**

- To present the Integration Joint Board (IJB) with proposals for moving the West Lothian Health and Care Governance Group to an officer led committee and for the appointment of a permanent chair.

#### **B RECOMMENDATION**

- To agree formally that the Health and Care Governance Group will be an officer led committee
- To approve the Head of Social Policy as the permanent chair of the group
- To agree that minutes of the meetings of the Health and Care Governance Group will be submitted to the IJB to provide members with assurance around standards of health and social care services in West Lothian

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	The Public Bodies (Joint Working) (Scotland) Act 2014
<b>C4</b>	<b>Risk</b>	The risk is captured in the risk register in relation to progression of the IJB's Strategic Plan.

- |            |   |  |
|------------|---|--|
| <b>C5</b>  | <b>Equality/Health</b>                        | The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. |
| <b>C6</b>  | <b>Environment and Sustainability</b>         | There are no direct environmental impacts.   |
| <b>C7</b>  | <b>National Health and Wellbeing Outcomes</b> | The National Health and Wellbeing outcomes all apply.  |
| <b>C8</b>  | <b>Strategic Plan Outcomes</b>                | The outcomes detailed in the IJB's Strategic Plan apply.   |
| <b>C9</b>  | <b>Single Outcome Agreement</b>               | The outcomes detailed in the Strategic Plan are aligned to the Single Outcome Agreement outcomes as they relate to health and social care.   |
| <b>C10</b> | <b>Impact on other Lothian IJBs</b>           | No direct impact.  |

## **D TERMS OF REPORT**

### **Background**

- D1** Historically, the West Lothian Health and Care Governance Group was chaired by voting member of the West Lothian Integration Joint Board. Following the retirement of the previous chair of the group, the position has been vacant. As a result of challenges in securing a new chair, the IJB agreed at its meeting on 22 September 2020 that consultation would take place with senior managers on future arrangements for chairing the committee and for providing the IJB with assurance.
- D2** Proposals have been discussed previously around the Health and Care Governance Group becoming an officer led committee chaired by a senior manager from the West Lothian Health and Social Care Partnership. The Head of Social Policy agreed to become the interim chair until more permanent arrangements could be made.
- D2** The IJB is now invited to approve the proposal to move the Health and Care Governance Group to an officer led committee. The Head of Social Policy has also agreed to chair on a permanent basis and the Board is asked to approve that arrangement. The chair will be supported by officers from the partnership who have now been identified. The chair will review the remit, membership and work plan for the group to ensure that required levels of assurance over care delivery can be provided. Minutes of the group will be submitted to the IJB on a regular basis to ensure oversight of health and care assurance activities.

**E CONSULTATION**

IJB Board Members

Senior Managers

**F REFERENCES/BACKGROUND**

None

**G APPENDICES**

Remit of the current Health and Care Governance Group

**H CONTACT**

Yvonne Lawton, [Yvonne.lawton@nhsllothian.scot.nhs.uk](mailto:Yvonne.lawton@nhsllothian.scot.nhs.uk), 01506 283949

19 January 2021

# **WEST LOTHIAN INTEGRATION JOINT BOARD**

## **Health and Care Governance Group – Terms of Reference**

### **Remit:**

The Health and Care Governance Group will provide assurance to the Integration Joint Board (IJB) that the quality of all aspects of health and social care delivered within delegated functions is person centred, safe, effective, equitable, and of the required standard.

The Group will:

- Establish a clinical and care governance framework in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 guidance
- Establish clear lines of communication and professional accountability from point of care to professional leads responsible for clinical and care governance
- Consider matters related to the strategic plan development. Governance, risk management, service user feedback, complaints, care standards, education, learning, continuous improvement and inspection activity
- Ensure clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities
- Provide advice to the strategic planning and locality planning groups within the partnership
- Review service development and redesign proposals with respect to potential impact on health and care governance prior to approval by the IJB
- Cooperate with other IJB health and care governance groups on Lothian wide developments
- Provide assurance to the Board that the IJB meets its responsibilities with respect to:
  - Adherence to professional standards and regulatory requirements and raising of any professional concerns
  - Adherence to National Care Standards
  - Participation standards
  - Volunteers/carers
  - Information governance
  - Protection of vulnerable people
  - Relevant statutory equality duties

### **Membership:**

The Group will be chaired by a Board Member of the IJB with membership from the following:

- Head of Health
- Head of Social Policy/Chief Social Work Officer
- Clinical Director
- Chief Nurse
- Allied Health Professional Lead
- Public Health Consultant
- Associate Medical Director – Acute Services
- Associate Nurse Director – Acute Services
- Service user and carer representatives
- Third sector representative

## **WEST LOTHIAN INTEGRATION JOINT BOARD**

- Independent sector representative
- Staff representatives (Health and Social Care)
- Other representatives by invitation

The IJB shall ensure that the Group's membership includes an adequate range of skills and experience that will allow them to effectively discharge their responsibilities

### **Frequency of Meetings:**

The Health and Care Governance Group will meet at least six times per year.

### **Reporting Arrangements:**

The Group will report to the IJB by means of submission of minutes to the next available board meeting and preparation and presentation of an annual report on its activities and the effectiveness of its system of risk management and internal control which will inform the IJB's annual review.

Version 2 – 26 June 2019



Date: 19 January 2021

## West Lothian Integration Joint Board

Agenda Item: 12

### **REVISED MODEL CODE OF CONDUCT – CONSULTATION RESPONSE**

#### **REPORT BY STANDARDS OFFICER**

##### **A PURPOSE OF REPORT**

To consider a proposed response to the Scottish Government's consultation on a revision of the Model Code of Conduct.

##### **B RECOMMENDATIONS**

To agree a response to the Scottish Government's consultation on a revised Model Code of Conduct.

##### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	None
<b>C3</b>	<b>Policy/Legal</b>	Ethical Standards in Public Life etc. (Scotland) Act 2000; Board's Code of Conduct
<b>C4</b>	<b>Risk</b>	N/A
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. The relevance assessment can be viewed via the background references to this report.
<b>C6</b>	<b>Environment and Sustainability</b>	N/A
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	N/A



<b>C8</b>	<b>Strategic Plan Outcomes</b>	N/A
<b>C9</b>	<b>Single Outcome Agreement</b>	N/A
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

### **1 Background**

- 1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 and related regulations created a statutory framework of ethical standards which applies to local authorities and to other specified devolved public bodies, including integration joint boards. For devolved public bodies, the legislation requires a “model code of conduct” to be approved through the Scottish Parliament. Public bodies are then required to make their own versions of that model code (referred to as “members’ code”) and those local versions require Ministerial approval. The Code is enforced through complaints to the Commissioner for Ethical Standards in Public Life in Scotland and onwards, if appropriate, to the Standards Commission for Scotland. Members found to have breached the members’ code may be censured, suspended or disqualified from their positions.
- 1.2 A Code under the 2000 Act was first issued in 2002. It was updated, but not significantly changed, in 2014. Alongside its review of the Councillors’ Code of Conduct, in 2018/19 the Scottish Government agreed to pursue a wholesale review of the model code, considering the passage of time and the many developments since it was last substantially reviewed. They intend to make both codes more user-friendly and easier to understand. They also aim to take account of developments in society such as the role of social media, to strengthen the codes to reinforce the importance of behaving in a respectful manner, and to make it clear that bullying and harassment is completely unacceptable and should not be tolerated.
- 1.3 The review programme was interrupted by COVID-19 but is now moving again. Consultation responses must be submitted by 8 February 2021. Thereafter, the responses will be considered and the statutory process for its approval instigated. The 2000 Act states that Ministers shall issue a new or revised model code only after it has been laid before and approved by a resolution of the Scottish Parliament. Due to the pandemic, Brexit and the impending Scottish Parliament elections it is extremely unlikely that will happen before Parliament is dissolved. The current Scottish Government has undertaken to have that process instigated early in the new parliamentary session if necessary,

### **2 The proposed changes**

- 2.1 The consultation document picks some of the main issues and changes and sets those out in the relevant question of the consultation response form (in the appendix). As well as those points highlighted in the consultation document, members may wish to consider these:-

- The code will still apply where a member of the public may reasonably conclude that a member is acting as a board member. That can make it more difficult to be sure when the code applies to situations which on the face of it may appear to be removed from board activities (paragraph 1.5 and Question 4)
- There is a reference again to “On Board”, a Scottish Government advice document for members of public bodies in the Scottish Government administrative structure. Integration joint boards are not and “On Board” is not relevant (paragraph 1.10 and Question 4)
- The rule about criticising officers is drawn over-restrictively and may restrain the proper performance of board members’ scrutiny role (paragraph 3.7 and Question 6)
- The section on declarations of interest is simplified and easier to follow, by introducing a clearer three stage approach (identifying a connection, declaring it if it amounts to an interest, withdrawing) (Section 5 and Question 8)
- “Transparency declarations” are encouraged, where there is a connection but not one that amounts to an interest (Section 5 and Question 8)
- The desirability to be clear if the present dispensation will continue for integration joint board voting members when dealing with issues involving councils or health boards as separate legal entities (Section 5 and Question 8)
- The issue of collective responsibility was included in a Commission Advice Note for IJB Members in 2019 but would now be in the Code itself and so enforceable by the Standards Commission (paragraph 3.10 and Question 6). Integration joint boards are different in origin, constitution and membership compared to public bodies which are part of the Scottish Government administrative structure. To impose a strict doctrine of collective responsibility fails to recognise those key differences. It is possible for a board member to disagree with a decision, to express that disagreement respectfully, and to seek a change in future without undermining the implementation of the board’s decisions. It may not be possible for a professional adviser board member to reconcile a decision with their professional judgment and they would be prevented from pursuing those concerns

2.2 Since each public body requires to adopt its own version of the Model Code it may be argued that the board can deal with issues such as collective responsibility by editing them out. However, the board’s own edited version requires Ministerial approval and there is no guarantee that the modifications suggested to reflect the peculiarities of integration joint boards will be accepted through that process. It would be possible under legislation for a collective responsibility provision to be designated as an “optional provision” which would guarantee the integration joint boards’ ability to disapply the provision without it being left to the Ministers’ choice.

