DATA LABEL: Public

West Lothian Integration Joint Board

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

10 August 2022

A meeting of the **West Lothian Integration Joint Board** will be held within the **MS Teams Virtual Meeting Room** on **Wednesday 17 August 2022** at **2:00pm**.

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 must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.

4. Confirm Draft Minutes of Meeting of West Lothian Integration Joint Board held on Wednesday 29 June 2022 (herewith)

5. Minutes for Noting

   (a) West Lothian Integration Joint Board Development Session held on 21 June 2022 (herewith)

   (b) West Lothian Integration Joint Board Strategic Planning Group held on 21 July 2022 (herewith)

   (c) West Lothian Integration Joint Board Health and Care Governance Group held on 12 July 2022 (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. Chief Officer Report (herewith)

8. West Lothian Carer Strategy Progress Update - Report by Karen Love (herewith)

9. Chief Finance Officer Report (herewith)

10. Medication Assisted Standards for Addictions Update - Report by General Manager for Mental Health and Addictions Services (herewith)

11. Mental Health Renewal and Recovery Fund - Report by General Manager for Mental Health and Addictions Services (herewith)

12. National Mental Health and Wellbeing Strategy HSCP Consultation Response - Report by General Manager for Mental Health and Addictions Services (herewith)

13. National Suicide Prevention Strategy HSCP Consultation Response - Report by General Manager for Mental Health and Addictions Services (herewith)

14. National Care Service (Scotland) Bill Consultation - Report by Head of Strategic Planning and Performance (herewith)

15. Self-Assessment Questionnaire - Report by Project Officer (herewith)

16. Annual Review of Records Management Plan - Report by Project Officer (herewith)

17. Members' Code of Conduct - Report by Standards Officer (herewith)

18. Workplan (herewith)

NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email anastasia.dragona@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 29 JUNE 2022.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Ann Davidson, Jock Encombe, Anne McMillan

Non-Voting Members – Elaine Duncan, David Huddlestone, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Damian Doran-Timson, Karen Adamson and Lesley Cunningham

Absent – Katharina Kasper and Steven Dunn

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), George Gordon (NHS Lothian), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), James Millar (Standards Officer), Greg Stark (Programme Manager), Jeanette Whiting (Chief Allied Health Professional) and Fiona Wilson (Head of Health)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The IJB approved the minutes of its meeting held on 21 April 2022 as a correct record.

Matters arising: Item 4 – *Chief Officer's Report*

Members noted an update from the Head of Health on ongoing work on community wellbeing hubs. Further updates would be provided as work progressed.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the Audit, Risk and Governance Committee held on 23 February 2022.

b The IJB noted the minutes of the Strategic Planning Group held on 10 February 2022.

c The IJB noted the minutes of the Strategic Planning Group held on 31 March 2022.

d The IJB noted the minutes of the Health and Care Governance Group held on 5 May 2022.

4 MEMBERSHIP & MEETING CHANGES

1. The IJB confirmed the appointment of Tom Conn, Ann Davidson, Damian Doran-Timson and Anne McMillan as voting members for a period of three years.

2. The IJB confirmed the appointment of Anne McMillan as IJB Vice-Chair.

3. The IJB agreed to re-appoint Alan McCloskey as non-voting member of the IJB from 26 June 2022 for a period of three years..

5 FORMAT OF FUTURE IJB MEETINGS

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting options on the format of future meetings and asking the Board to agree a way forward.

It was recommended that the IJB:

1. Note the feedback from members on the proposed format of future board and committee meetings; and

2. Approve the recommendation to move to a mixed approach to future meetings of the IJB, Audit, Risk and Governance Committee and Appointments Committee.

Decision

1. To approve the terms of the report.

2. To revisit the issue of meetings format by the new calendar year, taking into consideration feedback from hybrid meetings at West Lothian Council.

6 CHIEF OFFICER REPORT

The IJB considered a report (copies of which had been circulated) providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues including those related to Covid-19.

It was recommended that the IJB 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.

During discussion, it was proposed that officers explore optimal ways of engagement with the community in terms of in planning and delivering health and social care services in the context of the Strategic Plan.

Decision

To note the terms of the report.

7 2022/23 BUDGET AND UPDATED FINANCIAL OUTLOOK

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2022/23 budget position based on current partner funding assumptions. The report also provided an update on the financial outlook for future years, incorporating a summary of the Scottish Government's spending review and an update on the IJB's financial planning assumptions for the period 2023/24 to 2027/28.

It was recommended that the IJB:

1. Note the confirmed financial contribution received from NHS Lothian in respect of 2022/23 IJB delegated functions;

2. Note the 2022/23 IJB budget resources available and the budget monitoring arrangements;

3. Note current assumptions around Covid-19 funding and expenditure for 2022/23, including one off funding carried forward from 2021/22 to be used to meet ongoing costs associated with Covid-19;

4. Note the outcome of the Scottish Spending Review announced on 31 May 2022; and

5. Consider the updated IJB medium term financial outlook for the period 2023/24 to 2027/28 and that there remain a number of risks and uncertainties that will require to be closely monitored.

Decision

To note the terms of the report.

8 CONSIDERATION OF 2021/22 ANNUAL ACCOUNTS (UNAUDITED)

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer requesting that members consider the unaudited 2021/22 Annual Accounts of the West Lothian Integration Joint Board.

It was recommended that the IJB:

1. Consider the overall 2021/22 Annual Accounts prior to submission

to Ernst and Young (EY) for audit and publication; and

2. Agree the letters provided by NHS Lothian and West Lothian Council, along with partner financial ledger reports used throughout the year, provide assurance of the year end spend and funding contained in the unaudited annual accounts.

Decision

To approve the terms of the report.

9 STRATEGIC INSPECTION - ACTION PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an update on progress being made against the recommendations contained in the report of a joint strategic inspection by Healthcare Improvement Scotland and the Care Inspectorate published on 9th September 2020.