- 2.3 The consultation document is available online at the link in Part F. It has been circulated off-line, as well as a note of discussion points, to all board members. The proposed consultation response is in the appendix.

## **E CONSULTATIONS**

None

## **F REFERENCES/BACKGROUND**

- 1 Model Code of Conduct and Guidance –  
[https://www.standardscommissionscotland.org.uk/uploads/files/1520440198MCoC\\_Feb2014ScotGvt.pdf](https://www.standardscommissionscotland.org.uk/uploads/files/1520440198MCoC_Feb2014ScotGvt.pdf)
- 2 Board's Code of Conduct (June 2016) -  
<https://westlothianhscp.org.uk/media/13992/Code-of-Conduct-for-Members-of-West-Lothian-IJB/pdf/WL-IJB-Code-of-Conduct.pdf?m=636120352396170000>
- 3 Consultation on revised Model Code of Conduct, including draft revised Code -  
<https://consult.gov.scot/public-bodies-unit/ethical-standards-in-public-life/>
- 4 Ethical Standards in Public Life etc. (Scotland) Act 2000

## **G APPENDIX**

- 1 Proposed consultation response

## **H CONTACT**

James Millar, Standards Officer, 01506 281613, [james.millar@westlothian.gov.uk](mailto:james.millar@westlothian.gov.uk)

19 January 2021

## APPENDIX

### 1. Have you used the Code before?

**Yes** No

### 2. If you answered yes, in what capacity have you used a Code of Conduct? If you used the Code as a Board Member could you please name the public body that you were/are a member?

This response is from West Lothian Integration Joint Board. The Board adopted its draft members' code in May 2016 and its members' code was approved by the Ministers in June 2016.

### 3. Do you agree that there is a need to review and update the current Model Code?

**Yes** No

The Model Code is over-long and over-complicated and does not reflect significant changes since its introduction and last review, such as the widespread use of social media and changed attitudes to societal issues such as bullying and harassment.

### 4. Do you have any comments on the changes proposed for Section 1: Introduction to the Code? In Section 1, and throughout the Model Code, we have removed unnecessary information to make it easier to understand.

**Yes** No

The remaining paragraphs are shorter, clearer and easier to understand than before.

1.4 and 1.8 The phrase "above reproach" sets too high a standard. "Reproach" means the expression of disapproval or disappointment. There is no qualifying adjective, such as "justified". It is not possible to avoid any and all expressions of disapproval and it is not reasonable to impose that unrealistic and unattainable duty on board members.

1.5 (and 3.1) The circumstances in which the Code will apply are too wide:-

- "reasonably perceived as acting as a board member" leaves little space for personal or political views not related to the board or board member roles to be expressed. By way of contrast, the Code of Conduct for members of the Scottish Parliament states that their Code does not cover members' private and family life or members' expressing their political views in their capacity as a member of a political party or organisation. The revised Code should adopt the same approach, by allowing such political comment whilst still restraining offensive conduct and comment towards officers and board colleagues
- "reasonably perceived as acting as a board member" should in any event specifically include the full objective test found elsewhere in the Code, for the purposes of clarity and consistency
- "have referred to myself as a board member" could catch even a disclaimer or attempt to draw a distinction between board member views and personal views, e.g., "I am a

member of XX board but this comment expresses a personal view based on my own personal experience and circumstances". It should be more narrowly drawn, e.g., "have said that I am acting as a board member"

1.9 (and 6.8) Advice should be sought from the Standards Officer. That is a defined statutory position to which an appointment is approved by the Standards Commission, which carries a specific role in relation to the ethical standards regime and which is subject to an Advice Note from the Standards Commission (February 2019). The Chair and the Chief Executive are not trained or necessarily experienced in relation to that regime and, both of them as board members, may not be seen to be entirely objective.

1.10 "On Board" is not relevant to integration joint boards. It is issued by the Scottish Government and, properly, covers devolved public bodies which are part of the Scottish Government's administrative structure and where appointments are made by the Ministers. By law, integration joint boards are not and cannot be part of that regime and are not and cannot be accountable to the Scottish Government. That provision should be deleted entirely or it should be made clear that this is an optional provision in terms of section 2(6) of the 2000 Act which integration joint boards will be free to disapply.

A paragraph should be added to define the objective test and state that it applies to all places in the Code where "perception" is mentioned. It should also include the words in paragraph 9 of the Guidance – *"This is not the same as members of the public not liking a decision you have made or an opinion you have expressed legitimately in the course of your work; it is about whether you have acted properly."* This clarifying provision could alternatively be added to section 2.

**5. In Section 2, the Model Code has a new heading "My Responsibilities" which aims to ensure that members accept and endorse that it is their personal responsibility to be aware and comply with the provisions in their Board's Code of Conduct. Do you have any comments on this change in Section 2: Key Principles?**

**Yes** No

The new heading "my Responsibilities" appears in Section 1 and not in Section 2. See 1.7. It is a welcome translation of a provision found currently only in the Standard Commission's guidance.

A paragraph should be added to make it clear that a complaint simply of a breach of these principles will not be sufficient to amount to a valid complaint, that something more based on later provisions in the code is required, e.g., *"an alleged breach of one or more of the key principles does not in itself constitute a valid complaint or evidence of a breach of the Code"*.

**6. Do you have any comments on the proposed changes in Section 3? In Section 3, General Conduct, the respect provision has been extended to everyone that a member could come into contact or engage with when acting as such, e.g. employees of other public bodies as well as other board members and the general public. We have also included information relating to the use of social media and highlighted that bullying**

**and harassment is totally unacceptable. This section also covers Gifts and Hospitality. These provisions have been amended to make it clear that they should not be sought or accepted with the exception of minor gifts or hospitality that a member would normally be expected to be offered in their everyday role.**

**Yes** No

3.2-3.5 The addition and expansion of references to bullying and harassment are welcome.

3.6 Clarity on the differentiation between operational management and strategic responsibilities is useful.

3.7 The restriction on criticism of officers is worded too restrictively. The line between justified criticism arising from members' scrutiny role and personalised or offensive comment must be more nuanced and acknowledge the value and requirement for constructive criticism. A different wording might be *"I understand the importance of my role in scrutinising board policy, procedure and performance but I will not undermine any individual employee or group of employees or raise concerns in a personalised way about their performance, conduct or capability in public"*.

3.8 The adjectives "unfair" and "undue" are unnecessary, add nothing and invite argument and interpretation as to their meaning.

3.10 This provision is inappropriate for integration joint boards:-

- It has its place where appointments are made by the Ministers to bodies which are, in very general terms, extensions of the Scottish Government. Integration joint boards are not like those and appointments are not made by the Ministers. Integration joint boards have no accountability to the Ministers. Integration joint boards are different in origin, constitution and membership compared to public bodies which are part of the Scottish Government administrative structure. To impose a strict doctrine of collective responsibility fails to recognise those key differences
- Integration joint board members are appointed by councils and health boards from amongst their members, or as a consequence of statutory provision (Chief Officer, Chief Social Work Officer, Chief Finance Officer), or for their professional expertise (Chief Medical Officer, Chief Nurse), or by the Board itself to represent defined interest groups and staff groups
- It would prevent board members who are professional advisers from speaking out against decision against their advice that they think creates risks to service users' health and wellbeing
- The Chief Social Work Officer, a board member by law, has a separate legal duty to report directly to councillors where those concerns exist but would be prevented from doing so without resigning as a board member. Since the law requires that the Chief Social Work Officer is a board member they would have to resign as Chief Social Work Officer as well
- The same would apply to Finance Officers who consider that a board decision is unlawful or puts the board in breach of accounting or audit rules

- The provision would also catch service user or carer representatives who fear that a decision will have negative impacts on those they are appointed to represent
- Board members who are health board or councillor members would face a similar and irresolvable conflict where board decisions conflict with decisions made by council or health board
- It is possible for a board member to disagree with a decision, to express that disagreement respectfully, and to seek a change in future without undermining the implementation of the board's decisions

That provision should be deleted entirely or it should be made clear that this is an optional provision in terms of section 2(6) of the 2000 Act which integration joint boards will be free to disapply.

3.12-3.20 The major rewrite of the section on gifts and hospitality is helpful. It is a set of provisions which appears denser and less clearly written than the rest of the revised Code (apart from Section 6 on lobbying and access). They could be further simplified, e.g.:-

*I will never:-*

- *ask for any gift or hospitality or promise of gift or hospitality for me or any other person or organisation*
- *accept any gift or hospitality or promise of gift or hospitality for me or for any other person or organisation from any person or organisation awaiting a decision from the board or seeking to do business with the board.*
- *accept any gift or hospitality or promise of gift or hospitality for me or for me or for any other person or organisation except for:-*
  - *minor inexpensive tokens, or*
  - *civic gifts, or*
  - *things normally and reasonably associated with my duties as a board member, or*
  - *offers where refusal would cause offence in which case I will inform the Standards Officer and pass it to the board as soon as possible*
- *allow any gift or hospitality or promise of gift or hospitality for me or for any other person or organisation affect or influence me in performing my board duties, or give that perception by application of the objective test*

*I will inform the Standards Officer of offers made of gifts or hospitality which I am not permitted to accept.*

3.22-3.24 The section on confidentiality is a helpful and clear set of provisions.

3.25-3.27 These provisions, about “dealings with and responsibilities to my public body”, are helpful. However, an additional paragraph should be added to require board members to disclose connections (formerly “interests”) in informal dealings with officers.

3.29 Confining the duty (to resolve conflicts with other appointments) to companies and charitable trusts is too restrictive. The duty should apply to conflicts of interests between the board and any outside body to which the board member is appointed, no matter its legal personality.

**7. Do you have any comments on the changes proposed for Section 4: Registration of Interests? Section 4 has been amended to reflect the changes made throughout the Model Code and to make clearer what kind of information needs to be registered.**

**Yes** No

4.3 The last words should be amended to say that it is not necessary to register the interests of anyone else (e.g., family members, partners), not just spouses and cohabitants.

4.17 and 4.18 It would be helpful to state that although addresses must be disclosed to the Standards Officer, they will not be included in the published Register.

**8. Do you have any comments on the changes proposed for Section 5: Declaration of Interests? The changes have been made to make it clearer that members need to take responsibility for declaring matters of interest.**

**Yes** No

The new approach and the new wording are huge improvements on the existing rules – shorter, simpler, clearer language, easier to apply to circumstances.

The three stage process is helpful (connection (5.1), turning to an interest (5.4), requiring declaration and withdrawal (5.4 and 5.5)).

There is presently a specific dispensation for voting members of integration joint boards to allow them to take part in discussions in their parent bodies’ meetings on general health and social care issues. It would be helpful if that were to be incorporated expressly in the Model Code rather than sitting as a separate document. At the least it would be helpful if it could be made clear if that dispensation will be given again, after the Model Code is revised.

**9. We have looked to simplify the Model Code in Section 6 covering Lobbying and Access. Do you think the proposed changes achieve this aim? Public bodies aim to be open and accessible to the views and opinions of others, and to make their decisions based on the widest possible evidence and arguments. As a Member you will probably be approached by those wishing to make their views known. This is perfectly legitimate but care is needed.**

**Yes** No

6.6 The Lobbying (Scotland) Act does not apply to integration joint boards and so this provision seeks to impose a statutory regime on integration joint board members which

Parliament did not see fit to do. That provision should be deleted entirely or it should be made clear that this is an optional provision in terms of section 2(6) of the 2000 Act which integration joint boards will be free to disapply.

**10. Do you have any comments on the changes proposed to Annex A? The information in Annex A has been extended to include information about the role of the Commissioner for Ethical Standards and the sanctions available to the Standards Commission following a finding of a breach of the Code and what these mean.**

Yes ☒ No

**11. Overall, how clear and easy to understand do you find the revised Model Code e.g. very clear, mostly clear, sometimes unclear, very unclear.**

The revised Code is clearer, shorter. More concise and easier to read and comprehend.

**12. Do you have any other comments on the proposed revisions to the Model Code?**

☒ Yes ☐ No

The revised Code and its application to public bodies must take account of the different legal and constitutional and membership arrangements for integration joint boards.

The revised Code should have a clear differentiation between mandatory provisions and optional provisions so that integration joint board may opt out of provisions which are not relevant and which are inappropriate for them – see paragraphs 1.9, 1.10, 3.10 and 6.6 of the revised Code and the comments above.

It is important that the Code is supported by guidance which is similarly concise, clearly worded and understandable.

# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 13

## DRAFT EQUALITY OUTCOMES 2021–2025

### REPORT BY CHIEF OFFICER

#### **A PURPOSE OF REPORT**

To present draft equality outcomes for 2021 – 2025 and to seek approval to commence a public consultation on those outcomes.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Note the requirement for public bodies to develop and publish equality outcomes and to report on them every two years;
2. Note the Board is due to set new equality outcomes in April 2021 for the next four years;
3. Note the approach taken to developing the draft equality outcomes and alignment to the commission plans;
4. Agree the draft equality outcomes for public consultation; and
5. Agree the proposed approach to public consultation.

#### **C SUMMARY OF IMPLICATIONS**

**C1 Directions to NHS Lothian and/or West Lothian Council** A Direction is not required

**C2 Resource/ Finance** As set out in existing Directions to council and health board.

**C3 Policy/Legal** Public Bodies (Joint Working) (Scotland) Act 2014 and related statutory instructions and guidance

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report and equality outcomes and to report on progress every two years.

<b>C4</b>	<b>Risk</b>	No new risk implications arise from this report. Strategic and financial risks for have already been identified and noted in the Risk Register.
<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as relevant to equality and the Public Sector Equality Duty. An Integrated Impact Assessment (IIA) will be conducted in advance of commencing the consultation.
<b>C6</b>	<b>Environment and Sustainability</b>	Not relevant
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	The equality outcomes identified are closely aligned and contribute to National Health and Wellbeing Outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	Outcomes have been closely aligned with existing activity towards the Strategic Plan Outcomes.
<b>C9</b>	<b>Local Outcomes Improvement Plan (LOIP)</b>	Outcomes have been aligned with existing activity towards the Local Outcomes Improvement Plan where appropriate.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	West Lothian IJB will share good practice with other IJBs.

## **D TERMS OF REPORT**

### **D1 Background**

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies to develop and publish an equality mainstreaming report, which sets out what West Lothian IJB is doing and what it plans to do to mainstream equality, and a set of equality outcomes and to report on progress against them every two years by 30 April.

The Board previously set its Equality Outcomes in April 2017 for the period of April 2017 to April 2021 bringing the IJB into the same reporting cycle as its parent bodies, NHS Lothian and West Lothian Council. Progress on these outcomes was reported to the Board in April 2019.

The Board is required to submit a final progress report against these outcomes by 30 April 2021. It is also required to agree and publish a new set of outcomes for 2021 – 2025.

### **D2 Developing Equality Outcomes**

An equality outcome is a result which a public body aims to achieve in order to further one or more of the three needs of the general equality duty, to eliminate discrimination, advance equality of opportunity and foster good relations.

By focusing on outcomes rather than objectives, this specific duty aims to achieve practical improvements for those who experience discrimination and disadvantage, in particular those who share a protected characteristic. In practice, it is helpful to think of

equality outcomes as results intended to achieve specific and identifiable improvements in people's life chances.

The protected characteristics, as defined by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

When preparing equality outcomes, the Board must consider evidence related to people who share a protected characteristic in order to set equality outcomes which are likely to make the biggest difference in tackling inequality within the organisation's sphere of influence.

The Board must also take reasonable steps to involve people who share a relevant protected characteristic and anyone who represents the interests of those people. The IJB has already engaged extensively with stakeholders to develop its Strategic Plan and its commissioning plans for older people's services, physical disability, learning disability and alcohol and drug services.

The approach to developing the new equality outcomes is set out in the draft consultation document at Appendix 1.

As set out in this document, three outcomes are proposed, recognising that inequalities, in particular, health inequalities, is central to the work of the IJB and recognising the influence that the IJB has in planning and commissioning services for those with protected characteristics, in particular people with disabilities and older people.

The proposed approach would align the IJB's Equality Outcomes with the action plans for each of the commissioning plans and ensure progress monitoring is embedded in the current reporting process.

### **D3 Public Consultation**

An eight-week consultation period on the draft outcomes is proposed, commencing Monday 1 February. This allows for an Integrated Impact Assessment to be carried out on the proposed consultation, and for sufficient time to collate responses prior to the April meeting of the IJB, where the results will be considered prior to approving the final equality outcomes.