It was recommended that the IJB:

1. Note the progress being made with the action plan to address the recommendations of the strategic inspection report, and the actions still to be finalised; and

2. Agree that outstanding actions be remitted to the committees referred to in the report with updates on key areas still to be developed added to the IJB workplan.

Decision

To approve the terms of the report.

10 HSCP WORKFORCE PLAN 2022-25 REVIEW

The IJB considered a report (copies of which had been circulated) by the Programme Manager providing information on the development of the West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022-2025 and presenting a draft for approval prior to submission to the Scottish Government by the 31 July 2022 deadline.

Regarding the Social Policy PDSP referenced on page 9 of the Workforce Plan, it was noted that this had now been replaced by the Social Work and Health PDSP.

It was recommended that the IJB note the contents of the report and approve submission of the draft Workforce plan to the Scottish Government by the 31 July 2022 deadline.

During discussion, members made comments on the draft Workforce Plan and it was agreed that more detail on specific roles and targets should be

included in the action plan section.

Decision

1. To approve the terms of the report.

2. To include more detail on specific roles and targets in the action plan section of the Workforce Plan.

11 ST MICHAEL'S HOSPITAL APPRAISAL AND RECOMMENDATIONS

The IJB considered a report (copies of which had been circulated) by the Head of Health providing an update on the temporary closure of St Michael's Hospital and presenting recommendations on the future of the hospital in the context of the Home First transformation programme.

It was recommended that the IJB:

1. Acknowledge the Home First transformation programme and the ongoing work to determine bed based and community models of care to support people in West Lothian;

2. In line with the IJB's strategic priority, provide care and support in a person's home wherever possible, and having regard to demand for community hospital beds, agree that St Michael's Hospital remain closed; and

3. Approve consultation with the IJB's Strategic Planning Group and community stakeholders, including service users, carers, and community groups, on the future requirement for beds in St Michael's Hospital.

In response to a point raised during discussion, members were assured that appropriate tone and context would be considered in any consultation communications with stakeholders.

Decision

To approve the terms of the report.

12 WEST LOTHIAN PRACTICE INFRASTRUCTURE AUDIT

The IJB considered a report (copies of which had been circulated) by Neil Ferguson providing an update on the West Lothian Practice Infrastructure Audit.

It was recommended that the IJB note the content of the paper and recognise its potential role in informing future service developments or capital planning ventures.

Decision

To note the terms of the report.

13 CARE AT HOME SERVICES IN WEST LOTHIAN

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Older People's Services providing an update on the situation with regard to the delivery of care at home services in West Lothian.

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

Decision

To note the terms of the report.

14 COMMUNICATION AND ENGAGEMENT STRATEGY PROGRESS UPDATE AND REVIEW

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the implementation of the Communication and Engagement Strategy as well as an overview of engagement and communication activity that had been undertaken during 2021/22.

It was recommended that the IJB:

1. Note the progress made in implementing the Communication and Engagement Strategy and the examples of engagement and communication activity across the Health and Social Care Partnership;

2. Note that a specific communication and engagement plan would be put in place to underpin the development of the IJB's new strategic plan; and

3. Note that a full review of the strategy was due in 2023.

Decision

To note the terms of the report.

15 CLINICAL GOVERNANCE ANNUAL REPORT 2021/22

The IJB considered a report (copies of which had been circulated) by the Clinical Director, West Lothian HSCP presenting the Clinical Governance Annual Report for 2021/22.

It was recommended that the IJB:

1. Note the contents of the report

2. Be assured that service recovery and development continued to progress as we moved out of the pandemic;

3. Recognise the wide range of new developments being implemented across all clinical areas, despite ongoing staffing challenges, as we continue to strive to offer safe effective and person-centred care to the people of West Lothian; and

4. Note the PCIP tracker V5 as recently submitted to Scottish Government (Appendix 1 of the report).

Decision

To note the terms of the report.

16 IJB ANNUAL PERFORMANCE REPORT 2020/2021

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2021/2022 acknowledging that data for inclusion in the report were not yet available for inclusion in the report, and seeking a decision to delegate authority to the Chief Officer to approve the final version of the annual performance report once data were available and ensure publication by the deadline of 31 July 2022.

It was recommended that the IJB:

1. Consider the outline draft of the IJB's annual performance report;

2. Note that published data were incomplete and in the process of being finalised nationally and is therefore not available for inclusion in this report;

3. Agree that when the national data set was finalised, it would be included in the report which would then be published in time for the deadline set out in legislation of 31 July each year; and

4. Agree to delegate authority to the Chief Officer to approve publication of the finalised report.

Decision

To approve the terms of the report.

17 DELEGATED ACTIONS TAKEN IN TERMS OF STANDING ORDER 16 (URGENT BUSINESS): APPOINTMENT OF MEMBERS AND CHAIR TO AUDIT RISK & GOVERNANCE COMMITTEE

Decision

To note the action taken in terms of Standing Order 16.

18 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

19 CLOSING REMARKS

As this was Jock Encombe's last meeting, the Chair on behalf of the West Lothian IJB thanked him for his time on the Board and wished him well in the future.