The consultation will make use of a range of formats to reach our stakeholders, recognising that engagement is more difficult in the current climate of the pandemic. This would include an online survey promoted by social media, circulation via the IJB's networks and service user/patient forums as well as any community groups currently active, though they won't be meeting in person. Every effort will be made to seek the views of those with disabilities and older people and those that can represent their view such as carers and service providers.

This report seeks approval to consult on the draft equality outcomes for 2021-25 using the attached document as the basis for consultation in a range of formats.

## **E CONSULTATION**

The IJB strategic plan and commissioning plans were developed through extensive engagement with local communities, service users and patients, clinicians, practitioners, carers and other stakeholders. West Lothian IJB took account of the requirements for mainstreaming equality by aligning its equality outcomes with the strategic plan outcomes and commissioning plans.

The draft outcomes were prepared following discussion at the Strategic Planning Group and the IJB Development Session on 19 November 2020.

## **F REFERENCES/BACKGROUND**

[Equality Mainstreaming Report and Equality Outcomes 2017–2021](#) and [Progress Report April 2019](#)

[West Lothian IJB Strategic Plan and Commissioning Plans](#)

West Lothian IJB Communication and Engagement Strategy

## **G APPENDICES**

Appendix 1: Draft Equality Outcomes 2021-25

## **H CONTACT**

Contact Person:  
Lorna Kemp, Project Officer - IJB  
[lorna.kemp@westlothian.gov.uk](mailto:lorna.kemp@westlothian.gov.uk)  
01506 283519

19 January 2021

## Consultation on Draft Equality Outcomes 2021 - 2025

The West Lothian Integration Joint Board (IJB) is setting its equality outcomes for the next four years as its duty under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

This consultation seeks your views on draft equality outcomes developed by the IJB.

Equality outcomes are results intended to achieve specific and identifiable improvements in the lives of those who are most disadvantaged and to narrow or remove the biggest inequalities experienced by particular groups who have a protected characteristic. The Equality Act 2010 defines these characteristics as:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

In drafting these equality outcomes, we looked at the vast amount of work already done to develop the IJB's Strategic Plan and commissioning plans. Reducing inequalities, in particular, health inequalities, is central to the work of the IJB and we have already engaged extensively with our stakeholders to develop commissioning plans for older people's services, physical disability, learning disability and alcohol and drug services.

A wide range of engagement activities took place from August through to mid November 2019 across all four plans to seek views directly from service users, carers and families, staff, service providers and other stakeholders. Engagement activity was tailored to each care group and involved commissioning leads attending network groups, face to face meetings and workshops. Two public engagements events were held covering all the commissioning plans. Information about the public events was circulated widely within networks, posted on West Lothian Council's social media pages and shared with service providers, community centres, contacts and projects throughout West Lothian. Consultation also took place with all representatives of the IJB's Strategic Planning Group.

These draft equality outcomes are informed by that engagement work and are directly aligned to our Communication and Engagement Strategy and to the commissioning plans for older people's services, physical disability and learning disability.

This approach will ensure that the actions required to fulfil our equality outcomes are prioritised as part of the established planning and commissioning process, and progress will be closely monitored over the next four years.

We believe these three outcomes will help some of the most disadvantaged of those we plan and commission services for and will contribute to the IJB's vision:

"To increase wellbeing and reduce health inequalities across all communities in West Lothian"

Do you agree with the draft IJB Equality Outcomes proposed for 2021 – 2025? If not, please explain why.
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## **1. People with protected characteristics are directly able to influence how the IJB plans and commissions services**

### **Why is this an important?**

There are a number of ways in which some groups with protected characteristics are disadvantaged when it comes to being able to engage with the IJB, whether that is through participation in meetings or being able to take part in a consultation.

People with a disability may require information in a different format, or may require support from others to understand IJB reports, consultations and other communications, whereas people from Black, Asian and Minority Ethnic (BAME) communities may speak English as a second language or not at all.

Digital exclusion is an increasingly prominent issue as we become a more digital society, with an overlap between groups who are more likely to be digitally excluded and the most vulnerable members of our society. Older people in particular are more likely to have limited digital literacy at a time when they are increasingly isolated due to the Covid-19 pandemic.

### **What can we do?**

- Give people a choice in how they engage with us by using a wide range of methods as described in our Communication and Engagement Strategy ([hyperlink](#)) to ensure that no one is disadvantaged by disability, access to the internet or difficulties with literacy.
- Alternative formats should be proactively offered on all communications, for example, easy-read, Braille, different languages
- Develop a Digital Strategy for the IJB that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English.
- Continue to implement our Communication and Engagement Strategy ([hyperlink](#)), which includes a range of actions to better engage with our stakeholders

### **How will we know we have achieved this outcome?**

- Progress against the Communication and Engagement Strategy is monitored and reported to the IJB on an annual basis.
- The Digital Strategy will be approved by the IJB once it is developed and then progress will be reported at regular intervals.
- We will monitor the demographic of those who engage with us and record when we receive requests for information in different formats.

## **2. Adults with a disability are supported and empowered to access their community safely**

### **Why is this important?**

West Lothian IJB supports the direction set out in 'A Fairer Scotland for Disabled People' (2016), and other key strategies and action plans by the Scottish Government to ensure that people living with disabilities can live independently and well wherever possible. This should include being able to enjoy living in your local community and have choices in how you spend your time, without being disproportionately disadvantaged by disability.

We know that people with disabilities still experience barriers to services and this can be quite isolating. Feedback from our engagement activities was that people with disabilities would like to be able to live in their own community, have choices of meaningful and sustainable day activities including peer support and social activities

Housing is an essential of independent living, yet many people with a disability live in homes that do not meet their requirements (Equality and Human Rights Commission, 2018). There are an increasing number of people in West Lothian living with complex care needs and it is important that accommodation meeting these needs is available.

### **What can we do?**

- Our commissioning plans for Physical Disability ([hyperlink](#)) and Learning Disability ([hyperlink](#)) set out a range of actions to improve access to the wider community and to information they need, when they need it and in an appropriate format
- Work with colleagues in Housing to ensure enough new build homes are adaptable to the needs of those with physical disabilities
- Continue to develop a range of 'core' housing models to enable people with learning disability to live within local communities

### **How will we know we have achieved this outcome?**

- Progress against the commissioning plans is monitored closely by individual planning and commissioning boards for each care group. The IJB's Strategic Planning Group has oversight of all of the plans and a 6 monthly progress report is made to the IJB
- There will be sufficient housing stock to meet the needs of people with disabilities
- People requiring adaptations in their home will have work carried out in a reasonable timescale
- People with complex care needs will not be delayed in hospital due to a shortage of suitable accommodation

### **3. Older People are supported and empowered to keep well and live in a homely setting for as long as possible**

#### **Why is this important?**

People are living longer but are also living longer in ill health. Over the period 2016 to 2041, West Lothian's population of over 75s will have increased by 46% compared to the national average of 27%. More older people are living in the community with one or more chronic illness and the growth in longer term conditions continues to rise.

Older people are already at higher risk of social isolation and loneliness, which in turn can increase the risk of health problems and poor ageing outcomes. This is a particular concern for those living alone in with poor mobility, or those are shielding during the Covid-19 pandemic, particularly if they lack a support system of friends and/or relatives.

Falls in the elderly are common and associated with major morbidity and mortality. Falls cause injuries, fractures, loss of confidence and independence, depression and death. Recurrent falls and fear of falling are the most common reasons for an older person to require nursing home care.

Planning future services will need to focus on the preventative and proactive management of these conditions to prevent further deterioration and to ensure people living longer can do so in good health as far as is possible at home or in a homely setting.

#### **What can we do?**

Through our Older People's Services Commissioning Plan ([hyperlink](#)):

- Further develop care pathways for frailty and long-term conditions to proactively manage older people's health in the community
- Continue to review and identify technology solutions that support older people and carer to optimise care at home, maintain activity and physical health, and minimise social isolation
- Explore how community information hubs could support mild and moderate frail people/long-term conditions within general practice to prevent deterioration in health
- Develop an approach to build community capacity and social prescribing across partner organisations, for example, peer support and volunteer programmes
- Ensure that older people and their carers have access to the information they need, when they need it, and in an appropriate format

#### **How will we know we have achieved this outcome?**

- Progress against the commissioning plans is monitored closely by individual planning and commissioning boards for each care group. The IJB's Strategic Planning Group has oversight of all of the plans and a 6 monthly progress report is made to the IJB
- National Indicator 15 – Proportion of last 6 months of life spent at home or in a community setting
- National Indicator 16 – Falls rate per 1,000 population aged 65+

# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 14

## SELF-EVALUATION ACTION PLAN – PROGRESS UPDATE

### REPORT BY CHIEF OFFICER

#### **A PURPOSE OF REPORT**

The purpose of this report is to update the Board on progress made against the joint action plan submitted to the Scottish Government at the request of the Ministerial Strategic Group for Health and Community Care following its Review of progress with Integration of Health and Social Care.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Note that the Ministerial Strategic Group for Health and Community Care requested that every Health Board, Local Authority and Integration Joint Board jointly submit a self-evaluation of progress with integration to the Scottish Government and an associated plan for improvement;
2. Note that an action plan was agreed by all three partners and submitted to the Scottish Government on 23 August 2019;
3. Note the progress made against the agreed actions;
4. Agree that actions considered to be partially complete or ongoing are captured or superseded by other, more recent plans and that monitoring this particular action plan is surplus to requirements for providing assurance to the Board

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	Within current resources
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	None

<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Furthering progress with Integration will contribute to health and wellbeing outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	The revised Strategic Plan sets out how the IJB intends to further Integration in West Lothian.
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	Furthering progress with Integration will contribute to health and wellbeing outcomes.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	Impact to other Lothian IJB's should be considered as part of the action plan.

## **D TERMS OF REPORT**

### **D1 Background**

- 1.1 A report was produced by the Ministerial Strategic Group for Health and Community Care; Review of progress with Integration of Health and Social Care in February 2019. This report noted an expectation that "every Health Board, Local Authority and Integration Joint Board will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress."
- 1.2 IJBs, Local Authorities and Health Boards were subsequently asked to jointly submit a self-evaluation of progress with integration to the Scottish Government, which was focused on the 25 proposals contained in the review report.
- 1.3 The Board's Development Session on 20 February 2019 was utilised to discuss the proposals and improvement actions and the submission was agreed between IJB, council and health board.

### **D2 Improvement Plan**

- 2.1 On 18 July 2019, the Scottish Government emailed Chief Executives of councils and health boards, Chief Officers and Chairs of IJBs to request that more detailed improvement plans be submitted to allow an update to be provided to the Ministerial Strategic Group for Health and Community Care.
- 2.2 An action plan was subsequently developed in consultation with council and health board and was submitted on 23 August 2019.
- 2.3 Progress against these actions was last reported to the Board on 10 March 2020.

### **D3 Progress Update**

- 3.1 Updates on each of the agreed actions are set out in Appendix 1. The timescales are as noted at the previous update and the rating shown against each recommendation (not yet established to exemplary) is the original rating agreed jointly with the council and health board.
- 3.2 Many of the actions can now be considered complete and those marked as partially complete or ongoing are now largely captured or superseded elsewhere, including in the joint inspection on strategic planning action plan agreed by the Board at its meeting of 22 September 2020.
- 3.3 It is therefore proposed for the Board's agreement that this action plan be retired, subject to ensuring any actions still requiring attention are captured and monitored elsewhere, until such time as the Ministerial Steering Group seek an update if they are minded to.

### **E CONSULTATION**

All three parties (IJB, council and health board) have been consulted as part of the self-evaluation process. The IJB discussed the self-evaluation as part of its Development Session on 20 February 2019.

### **F REFERENCES/BACKGROUND**

NHS in Scotland 2018 – 25 October 2018

Health and Social Care Integration: Update on Progress, report by Audit Scotland

Local government in Scotland: Financial overview 2017/18 – 29 November 2018

Ministerial Strategic Group for Health and Community Care; Review of progress with Integration of Health and Social Care

IJB Audit, Risk and Governance Committee meeting of 12 December 2018

IJB meeting of 12 March 2019, 10 March 2020, 22 September 2020

### **G APPENDICES**

Appendix 1: Self-Evaluation Action Plan – Progress Update

### **H CONTACT**

Lorna Kemp, Project Officer  
[lorna.kemp@westlothian.gov.uk](mailto:lorna.kemp@westlothian.gov.uk)  
01506 283519

19 January 2021

**Self-evaluation for the review of progress with Integration Action Plan 2019-20****Update on 19 January 2021**

<b><u>Summary of Recommendation</u></b>	<b><u>Not yet established</u></b>	<b><u>Partly Established</u></b>	<b><u>Established</u></b>	<b><u>Exemplary</u></b>	<b><u>IJB Action Proposed</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Timescale</u></b>	<b><u>Update</u></b>
<b>Theme: Collaborative leadership &amp; building relationships</b>								
1.1 All leadership development will be focused on shared and collaborative practice			✓		<p>Formalise Induction for new members as part of membership review.</p> <p>Plan a timetable of development sessions for 2020, considering Board Members' self-identified development needs</p> <p>Make use of annual self-assessment survey to identify gaps.</p>	<p>Lorna Kemp</p> <p>Lorna Kemp</p> <p>Lorna Kemp</p>	<p>21 January 2020</p> <p>21 January 2020</p> <p>Ongoing</p>	<p>Complete – IJB agreed an information pack for members at its meeting of 21 April 2020</p> <p>In progress for 2021 – development session dates for 2020/21 agreed at IJB meeting of 10 March 2020. There was some disruption to planned sessions due to Covid pandemic but planning is in progress for remainder of sessions planned for 2021</p> <p>Survey continues to be issued annually – most recent survey approved at meeting of 21 April 2020 and results reported at meeting of June 2020</p>

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
1.2 Relationships and collaborative working between partners must improve			✓		<p>A revised strategic planning structure has been agreed by the IJB to develop this area further. This will include Planning and Commissioning Boards for each care group with direct links to the Strategic Planning Group and on to the Board. Development of strategic commissioning plans for all care groups will involve engagement with partners and stakeholders.</p> <p>Ensure papers are issued in a timely manner for meetings that are not covered by the Standing Orders of committees/boards.</p>	<p>Yvonne Lawton</p> <p>ALL</p>	<p>From 23 April 2019 and for ongoing development</p> <p>Ongoing</p>	<p>Complete – Planning and Commissioning Boards are established and Commissioning Plans for Mental Health, Physical Disability and Learning Disability Services were approved by the IJB at its meeting of 21 January 2020. Commissioning Plans for Alcohol and Drug Services and for Older People’s Services on 22 September 2020 and 10 November 2020 respectively. The IJB has agreed a 6 monthly progress reporting cycle for monitoring progress against the plans and the Strategic Planning Group has responsibility for oversight. The Plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in December 2019. There is wide representation from partners on each of the Planning and Commissioning Boards.</p> <p>Papers are issued 5 days before meetings in keeping with the Standing Orders for the IJB.</p>

Appendix 1

<b><u>Summary of Recommendation</u></b>	<b><u>Not yet established</u></b>	<b><u>Partly Established</u></b>	<b><u>Established</u></b>	<b><u>Exemplary</u></b>	<b><u>IJB Action Proposed</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Timescale</u></b>	<b><u>Update</u></b>
1.3 Relationships and partnership working with the third and independent sectors must improve			✓		<p>A formal evaluation of current arrangements to be undertaken, including reviewing the Participation and Engagement Strategy, to provide assurance that partnership working in this area is as effective as possible.</p> <p>The newly developed Market Facilitation Plan will provide a basis for developing relationships further.</p> <p>Locality Plans will include opportunities to work jointly or closer together with the third and independent sectors.</p>	<p>Lorna Kemp</p> <p>Yvonne Lawton</p> <p>Lorna Kemp</p>	<p>26 November 2019</p> <p>Complete</p> <p>26 November 2019</p>	<p>Complete – new Communication &amp; Engagement Strategy approved by the IJB on 21 January 2020 and progress monitoring cycle agreed though there has been some delay to implementation due to the Covid pandemic. An engagement survey was issued to all third-sector and independent providers early in 2020. This will be revisited.</p> <p>Complete – Locality Plans have been published, which propose a different approach to localities is taken, focussing on the seven Regeneration areas. The Strategic Planning Group has been reviewed to include the remit of Locality Planning and an expanded membership, now including economic development, community planning, social and independent housing, West Lothian Leisure and four openings for service user representation.</p>

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
<b>Theme: Integrated finances and financial planning</b>								
2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration			✓		Continue to work collaboratively with partner bodies on financial management and planning for IJB delegated resources. Lothian CFO group is progressing joint financial planning themes to help ensure there is a joint understanding of budgeting assumptions.	Patrick Welsh	Ongoing	Series of meetings held of Lothian CFO Group. Discussions over coming months will focus on 2020/21 budget positions, the 2021/22 budget settlement and 2021/22 financial planning process, all of which will need to consider the ongoing implications of the pandemic.
2.2 Delegated budgets for IJBs must be agreed timeously		✓ NHS	✓ WLC		Continue to work closely with partner bodies to ensure IJB and partners can report annual budgets in advance of 1 April each year. Further progress requires to be made to align budget setting timescales to ensure this can be achieved.	Patrick Welsh	Annually by 31 March	Report on proposed 2021/22 delegated budgets will be reported to the IJB in March 2021 to allow annual budget contributions and directions to be agreed and issued in advance of 1 April 2021.
2.3 Delegated hospital budgets and set aside requirements must be fully implemented			✓		Further development of set aside activity budget levels and costs to be progressed in parallel with existing reporting and introduced during 2021/22 to aid planning of service delivery and shift in the balance of care from hospital to community.	Patrick Welsh	31 December 2021	Significant work undertaken reviewing set aside budgets, staffing and activity levels as part of NRAC budget and cost allocation model. In addition, work undertaken to review St John's Hospital is being considered further as part of refining IJB budget allocations going forward.