West Lothian Integration Joint Board Development Session

Meeting Held on 21 June 2022 virtually on Microsoft TEAMS

MINUTE & ACTIONS

Present:	Bill McQueen (Chair), Martin Connor, Dave Huddleston, Cllr Anne McMillan, Linda Roddie, Pat Welsh, Ann Pike, Yvonne Lawton. George Gordon, Alan McCloskey, Cllr Anne Davidson, Fiona Wilson, Elaine Duncan, Katherina Kasper, Fiona Huffer, Sharon Houston.
Apologies:	Jo MacPherson, Linda Yule, Cllr Tom Conn, Alison White

	Discussion/Decision	Action	By Whom	By When
1.	**Welcome, Introductions and Apologies** Apologies were noted. Bill McQueen introduced and welcome new members of the Board. It was noted that the IJB aimed to have three development sessions each year to provide an opportunity for the Board to engage informally on key issues out with the structure of Board meetings.			
2.	**The West Lothian Integration Joint Board (IJB) and Health and Social Care Partnership (HSCP)** Yvonne Lawton provided an overview of the function and responsibilities of the IJB and of the senior leaders across the HSCP. The HSCP's governance and strategic commission structure was shared with Board members. Katherina Kasper provided an over of the role of the IBJ Strategic Planning Group (SPG) and highlighted its key role in ensuring participation and engagement with a wide range of stakeholders including Carers, Third Sector partners etc.	It was agreed that a link would be included in the action detailing the HSCP's governance and strategic commission structures and that this document would be included in the Induction Pack for Board members.		

3.	**Developing the New IJB Strategic Plan** A presentation was delivered setting the context for the development of the new Strategic Plan. The presentation: o provided an overview of the functions of the IJB, o outlined the proposed new vision following consultation with the SPG o outline the refreshed strategic aims and strategic priorities o outlined the approach that is being used to take forward the Strategic Needs Assessment and the development of the new Strategic Plan. Following discussion, it was suggested that the vision statement could be made bolder with regards to the proposed aim of reducing health inequalities and instead having the aim of eliminating health inequalities. Following further discussion, it was agreed that the factors that impact on health inequalities are not all within the direct influence of the IJB and that this is why it was essential to state that the IJB would need to work with other key partners to address this complex issue. It was agreed to give further consideration to the wording of the vision following the discussion. It was noted that the new plan would not sit in isolation and would have linkages to other key documents such as the Workforce Plan, Market Facilitation Plan etc., the Anti-Poverty Strategy, Carers Strategy, Digital Strategy, Local Outcome Improvement Plan etc.	Further consideration of the wording of the vision statement.		
4.	**Discussion on Priorities and the Strategic Needs Assessment** Linda Roddie provided an update on progress made with regards to the Strategic Needs Assessment and sought view from board members on the proposed priorities. There was general agreement with the refreshed priorities presented.			

	Assurance was provided that consideration had been given to ensuring that people with a disability would be supported to participate in the engagement activity that was ongoing and also that young people transitioning to adult services would also be included. Board members highlighted that the language and terminology used through engagement activity need to be accessible to ensure the broadest range of engagement. It was confirmed Community Councils were part of the list of key stakeholders. Assurance was also provided that a performance framework would sit alongside the strategic plan. It was agreed that further linkages would be established with Public Health with regards to the longer-term plans on the prevention agenda.			

West Lothian Integration Strategic Planning Group

Meeting Held on 21 July 2022 at 14.00, Held virtually on Microsoft TEAMS

MINUTE & ACTIONS

Present:	Katharina Kasper (Chair), Rob Allen, Alison White, Hazel Dowling, Sharon Houston, Jeanette Whiting, Gillian Amos, Stuart Barrie, Alison Wright, Linda Yule, Katy McBride, Neil Ferguson, Karen Wernham, Fiona Huffer, Yvonne Lawton, Mike Reid, Kerry Taylor, Katy Street, Pamela Roccio, Linda Roddie,
Apologies:	Karen Love, Greg Stark, Carole Holmes, Jacqui Campbell, Douglas Grierson, Robert Telfer, Ashley Goodfellow, Andreas Kelch, Brenda Coulter

	Discussion/Decision	Action	By Whom	By When
1.	**Introductions and Apologies** Apologies were noted.			
2.	**Order of Business including notice of urgent business** Note of change to agenda point 9 – Pamela Roccio in attendance to present on IIA's. Karen Wernham advised that Tim Dent as retired as Chief Exec of West Lothian Leisure.			
3.	**Declarations of Interest** No declarations of interest.			
4.	**Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 9 June 2022 -** Agreed.			
5.	**Strategic Priorities and Strategic Needs Assessment** Linda Roddie attended the meeting and provided an update on the progress being made with regards to the strategic needs assessment which had been commissioned to inform the development of the new plan. It was noted that			

	surveys were ready, with plans for staff and public engagement throughout August with the aim of presenting the findings to the IJB in September. There was positive feedback from members of the Strategic Planning Group (SPG) with regards to inequality issues being highlighted through the engagement work and it was noted that this reinforced the proposed priorities and highlighted the value of partnership working.			
6.	**Home First Update** Jeanette Whiting, Strategic Programme Manager gave a verbal update on the progress being made within the Home First Programme. It was noted that it had been agreed to move forward with a pilot stage for the Single Point of Contact with a focus on case managing health and social work and a 2-4-hour feedback window. It was noted that the pilot will be working with two GP practices, Linlithgow and Winchburgh and although there is not a confirmed start date the aim is to have it in place for mid-August. It is expected that the pilot will run for a period of 6-8 weeks depending on staffing rota. Katy Street, Communication & Engagement Lead attended and shared the Single Point of Contact (SPOC) video. It was noted that subtitles will be added to the final version of the video.			
7.	**National Care Service (Scotland) Bill** Sharon Houston, Head of Strategic Planning and Performance (Interim) spoke to a paper circulated in advance of the meeting in relation to the National Care Service (Scotland) Bill for consideration. Members of the Strategic Planning Group were invited to consider the Call for Views question set detailed in appendix 1 of the report and provide input to the response being prepared on behalf of the West Lothian Integration Joint Board. Responses were requested by Thursday 4th August 2022.	SPG members to forward comments to Kerry Taylor, IJB Project Officer, to inform the development of draft response from the IJB.	All	04/08/22
8.	**Carers Update**			

	Sharon Houston, Head of Strategic Planning and Performance (Interim) spoke to a paper circulated in advance to provide an update on the progress of the implementation of the West Lothian Carer Strategy. The report provided an overview of the support that provided to unpaid carers. It was also noted that a Business Support Officer was now in place to support the further implementation of Self-Directed Support (SDS) in West Lothian. It was reported that the SDS Project Board had been established and met for the first time in June. The board is currently in its discovery phase and is in the process of developing an action plan to further imbed SDS across all services in line with the national Framework of Standards.			
9.	**Integrated Impact Assessments (IIA's)** Pamela Roccio, Equality and Diversity Officer, delivered a presentation with provided an overview: • Equality Legislation – General and Specific Duties • Public bodies responsibility under the Equality Act 2010 • Protected characteristics • The Fairer Scotland Duty • Definition of discrimination • Integrated impact assessments			
10.	**National Mental Health and Wellbeing Strategy HSCP Consultation Response** Mike Reid, General Manager for Mental Health & Addictions Services, spoke to a paper circulated in advance for discussion on the National Mental Health and Wellbeing Strategy HSCP Consultation Response. It was noted that the actions detailed in the consultation has been taken from the Mental Health Recovery Plan and focused on promoting conditions for Mental Health, signposting, responding to those in distress and providing sufficient resources.	SPG members to forward any further comments to Mike Reid, General Manager for Mental Health & Addictions Services, to inform	All	04/08/22

	The chair confirmed that the SPG were being asked to consider the draft response attached as appendix 1 to the paper. MR advised the response would be submitted to the IJB in August IJB to seek approval prior to its submission to the Scottish Government by the 9th of September deadline. It was agreed there are no objections, therefore approved with the potential for further feedback which should be sent direct to MR.	the development of the response from the IJB.		
11.	**Work Plan** The SPG work plan was to be circulated with the action note.	SPG work plan to be circulated	IJB Project Officer	With action note

Next meeting Thursday 1st September 2022 at 14.00, held virtually on TEAMS.

WL IJB Health and Care Governance Group

12 July 2022

ACTION NOTE

Present: Jo MacPherson (Chair), Rob Allen, Lesley Cunningham, Stevie Dunn, Sharon Houston, Fiona Huffer, Isobel Meek, Ann Pike, Mike Reid, Agnes Ritchie, Robert Telfer, Helena Wilson, Linda Yule, Matthew Baxter

Apologies: Elaine Duncan, Neil Ferguson, Carol Holmes, Yvonne Lawton, James Steven, Alison Wright

In Attendance: Elaine Barry (Note Taker),

Item	Discussion / Decision	Action	By Whom	By When
1.	**Minutes of Previous Meeting – 05/05/22** Agreed as an accurate reflection of the meeting.			
2.	**Matters Arising** <u>Item 4 – Health & Care Governance Report</u> • Complaint Performance Data – LY and HW met to discuss and are both happy that it was a timing issue and no further action is needed. • Health & Safety: Social Policy Serious Incident Data – Quarterly data has only just been received and a full report will be available at the next meeting.	As noted	**IM**	
	• Social Policy Staff Appraisals – Information still not available from HR, due to rollout of new system. As assurance for the Group, anecdotal information has been received from Team Managers to confirm that appraisals have taken place and the next round is due to begin. JMacP will also follow this up with HR to gain clarity around the appraisal process.	As noted	**JMacP**	
	• Carer Positive Mark for Employers – A specific carers' policy for employees is currently being developed by WLC, after approval to do so was granted. It has not been finalised and no date for this is available as yet. JMacP gave assurance that she has liaised with Senior HR Staff around the gap in what is available for council employees compared with NHS staff and has noted the questions raised by AP regarding this. The profile has been raised.			

- NHS Short Life Working Group re: Falls – No update available. To be discussed at a future meeting. As noted

- Mental Health and Law Review – Response was submitted after going through due governance processes.

3. Health and Care Governance Report (Acute)

AR went through the previously circulated report, which gives information around SAEs, complaints, quality work and also shows themes.

There are pieces or work ongoing, led by the AMD, within the Emergency Department, around SAEs and also around communications / updates.

Complaints have risen slightly in June but the number of compliments received have also risen.

PCAT 4 Compliance - Overall site compliance is 82.2%, with Ward 21 sitting at 58.7%. Ideally compliance should sit at 90 – 92 % and above. The report shows the areas which require further work.

SJH Management Team Site Risk Register – There is one risk in the Very High category due to nurse staffing / nurse deficits on the SJH site. There is a lot of work being undertaken to try and remedy this.

A piece of good news is that Frances Aitken, a Mental Health trained nurse working on the Acute site, has been shortlisted to the final five in the Royal College of Nursing National Awards for her work in developing the Stress and Distress Programme. She will travel to London in October and it is hoped she will come back with that award.

In relation to the significant risk around staffing, RA added that there are also real challenges across some of the Community provision and around Care Homes and Care at Home provision due to vacancies and sickness absence.

AP welcomed AR's report for being fair and very clear about the issues currently being faced.

4. Duty of Candour Report

MB discussed the previously circulated report regarding the Social Policy Organisational Duty of Candour Annual Report 2020 / 2021. The Group was asked to note that the information has been reported to Council Executive and also to note that there have been no incidents recorded which have triggered the Duty of Candour procedure within Social Policy. The paper mentions the responsible person, which is the Head of Social Policy, and also refers to the Duty of Candour Procedure that is followed (previously circulated). Managers and staff undertake annual learning which gives assurance and ensures that everyone is aware of the process and procedure.

Once the annual report has been approved, the information will be published on Council websites, etc.

Regarding assurance that staff and managers are aware of the process / procedure and there isn't under reporting, MB stated that their Learning and Development Team are identifying that all staff are completing the eLearning and it is being discussed at team meetings. He feels that everything is being done to ensure staff are aware.