Appendix 1

<b><u>Summary of Recommendation</u></b>	<b><u>Not yet established</u></b>	<b><u>Partly Established</u></b>	<b><u>Established</u></b>	<b><u>Exemplary</u></b>	<b><u>IJB Action Proposed</u></b>	<b><u>Lead Officer(s)</u></b>	<b><u>Timescale</u></b>	<b><u>Update</u></b>
2.4 Each IJB must develop a transparent and prudent reserves policy				✓	Continue to work within current Reserves Policy and account for any future reserves in line with this.	Patrick Welsh	Completed	Updated IJB Reserves Policy agreed by the Board on 21 January 2020.
2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers			✓		<p>Continue to work collaboratively with partner body finance teams in respect of financial information required to support the Board. Through Lothian CFO group, IJB CFO will work closely with NHS Lothian Director of Finance and LA S95 officer on provision of financial support to IJB.</p> <p>The Integration Scheme provides a structure for the provision of support services, including financial services. The Board has reviewed that provision through its Audit Risk &amp; Governance Committee and Board meetings.</p>	Patrick Welsh	Ongoing	<p>Lothian CFO group is developing support arrangements further across partner bodies.</p> <p>Work will be progressed on a collaborative basis across Lothian Finance teams to update the Finance section of each Lothian Integration Scheme in respect of support to IJB CFOs. The timescale for this update to the Integration Scheme will be subject to the ongoing implications of the pandemic.</p>

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations		✓			<p>Continue to work with partners to further develop pooled budgeting principles across the totality of IJB functions and resources. Proposals related to acute hospital services should be considered by the IJB as part of a whole system approach.</p> <p>The new strategic planning structure and its Planning and Commissioning Boards will contribute to this as will a longer term financial planning approach.</p> <p>Lothian CFO group will assist in further progressing this objective.</p>	Patrick Welsh	Ongoing	New Health and Social Care Transformation Board has been established with a remit to consider service delivery and overall financial resources available across totality of health and social care resources. This will take account of IJB Strategic plan priorities.
<b>Theme: Effective strategic planning for improvement</b>								
3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB		✓			<p>The Chief Officer is supported by partner organisations to make decisions and has responsibility for the delivery of services from an overall health and social care/IJB perspective.</p> <p>A formal review of support services will be conducted annually. Support services currently provided to the IJB should be formalised to assure</p>	Lorna Kemp	21 January 2020	Partially complete – review of support services was due to be reported to IJB meeting of 21 April 2020, which was cancelled due to

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					Board Members that appropriate support is in place, particularly in relation to fulfilling the Board's statutory obligations.			the Covid pandemic. It was proposed the IJB at its meeting of 22 September that a full review be delayed until staffing stabilised; during the pandemic, many staff have been redeployed to support the response to Covid-19. The IJB continues to meet its statutory obligations and to move forward with its programmes of transformational change with the support of the council and health board. The IJB's Audit Risk and Governance Committee, at its meeting of 11 December 2019, considered that formal Service Level Agreements were not necessary subject to assurance that appropriate alternative arrangements were in place.
3.4 Improved strategic planning and commissioning arrangements must be put in place		✓			A revised strategic planning structure has been agreed by the IJB to develop this area further. New developments include Planning and Commissioning Boards for each care group and development of strategic commissioning plans. The focus of the plans will be on whole system improvement following	Yvonne Lawton	30 November 2019	Complete – Planning and Commissioning Boards are established and Commissioning Plans for Mental Health, Physical Disability and Learning Disability Services were approved by the IJB at its meeting of 21 January 2020. Commissioning Plans for Alcohol and Drug Services and for Older People's Services on 22 September

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					engagement and consultation with stakeholders.			2020 and 10 November 2020 respectively. The IJB has agreed a 6 monthly progress reporting cycle for monitoring progress against the plans and the Strategic Planning Group has responsibility for oversight. The Plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in December 2019. There is wide representation from partners on each of the Planning and Commissioning Boards.
3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place		✓			<p>The recently agreed revised approach to strategic commissioning will address the need for improved capacity in this area and allow improved planning around hospital capacity requirements. Strategic commissioning plans will focus on whole system improvement including hospital functions.</p> <p>Work is taking place across Lothian to consider future commissioning of unscheduled care services and the</p>	Fiona Wilson	30 April 2020	Work is well underway to develop the community response as part of the programme looking at redesigning unscheduled care. Work has been undertaken to identify all referral pathways and to progress plans for the development of a single point of access in the community to support the Lothian wide programme. Work in relation to unscheduled care is now being progressed via the commissioning plan for older people.

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					WLHSCP is linked in to this work with a view to developing a plan which reflects the needs of West Lothian			
<b>Theme: Agreed governance &amp; accountability arrangements</b>								
4.1 The understanding of accountabilities and responsibilities between statutory partners must improve		✓			<p>In the event the Chief Officer is unable to resolve the disagreement on behalf of the IJB, a paper would be presented to the Board for discussion seeking agreement on the course of action for individual issues.</p> <p>Directions received by the council and health board should be acknowledged and reported internally so that each organisation is assured it is complying.</p>	<p>James Millar</p> <p>Lorna Kemp</p>	<p>Ongoing</p> <p>31 October 2019</p>	<p>No action required.</p> <p>Complete – Directions reported to Council Executive on 21 May 2019 and six-monthly compliance reporting cycle agreed. Compliance with Directions reported to Council Executive on 12 November 2019 and 19 January 2021. New Directions are reported to Council Executive, most recently on 25 February 2020 and 19 January 2021. A Directions Tracker has been established and is reported to the Board within the Performance reporting cycle.</p>

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					IJB Annual Performance Reports should be reported for information to council and health board.	Lorna Kemp	31 October 2019	Complete – Annual Performance Report reported to Council Executive on 19 September 2019 and 17 November 2020. A copy is also sent to NHS Lothian's Corporate Governance Team on publication so that they can be reported to the health board.
4.2 Accountability processes across statutory partners will be streamlined		✓			Further work needs to be undertaken to streamline reporting and decision-making processes relating to IJB functions where possible and raising awareness across all partners of what the IJB/LA/NHS are accountable for.  Ensure participation in opportunities for developing this aspect further such as participation in the Integrated Care Forum.	Yvonne Lawton /Lorna Kemp	26 November 2019	Partially complete – the Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. The revised strategic planning structure is fully implemented and provided clarity on governance and reporting. The joint inspection report on strategic planning included a recommendation that leaders should have an agreed approach for integration and produce a plan for all managers and leaders to progress. An action plan against all recommendations from the joint inspection was agreed by the IJB at its meeting of 10 November 2020.
4.3 IJB chairs must be better supported			✓		See 3.1	See 3.1	See 3.1	See 3.1

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
to facilitate well run Boards capable of making effective decisions on a collective basis								
4.4 Clear directions must be provided by IJBs to Health Boards and Local Authorities			✓		<p>Action on Directions will be monitored and tracked going forward</p> <p>Detailed Directions were issued in April 2019 and will be further developed in 2020 to take account of the priorities identified in strategic commissioning plans to be agreed by the Board in late 2019.</p>	<p>Yvonne Lawton</p> <p>Director</p>	<p>Ongoing</p> <p>1 April 2020</p>	<p>Directions Tracker is established and maintained.</p> <p>Complete – the IJB issued further Directions to council and health board following approval of three commissioning plans on 21 January 2020. Commissioning Plans were approved for Alcohol and Drug Services and for Older People's Services on 22 September 2020 and 10 November 2020 respectively and Directions issued in relation to these.</p>
4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place		✓			<p>A review of current arrangements is taking place and will take account of the statutory guidance being developed.</p> <p>A Health and Care Governance Framework has been approved by the Board along with an action plan for developing this area of work during 2019/20.</p>	<p>Yvonne Lawton</p> <p>Yvonne Lawton</p>	<p>Complete</p> <p>30 June 2020</p>	

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
<b>Theme: Ability &amp; willingness to share information</b>								
5.1 IJB Annual Performance Reports will be benchmarked by Chief Officers to allow them to better understand their local performance data			✓		Additional benchmarking of annual performance reports will allow for development of good practice. All benchmarking should be captured and visible to all who could benefit from it and for the purposes of transparency and accountability.  Feed into networks where benchmarking and sharing of good practice are undertaken	Yvonne Lawton  Yvonne Lawton	Ongoing  Ongoing	A review of IJB annual performance reports has been submitted to the Chief Officers Group. Specific feedback on West Lothian's was largely positive. Recommendations will be incorporated into the annual performance report.  As above.
5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships			✓		The Board must satisfy itself that there are sufficient reporting arrangements in place.  The new strategic planning structure will ensure that a wide range of stakeholders are involved in the development and auctioning of the Strategic Commission Plans to ensure their knowledge and experience is captured.	Yvonne Lawton  Yvonne Lawton	Ongoing  Ongoing	The commissioning plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group prior to approval by the IJB. There is wide representation from partners on each of the Planning and Commissioning Boards.

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
<b>Theme: Meaningful &amp; sustained engagement</b>								
6.1 Effective approaches for community engagement and participation must be put in place for integration			✓		<p>To monitor engagement activity and ensure stakeholder views are reflected in the design and development of services.</p> <p>A formal evaluation of current arrangements to be undertaken to provide assurance that community engagement is as effective as possible. Findings to be reflected in a revised communication and engagement strategy.</p> <p>Development of strategic commissioning plans to include community engagement and participation in the process</p>	<p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton</p>	<p>Ongoing</p> <p>26 November 2019</p> <p>Complete</p>	<p>The IJB agreed that the impact of the new Communication and Engagement Strategy would be measured after a period of six months from implementation.</p> <p>Complete – the Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. A new Communication &amp; Engagement Strategy approved by the IJB on 21 January 2020 and progress monitoring cycle agreed though there has been some delay to implementation due to the Covid pandemic. An engagement survey was issued to all third-sector and independent providers early in 2020. This will be revisited.</p> <p>The plans were developed with extensive consultation with a range of stakeholders in August – October 2019 before further scrutiny by the Strategic Planning Group in December 2019. There is wide</p>

Appendix 1

<u>Summary of Recommendation</u>	<u>Not yet established</u>	<u>Partly Established</u>	<u>Established</u>	<u>Exemplary</u>	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					<p>The Locality Planning Groups remit in relation to engagement should be clarified and defined</p> <p>A new website for the partnership is being developed.</p>	<p>Yvonne Lawton /Lorna Kemp</p> <p>Yvonne Lawton /Lorna Kemp</p>	<p>N/A</p> <p>September 2019</p>	<p>representation from partners on each of the Planning and Commissioning Boards.</p> <p>The Strategic Planning Group has been reviewed to include the remit of Locality Planning with the aim of improving engagement at a community level. The published Locality Plans include a commitment to feed into the existing Regeneration Plans and to work in a more joined up way with Community Planning. A new Health and Wellbeing Group has been established through the Community Planning Partnership and involves engagement with a wide range of partners to develop community led approaches to improvement.</p> <p>Complete.</p>
6.2 Improved understanding of effective working relationships with carers, people using services and local			✓		<p>See 6.1</p> <p>Build on existing good practice to ensure those involved in the development of services have a clear understanding of working effectively with carers and that carer</p>	Yvonne Lawton	30 April 2020	Carers were involved in the extensive engagement for the purpose of developing the commissioning plans and are represented on the Strategic

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
communities is required					representatives are engaged and involved in decision making. Consider the approach adopted to involving carers in the development of the Integrated Discharge Hub, for example, to inform future practice.			Planning Group and the IJB. A new Carer Strategy was agreed by the IJB at its meeting of 11 August 2020 and this was produced in close partnership with Carers of West Lothian who ran focus groups to engage with carers to inform the strategy. Feedback was incorporated alongside the feedback from the published commissioning plans.
6.3 We will support carers and representatives of people using services better to enable their full involvement in integration			✓		Support provided to representatives of carers and service users to be defined as part of wider membership review.  Involve carer and community representatives directly in discussions about improvement at the earliest possible opportunity in the planning process.	Lorna Kemp  Yvonne Lawton	21 January 2020  30 April 2020	Membership review to IJB meeting of 10 March 2020. Induction and member support will be considered at meeting of 21 April 2020.  Carers were involved in the extensive engagement for the purpose of developing the commissioning plans and are represented on the Strategic Planning Group and the IJB. A new Carer Strategy was agreed by the IJB at its meeting of 11 August 2020 and this was produced in close partnership with Carers of West Lothian who ran focus groups to engage with carers to inform the strategy. Feedback was incorporated alongside the feedback

Appendix 1

<u>Summary of Recommendation</u>	Not yet established	Partly Established	Established	Exemplary	<u>IJB Action Proposed</u>	<u>Lead Officer(s)</u>	<u>Timescale</u>	<u>Update</u>
					Ensure that improvement plans consider both the cared for and the carer when assessing impact to achieve better outcomes for all.	Yvonne Lawton	30 April 2020	<p>from the published commissioning plans. Work is underway to establish a Carers Strategy Group, working in partnership with Carers of West Lothian to oversee the implementation of the new Carers' Strategy.</p> <p>Complete – relationship with carers and their representatives is being strengthened through roles on IJB and SPG as well as the development of a new Carers Strategy Group which will provide opportunity for influencing improvement plans.</p>



# West Lothian Integration Joint Board

Date: 19 January 2021

Agenda Item: 15

## REVISED REPORT TEMPLATE

### REPORT BY CHIEF OFFICER

#### **A PURPOSE OF REPORT**

To seek approval for the adoption of an updated report template to be used for meetings of the West Lothian Integration Joint Board, the Audit, Risk and Governance Committee and the Strategic Planning Group.

#### **B RECOMMENDATION**

It is recommended that the Board:

1. Note the recommendation from the joint inspection on strategic planning in relation to establishing a clear identity for the integration authority to ensure its role in supporting the functions of the integration joint board is clearly evident to the people of West Lothian;
2. Note the Board agreed at its meeting of 10 November 2020, to establish a clear brand for integrated health and social care services that is recognisable to the West Lothian population – including the development of a campaign brand for the IJB and a revised report template that better reflects the identity of the Board;
3. Agree the revised report template for the IJB, its Audit Risk and Governance Committee and the Strategic Planning Group.

#### **C SUMMARY OF IMPLICATIONS**

<b>C1</b>	<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>C2</b>	<b>Resource/ Finance</b>	Within current resources
<b>C3</b>	<b>Policy/Legal</b>	None
<b>C4</b>	<b>Risk</b>	None

<b>C5</b>	<b>Equality/Health</b>	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
<b>C6</b>	<b>Environment and Sustainability</b>	None
<b>C7</b>	<b>National Health and Wellbeing Outcomes</b>	Progressing the joint inspection action plan will contribute to health and wellbeing outcomes.
<b>C8</b>	<b>Strategic Plan Outcomes</b>	The new report template is consistent with the IJB's Communication and Engagement Strategy, which contributes to achieving the strategic priorities.
<b>C9</b>	<b>Local Outcomes Improvement Plan</b>	Progressing the joint inspection action plan will contribute to health and wellbeing outcomes.
<b>C10</b>	<b>Impact on other Lothian IJBs</b>	None

## **D TERMS OF REPORT**

- 1 In terms of Standing Order 5.5, all reports submitted to the Integration Joint Board are prepared using a standard template which requires the approval of the Board. The matters reports should advise on are also set out in Standing Orders.
- 2 The report template was last revised on 12 March 2019. The changes at that time included strengthening the independent identity of the IJB; requiring officers to be explicit about whether a Direction was required; and the addition of a section on environment and sustainability.
- 3 At its meeting of 10 November 2020, the IJB approved an action plan against the recommendations of the joint inspection on strategic planning. Recommendation 7 under Quality Indicator 9: Leadership and Direction that Promotes Partnership, states, "Leaders to establish a clear identity for the integration authority to ensure its role in supporting the functions of the integration joint board is clearly evident to the people of West Lothian".
- 4 The Board therefore agreed to establish a clear brand for integrated health and social care services that is recognisable to the West Lothian population". including the development of a campaign brand for the IJB and a revised report template that better reflects the identity of the Board;
- 5 The following changes are proposed:
  - Simplified format with IJB campaign brand included
  - Purpose of report clearer – author is required to select what is required from Members in their consideration of the report

- Single section incorporating all aspects of Integrated Impact Assessment (IIA) including equality, health inequalities and environmental impact – clear expectation that all of these issues should be assessed as part of the decision-making process and the outcome summarised in the report
- Clearer linkage to existing plans e.g. Strategic Plan and commissioning plans
- Author must consider how localities have been taken account of
- Engagement is summarised as a key issue
- Section on relevance to Health and Wellbeing Outcomes removed – all of the work of the IJB is relevant to these outcomes
- Section on relevance to Local Outcomes Improvement Plan (LOIP) removed – this is rarely populated with anything meaningful
- Section on impact to other IJBs removed – where work is regional or where there is an impact – this would always be detailed in the body of the report.

6 A draft report template is attached at Appendix 1 for the Board's consideration and approval.

## **E CONSULTATION**

The review was agreed by the Board as part of the joint inspection action plan.

Ad-hoc feedback from officers using the template has been incorporated where possible.