HW hopes to have Health information regarding Duty of Candour available for the next meeting. She will contact Sharon Gill, Quality Improvement Facilitator, as it would be helpful to have the information for Lothian. It may be that there are limited Duty of Candour incidents within West Lothian but it would be good to put it in the context of the whole of Lothian and be able to compare HSCP with HSCP.	As noted.	**HW**

5. Risk and Governance Committee Update

NHS Lothian have requested that all Health and Care Governance Groups look at IJB risks, which are reported to the IJB Risk and Governance Committee. The previously circulated Committee minutes do not have sufficient information and JMacP will check with the Audit and Risk Governance Manager and ask for the actual report, as well as the minutes of the Committee.	As noted.	**JMacP**

The IJB has three high risks, with one relating to delayed discharge, one relating to supply of Care at Home and one relating to the financial risks around being able to deliver the IJB Strategic Plan. The information is looked at regularly by the Risk and Governance Committee and also by the IJB but should also be considered by this Group.

6. Chief Nurse Care Home Assurance Annual Report

LY went through the previously circulated report. The request for oversight by Nurse Executives has been extended to the end of 2023. The West Lothian Oversight Group currently meet twice weekly and review information provided by Business Support and Care Home Assurance Team. The Health Protection Team for Lothian provide updates on outbreak situations. The five areas reviewed are infection prevention and control, workforce issues, personalised care planning, professional leadership and education and training.

Care Homes can access a wide range of support from NHS Lothian-based teams and can access services provided by the Care Academy. The WL Care Home Support and Assurance Team also offer day-today support with testing of residents, vaccination programmes, ad hoc infection prevention and control, etc.

The previous format of formal assurance visits is being revised. Two social work staff and a Team Lead have been employed to lead this assurance work and they are looking to provide a range of reporting that will give a RAG status going forward. This will allow Care Homes to reflect on what has worked well, if they would like to make any improvements and what support the Care Home Assurance Team can provide on an ongoing basis.

Discussion took place around the reasons why the assurance work is being refined, which are to provide the Oversight Group with the assurance they need and to be useful to the Care Homes without being an onerous task,

as it previously had been. One of the tasks of the Assurance Team is to bring the different aspects of support together i.e., around education and training, tissue viability etc and show that as a matrix. LY noted that this work did not replace the role of the Care Inspectorate, who carried out formal inspections and sought views of families and residents as part of that process.

RT advised that this has been raised at the Care Home Forum, with mixed feedback. In the past, Care Homes have felt that they were not given the support they needed and did feel that the information requested was onerous. RT is supportive of the changes.

LY thanked the Group for their feedback and added that, as it was part of the delegated responsibility back in 2020, it may not have been what the HSCP would have designed, so it is important that we pause and reflect at this point.

7. 2022 Workplan

JMacP would be keen for key risks, such as the position in relation to delays and also Care at Home assurance to be added to the Workplan for the Group to consider around what is being done to manage these.

Although the financial risks around the strategic plan are not for this Group to focus on, JMacP believes it would be helpful to schedule in consideration of these high risks.

It would also be helpful to consider the position of externally placed adults, who are outwith West Lothian and NHS Lothian, and have a report that outlines the position, the challenges and what our aspirations are around this.

The Group were in agreement for these to be added to the Workplan.	As noted.	**IM / HW**
The Group was asked to forward any other items they would like added to IM / HW.	As noted	**ALL**

8. Clinical Governance Annual Report

The report was previously circulated for information. Any comments or questions to be forwarded to Elaine Duncan.	**As noted.**	**ALL**

9. Date of Next Meeting

Tuesday 30/08/22 1400 - 1530 Via MS Teams

Date	17 August 2022
Agenda Item	7

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to: West Lothian Integration Joint Board

Report Title: Chief Officer's Report

Report By: Chief Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☐
	- is to provide assurance ☑
	- is for information ☑
	- is for discussion ☐
	The report provides a summary of key developments relating to West Lothian IJB and updates Board members on emerging issues including those related to Covid-19.
Recommendations	1. 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.
Directions to NHS Lothian and/or West Lothian Council	Not required.
Resource/ Finance/ Staffing	No specific matters relevant to the paper.
Policy/Legal	None.
Risk	Risks relevant to the IJB are set out in the risk register.
Equality, Health Inequalities, Environmental and Sustainability Issues	None.
Strategic Planning and Commissioning	The report is relevant to the IJB's Strategic Plan 2019-2023.

Locality Planning	No specific locality requirements.
Engagement	None – paper is for information.

Terms of Report

1. Workforce

1.1 **Workforce Plan**

The West Lothian Heath and Social Care Partnership Workforce Plan 2022-25 was developed in line with the Scottish Government's workforce planning guidance, published in March 2022. The draft plan uses the Five Pillars of Workforce planning as the basis for outlining our proposed actions to secure sufficient workforce to meet locally projected short-term, recovery and medium-term growth requirements across the health and social care sector in West Lothian.

1.2 The IJB considered the draft plan on 29th June 2022 and agreed its submission to the Scottish Government by the deadline of 31st July 2022

1.3 The Scottish Government is now undertaking an analysis of the draft plan and will provide feedback on its compliance with the guidance by the end of August 2022. Following this feedback, the plan will be published on the HSCP website in October 2022.

1.4 **i Matter – Staff Experience Survey**

The West Lothian HSCP uses i Matter to better understand and improve our staff's experience of working within the partnership.

1.5 As part of the survey staff are asked to provide their views on whether they strongly agree, agree, slightly agree. Slightly disagree, disagree or strongly disagree with 33 statements to determine their experience of working within the partnership.

1.6 The annual survey report was published on 2nd August 2022 and highlights that the response to:

- 30 of the statements generated an index value between 67- 100 – classified as Strive and Celebrate
- 3 statements generated an index value between 51 and 66 – classified as Monitor to Further Improve.

The overarching index value against all statements was 78 – classified as Strive and Celebrate.

1.7 It should be noted that 976 staff members responded to the survey, which is a 56% response rate. Plans will be developed to improve the response rate for future surveys.

2. Alcohol Related Deaths

2.1 On 2nd August 2022 the National Records of Scotland published their statistical report on the number of deaths classified as alcohol related in Scotland in 2021. The report notes that 1,245 people died from conditions caused by alcohol in Scotland in 2021, this is 5% higher than 2020 and is the highest number of deaths since 2008.

In West Lothian the alcohol specific death rate, per 100,000 population, for the period 2017-21 20.8 which is in line with the Scottish Average. This is a slight increase on the previous 4-year period when the figure was 19.4 per 100,000 population. The impact of the pandemic and deprivation are significant factors in this rise.

3. Adult Support and Protection Inspection

3.1 In 2017 Scottish Ministers requested that the Care Inspectorate along with partners from Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland undertake Joint inspections of adult support and protection within local authorities. The purpose of the joint inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local ASP arrangements.

3.2 Whilst the inspection regime commenced in 2017/18 it was suspended in 2020 to allow partnerships to focus on the response to the pandemic. In 2021 the Care Inspectorate advised that they would re-commence the inspection programme with the remaining 24 local authorities being inspected over the next two years.

3.3 In recognition of the ongoing impact that the Covid-19 pandemic has had on partnerships, the inspection methodology was altered reducing the inspection period from 18 weeks to 13 weeks, with all inspection activity being facilitated online via MS Teams. Partnerships were inspected against two quality indicators:

- How Good are our Adult Support and Protection Policies, Procedures and Practice?
- How good is our leadership and Governance?

3.4 On 11th April 2022 the partnership was informed that a joint inspection would be undertaken and the inspection was carried out between May and July 2022.

3.5 An embargoed copy of the inspection report was received on 3rd August 2022, with the final report being published on the Care Inspectorate website. Final clarification is taking place regarding the report and once available will be shared with board members.

3.6 **Improvement Activity**

The Adult Protection Committee will be responsible for the overall improvement activity as identified by the joint inspectors. A number of the key processes are undertaken exclusively by social work staff and therefore an improvement plan will be implemented to address these areas.

3.7 Prior to being notified by the Care Inspectorate of their intention to undertake the inspection of Adult Support and protection processes, the Head of Service and senior managers had started work to further strengthen the approach and response to Adult Support and Protection across social work services. Specifically, through the creation of a stand-alone Adult Support and Protection team. Additional monies provided by the Scottish Government will be used to fund additional social work posts. Senior Manager's believe that this will provide the necessary support to social work staff to affect the necessary improvements in all key processes. This will be in place following the publication of the report.

3.8 A project board will also be established, chaired by the senior manager – adult services. It will be the role of the project board to oversee the improvement plan and ensuring robust monitoring of the actions. This board will address the wider issues relating to the chairing and function of Adult Support and Protection Case Conferences; Improvements to training. The work of the board will be supported by the Lead Officer to consider areas of best practice nationally which will assist in ongoing improvement.

3.9 Adult Support and Protection remains a key priority for social work services within West Lothian. Work has commenced to streamline the approach taken to Adult Support and Protection which will address the identified areas for improvement relating to key issues. A further report will be produced by officers to provide members of the Board with an update on

the progress made.

4. Development of New IJB Strategic Plan Update

4.1 Work is underway to complete a strategic needs assessment to underpin the development of the new IJB Strategic Plan which will be in place by the end of March 2023. A wide range of stakeholders have been engaged with including key partners, service users, carers and staff. A series of meetings have already taken place during June and July. A range of surveys, targeted at key groups, are being promoted through social media channels, staff newsletters, forums and key networks and drop in sessions are also being arranged to ensure that as many people as possible have the opportunity to provide their views.

4.2 The strategic needs assessment will conclude at the end of August and the finding will be submitted to the IJB on 20th September 2022.

4.3 Public and staff sessions are also planned with efforts being made to engage with hard to reach groups.

5. Vaccination Programme Update

5.1 The West Lothian HSCP is required to deliver a comprehensive immunisation programme encompassing seasonal flu/covid vaccines in addition to a number of non-seasonal, year-round vaccines. A 16-week vaccination programme will take place between September 5th and 24th December 2022. As part of this programme the HSCP will provide 114,000 vaccination slots to facilitate the coadministration of flu and covid vaccine for members of the public and eligible staff members, all elderly and “at risk” citizens will be vaccinated by the beginning of December 2022.

5.2 The challenging programme will require 7,125 coadministration slots to be made available on a weekly basis. These slots will be delivered at a variety of HSCP venues and appointments will also be offered in evenings and at weekends in addition to the core hours programme. Care Home residents and patients requiring Home Visits will also supported to access vaccinations.

5.3 Discussions are being finalised with regards to the potential use of a retail outlet within Livingston, as well as several geographically spread community pharmacies. These sites will provide capacity into the programme as well as promoting local delivery options for vulnerable people and improving access for rural or hard to reach communities.

5.4 A combination of registered and non-registered vaccinators will be used to deliver the vaccinations. Non-registered vaccinators will be supported by registered vaccinators using nationally agreed guidelines with the aim of increase capacity and maximise efficiency to vaccinate large portions of the population within a short space of time.

5.5 NHS Lothian will retain a number of central functions including enquiries, scheduling, supply and demand, data analysis and communications. The West Lothian HSCP will retain links with each of the central functions to provide local detail or response as appropriate.

5.6 Due to the complex nature of the programme, it is recognised that potential risks can arise at local, board or national levels. Risks are managed robustly via the Lothian Immunisation Oversight Board.

6. Annual Performance Report

6.1 The initial draft of the IJB Annual Performance Report 2021/2022 was presented to the last meeting of the Integration Joint Board. The full report was approved by the Chief Officer as

agreed and published on the West Lothian Health and Social Care Partnership's website by the statutory deadline of 31 July 2022.