## **F REFERENCES/BACKGROUND**

[Standing Orders for the Proceedings of West Lothian Integration Joint Board](#)

IJB meeting of 12 March 2019, 10 November 2020

## **G APPENDICES**

Appendix 1: Draft Report Template

## **H CONTACT**

Lorna Kemp, Project Officer  
[lorna.kemp@westlothian.gov.uk](mailto:lorna.kemp@westlothian.gov.uk)  
01506 283519

19 January 2021



Date	29 November 2022
Agenda Item	

**Report to West Lothian Integration Joint Board/Strategic Planning Group/Audit Risk and Governance Committee (delete as appropriate)**

**Report Title:**

**Report By:**

Summary of Report and Implications	
<b>Purpose</b>	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion <input checked="" type="checkbox"/>
	Detail any particulars e.g. a decision is required from the board/group/committee in order to... or the board is invited to discuss xyz in order that it might...
<b>Recommendations</b>	Insert recommendations here, considering what the report is intended to achieve
<b>Directions to NHS Lothian and/or West Lothian Council</b>	<p>A direction(s) is not required.</p> <p>A direction(s) is required and is appended to the report for approval before it is issued.</p> <p>A direction(s) may be required to be issued following agreement to the terms of the report.</p> <p>(Delete whichever statements do not apply)</p>
<b>Resource/ Finance/ Staffing</b>	<p>Summarise resource and financial implication here clearly stating source of funding/resource</p> <p>Include staffing implications</p>
<b>Policy/Legal</b>	Summarise relevant policies and legislation
<b>Risk</b>	<p>Clearly summarise any risks including if:</p> <p>The risk is captured in the risk register and will be monitored</p>

	A new risk is required to be added to the risk register.
<b>Equality, Health Inequalities, Environmental and Sustainability Issues</b>	Clearly state if an Integrated Impact Assessment (IIA) has been carried out and summarise the outcome including any relevance or impact to equality, health inequalities, the physical environment and sustainability  If an Integrated Impact Assessment has not been carried out, clearly state the reasoning for this.
<b>Strategic Planning and Commissioning</b>	Summarise how this report is linked to or contributes to the Strategic Plan, Commissioning Plans or any other existing plans
<b>Locality Planning</b>	Summarise how localities have been taken account of in this report
<b>Engagement</b>	Summarise any communication, consultation or co-production with partners and/or stakeholders

Terms of Report	
<b>1.</b>	<b>Background (for example)</b>
1.1	Using a new line for each paragraph can help with alignment of the numbering

<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Example Plan</li> <li>2. Consultation results</li> </ol>
<b>References</b>	<p>Joint Working (Scotland) Act 2014 Meeting of Strategic Planning Group on 12 March 2020</p> <p>Hyperlink to relevant documents where appropriate</p>
<b>Contact</b>	<p>Name and title Email Phone number</p>



# WEST LoTHIAN INTEGRATION JOINT BOARD

## WORKPLAN

MEETING DATE: 19 January 2021

Item	Lead Officer	Meeting Date	Recurrence	Reason
Chief Social Work Officer's Annual Report	Jo Macpherson	January 2021	To be presented annually – December each year	Requirement of Integration Scheme and Local Code of Corporate Governance, and Guidance on The Role of Chief Social Work Officer Issued by Scottish Ministers – Revised July 2016
Health and Care Governance Group – Appointment of Chair	Yvonne Lawton	January 2021		Agreed by IJB on 22 September 2020
Self-evaluation on Progress with Integration – Action Plan Update	Lorna Kemp	January 2021		Agreed by IJB 13 August 2019
Health and Wellbeing/Anti-Poverty Update	Martin Higgins	January 2021		
Chief Officer Report	Allister Short	January 2021		
Finance Update	Patrick Welsh	January 2021		
Consultation on Scottish Government Revised Code of Conduct	James Millar	January 2021		
Draft Equality Outcomes 2021-23 - Consultation	Lorna Kemp	January 2021		Required to consult under The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
Review of Report Template	L Kemp	January 2021		Agreed by IJB on 10 November 2020 (strategic inspection action plan)

Item	Lead Officer	Meeting Date	Recurrence	Reason
Commissioning Plans Update	Allister Short	March 2021	Biannual Reports – March and September	
Covid-19 Update		March 2021	Standing item, either as part of Chief Officer Report or as a stand-alone report	
Role Descriptions for Members		March 2021	Annually in March	
Review of Revised Strategic Planning Structure		March 2021		
EU Exit		March 2021		
Best Value Framework		March 2021		
Workforce Plan		March 2021		
Covid-19 Update	Allister Short	June 2021	Standing item, either as part of Chief Officer Report or as a stand-alone report	Requirement of Integration Scheme and Local Code of Corporate Governance  Agreed by Board on 21 November 2018
Clinical Governance Report	Elaine Duncan	June 2021	To be presented annually – June each year	
IJB Performance – Balanced Scorecard		June 2021	Biannual reports– December and June each year	
Strategic Inspection Action Plan		June 2021	Biannual reporting (May/June and November/December)	

Item	Lead Officer	Meeting Date	Recurrence	Reason
Annual Accounts	Patrick Welsh	September 2021	Annually by 30 Sept each year	Required by Local Authority Accounts (Scotland) Regulations 2014
Commissioning Plans Update	Yvonne Lawton	September 2021	Biannual Reports – March and September	
Covid-19 Update	Allister Short	September 2021	Standing item, either as part of Chief Officer Report or as a stand-alone report	
Members' Code of Conduct Annual Report & review	James Millar	November 2021	Annual report – November each year. Review biennially – next review November 2023.	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance
IJB Performance - Balanced Scorecard	Fiona Wilson	November 2021	Biannual reports – December and June each year	Agreed by Board on 21 November 2018
Public Bodies Climate Change Duties	Lorna Kemp	November 2021	Annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
Risk Register	Kenneth Ribbons	November 2021	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017
Workforce Development Plan		November 2021	To be reviewed annually – next report Nov 2022	Strategic Development Plan agreed 21 November 2018

Item	Lead Officer	Meeting Date	Recurrence	Reason
Complaints and Information Requests	Lorna Kemp	November 2021	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Review of Standing Orders (can be merged with Review of Scheme of Delegations)	James Millar	November 2021	To be reviewed biennially – next report Dec 2023	Biennial review agreed by IJB on 20 October 2015
Review of Scheme of Delegations (can be merged with Review of Standing Orders)	James Millar	November 2021	To be reviewed biennially – next report Dec 2023	Agreed by IJB on 31 January 2017
Covid-19 Update	Allister Short	November 2021	Standing item, either as part of Chief Officer Report or as a stand-alone report	
Strategic Inspection Action Plan		November 2021	Biannual reporting (May/June and November/December)	
Chief Social Work Officer's Annual Report	Jo Macpherson	January 2022	To be presented annually – December each year	Requirement of Integration Scheme and Local Code of Corporate Governance, and Guidance on The Role of Chief Social Work Officer Issued by Scottish Ministers – Revised July 2016
Complaints and Information Requests	Lorna Kemp	January 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Membership Review (SPG and AR&G)		March 2022		

Item	Lead Officer	Meeting Date	Recurrence	Reason
Role Descriptions for Members	Yvonne Lawton	March 2022	Annually in March	
Commissioning Plans Update		March 2022	Biannual Reports – March and September	
Strategic Inspection Action Plan	Elaine Duncan	June 2022	Biannual reporting (May/June and November/December)	Requirement of Integration Scheme and Local Code of Corporate Governance
Clinical Governance Report		June 2022	To be presented annually – June each year	
IJB Performance - Balanced Scorecard	Fiona Wilson	June 2022	Biannual reports – December and June each year	Agreed by Board on 21 November 2018
Complaints and Information Requests	Lorna Kemp	June 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Commissioning Plans Update	Patrick Welsh	September 2022	Biannual Reports – March and September	Required by Local Authority Accounts (Scotland) Regulations 2014
Annual Accounts		September 2022	Annually by 30 Sept each year	
Complaints and Information Requests	Lorna Kemp	September 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)

Item	Lead Officer	Meeting Date	Recurrence	Reason
Public Protection Biennial Report	Jo MacPherson	November 2022	To be presented biennially – next report Nov 2024	For information - Section 46 of the Adult Support and Protection (Scotland) Act 2007 requires the Conveners of Adult Protection Committees (APCs) to produce a biennial report
Strategic Inspection Action Plan		November 2022	Biannual reporting (May/June and November/December)	
Members' Code of Conduct Annual Report & review	James Millar	November 2022	Annual report – November each year. Review biennially – next review November 2023.	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review covered in Local Code of Corporate Governance
Public Bodies Climate Change Duties	Lorna Kemp	November 2022	Annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
Risk Register	Kenneth Ribbons	November 2022	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017
Workforce Development Plan		November 2022	To be reviewed annually – next report Nov 2023	Strategic Development Plan agreed 21 November 2018
Complaints and Information Requests	Lorna Kemp	November 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)

Item	Lead Officer	Meeting Date	Recurrence	Reason
Communication & Engagement Strategy 2020-2023; Impact on Stakeholders	Lorna Kemp	TBC	To be presented biennially	Required by Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
Equality Mainstreaming and Outcomes Report	Lorna Kemp	TBC		
External Reports		TBC	Biannual reports, first date TBC	