7. Complaints and Freedom of Information Requests

7.1 Complaints

There were no complaints received in quarter 1 of 2022/2023 or to date.

7.2 Information Requests

The Board is 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). During quarter 1 of 2022/2023, there were no information requests received

References	None
Appendices	None
Contact	Alison White Chief Officer Email: Alison.white@westlothian.gov.uk 17th August 2022

Date	17 August 2022
Agenda Item	8

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to: West Lothian IJB

Report Title: West Lothian Carer Strategy Progress update

Report By: Karen Love

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☐
	- is to provide assurance ☐
	- is for information ☐ X
	- is for discussion ☐
	The purpose of this report is to present Strategic Planning Group members with an update on the progress of the implementation of the West Lothian Carer Strategy.
Recommendations	It is recommended that the Board: 1. Notes the content of the report 2. Notes the progress made
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	Activities will be carries out within existing budgets
Policy/Legal	Carers (Scotland) Act 2016 Integration Joint Board (IJB) Strategic Plan 2019-2023 West Lothian Carer Strategy 2020-2023 GIRFEC wellbeing indicators
Risk	Failure to implement the duties of the Carer (Scotland) Act 2016
Equality, Health Inequalities, Environmental and	No specific requirements

West Lothian Council NHS Lothian

Sustainability Issues	
Strategic Planning and Commissioning	Implementation of the Carers (Scotland) Act 2016 and the West Lothian Carers Strategy 2020-2023 will make a positive contribution to the IJB strategic plan outcomes.
Locality Planning	The strategy is consistent with the Local Outcomes Improvement Plan
Engagement	None

Terms of Report

1. Background

1.1 The Carers (Scotland) Act 2016 came into effect on 1st April 2018. The purpose of the Act is to assist carers to continue in their caring role whilst being supported to look after their own health and wellbeing. The Act places a duty on each local authority and relevant health board to jointly prepare a local carer strategy and outlines the areas that Health and Social Care Partnerships (HSCP) are required to provide support. These include:

- The right for carers to be offered or to request an Adult Carers Support Plan or Young Carer Statement
- The right to support to meet any identified eligible needs
- A duty on the local authority to develop a short breaks statement
- A right to be involved in planning carer services
- A requirement for local authorities to have an information and advice service for carers
- A duty for the health board to inform and involve carers in the hospital discharge process for the person they are or are going to be caring for

1.2 The West Lothian Health and Social Care Partnership Carers Strategy 2020 – 2023 was approved by the Integration Joint Board on 11th August 2020 and sets out our vision and aims for unpaid carers and young carers in West Lothian and the support that they can expect.

1.3 An action plan has been developed to underpin the Carers Strategy and details the priority tasks that the Carers Strategy Implementation Group (CSIG) will undertake to ensure that we meet the needs of unpaid carers and their looked after person(s) in West Lothian. The actions are grouped in areas of priority as outlined in the strategy and are supported by a range of performance and risk indicators:

- Carer voice and engagement
- Health and social care support
- Social and financial inclusion
- Young Carers

2. Progress update

2.1 Our Carer Strategy and action plan recognise how the Covid 19 pandemic has emphasised the role and contribution carers make, both to the person they support and within their communities.

With this increased recognition of the valuable role of carers and the impact the pandemic may have had on their own personal lives or those of the people they care for, the strategy and actions reflect the support carers are entitled to and deserve.

During the pandemic a range of funding was provided to the HSCP and CoWL to provide alternative support to those undertaking a caring role whilst traditional respite / short break opportunities were closed.

As we recover from the pandemic, there is recognition that carers need a break from their caring role and support is needed to help with the cost of living crisis. To support carers through this time, the Scottish Government and West Lothian Council funded our carer organisation Carers of West Lothian (CoWL) with short break funding and funding to help ease the pressure of higher energy bills. CoWL have administered the following funds:

- Time to Live – funding from the Scottish Government and West Lothian Council to distribute grants for unpaid carers to give them a break away or to buy something that will give them a chance to take time out of their caring role.

- ScotSpirit – funding from the Scottish Government and working with VisitScotland, unpaid carers could apply for vouchers of up to £400 to pay for a weekend away or to contribute to a longer holiday. Applications were required by the end of March 2022 and the holidays must be taken by the end of December 2022.

- Just a Little Extra – funding from the Scottish Government to help ease the financial pressure of higher energy bills in the coming months. Applications from carers were accepted for ASDA vouchers to be used mainly for food to leave disposable income to pay their increased energy bills.

2.2 In addition to the funding above, the West Lothian Integration Joint Board (IJB) agreed to create a one-off £70,000 fund to support local organisations coming out of lockdown. It was aimed at grass roots community groups, small charities, social enterprises, 3rd sector and voluntary organisations to bid in to proactively find innovative ways to encourage carers (and their cared for person if appropriate) to engage in short breaks from caring to support their health and wellbeing.

The West Lothian Voluntary Sector Gateway was commissioned to administer this fund on behalf of the HSCP and the application process ran from 29th April 2022 to Friday 27th May 2022. Successful applicants were notified on 14th June 2022 and their projects will provide community-based support for unpaid carers until the end of December 2022.

Some examples of activities available for carers as a result of funding being awarded include Mental Health First Aid Training; Tai Chi relaxation classes; a golfing day; Art classes that focus on relaxation and stress reduction; entertainment evenings; cooking courses and other therapeutic activities such as massage and meditation.

The fund has not been fully allocated as yet and therefore plans are being made to open the fund for new applications in the near future with a view to further expanding on the supports that are available to unpaid carers in West Lothian.

2.3 **Equal, Expert and Valued Report**

The Equal, Expert and Valued report, published in April 22, is the fourth report from the Carers Collaborative which is a project that supports, evaluates and improves carer representation on Integration Joint Boards throughout Scotland.

The Collaborative has gathered evidence and facilitated events since March 2016, involving 55 Carer Reps from 30 authority areas. The three previous 'Equal, Expert and Valued' reports published in 2017, 2018 and 2019 identified good practice and set out recommendations to support and improve carer involvement on IJBs. During 2019/20 research was undertaken to produce the fourth Equal, Expert and Valued report, which was due to be released in April 2020 but was postponed due to the pandemic therefore, where appropriate, the fourth report includes data covering the years 2019/20 and 2020/21.

The fourth Equal, Expert and Valued report is published four years into implementation of the Carers (Scotland) Act 2016 and six years into the Public Bodies (Joint Working) (Scotland) Act 2014. The report aims to:

- Build on the constructive insights and recommendations offered in the previous reports
- Provide ideas and signpost to resources for improving carers' involvement on IJBs
- Help Integration Authorities benchmark their practice
- Support the proposals outlined by the Ministerial Strategic Group for Health and Community Care in their Review of Progress with Integration for Health and Social Care Final Report and the recommendations outlined in the Independent Review of Adult Social Care Report
- Support continued practice improvement.

The report will be reviewed at the next Carer Strategy Implementation Group (CSIG) meeting on 25th August 2022 to identify areas for improvement in West Lothian against the recommended standards. An updated report will be provided to the meeting of the IJB in September 2022. Any improvements identified will be incorporated into the CSIG action plan to monitor the progress of the improvements.

2.4 **Other areas of progress have included**:

A Business Support Officer has been recruited to support the development of Self-Directed Support (SDS) choices for people and carers who meet the eligibility criteria for SDS support.

An SDS Project Board has been established and met for the first time in June. The board is currently in its discovery phase and is in the process of beginning to develop an action plan to further imbed SDS across all services in line with the national Framework of Standards. Meetings so far have allowed for discussion across services to gather baseline information and learning on our current position with SDS and identify areas for improvement. The board consists of a range of organisations including carer organisations to ensure that the carers views are considered as part of any action plan going forward

Discussions at the CSIG suggested there appeared to be a low number of Young Carer Statements completed for young carers. An action was therefore included in the plan to review the processes and streamline them where possible. The review resulted in the development of a new statement worded in plain English and understandable for all young carers and new processes and referral mechanisms for young carers to have statements prepared if required. An information session was delivered to secondary school head teachers to raise awareness of the new processes and referral mechanisms

Concerns were raised from the hospital discharge team regarding some carers not having a Power of Attorney (POA) or guardianship in place for their cared for person when this was necessary for their discharge from hospital.

To encourage people to think early about POA an awareness raising campaign will be undertaken to encourage people to prepare a POA to ensure that they are prepared for the eventuality of an illness or injury that may impact on their ability to make decisions for themselves regarding their welfare or financial needs.

Feedback received in the recent carer survey highlighted that people would like practical information regarding the person they care for and also signposting and referral information to support services. To support the advertising and promotion of carer support available in West Lothian, the HSCP website page for Carer information will be reviewed and updated as relevant.

2.5 **Carer Survey results**

Supporting people who care for others

To understand the needs of our carers and prepare for the review and refresh of our next Carers Strategy, a survey was undertaken from January to March 2022 where people in West Lothian who help care for others were asked to share their experiences of their caring role. The aim of the survey was to provide a better understanding of the level of care that is currently being delivered by unpaid carers in West Lothian and also to determine the supports that they require to enable them to continue with their caring role.

The survey was widely promoted including on social media, the local printed press and a range of buildings where people undertaking a caring role may access.

592 people responded to the survey and summary results can be found here:

West Lothian Carer Survey summary results

The survey has provided meaningful information to plan future needs for carers and their cared for person. The chart on page 6 shows the types of information, advice and support needed by carers to help them continue in their caring role and assist them to stay in good health themselves.

2.6 Carers Strategy refresh 2023-2026

Our 2020-2023 Carers Strategy is due to be refreshed and work will commence in due course to draft a new 2023-2026 Carers Strategy with our partners and carers.

The survey results, noted above, have given us meaningful information especially around the information, advice and support needed by carers. The findings will be used to shape our next strategy.

The independent IJB strategic needs assessment currently being carried out by Axiom is also seeking the views and needs of carers which will help shape our strategy and will be reflected in the next IJB strategic plan due for renewal in 2023.

CoWL has commissioned independent research for the purpose of evaluating the impact of their service and seeking views of what carers need from a carer service over the next few years. CoWL will share the findings of this research with the CSIG and this will also assist in shaping our next Carer Strategy.

3. Conclusion

3.1 Carers play a vital role in society and there is a long history in West Lothian of working in partnership with unpaid carers. It is important that carers are recognised as equal partners in planning and decision making for themselves and their cared for person. It is recognised that support must also be available to carers who need it to ensure they are not only able to fulfil their caring role but are also able to lead a good life beyond their caring responsibilities.

Going forward there will continue to be a focus on early intervention and prevention to ensure that carers have access to high quality information, advice and supports, including breaks from caring when needed.

Appendices	Link to the full survey results https://www.surveyhero.com/results/4cfhpfg-tbru9mh
References	Carers Scotland Act 2016 https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/ West Lothian Integration Joint Board Strategic Plan 2019-2023 West Lothian Carer Strategy 2020-2023 Equal-Expert-2022.pdf (carersnet.org)
Contact	Karen Love, Senior Manager, Adult Services karen.love@westlothian.gov.uk Phone number: 01506 284402

Date	17 August 2022
Agenda Item	9

Report to West Lothian Integration Joint Board

Report Title: Chief Finance Officer Report

Report By: Chief Finance Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☐
	- is to provide assurance ☐
	- is for information ☑
	- is for discussion ☐
	The purpose of this report is to provide an update on key financial matters relating to West Lothian IJB.
Recommendations	It is recommended that the Board notes and considers the finance updates in respect of the IJB which are included in the report:
Directions to NHS Lothian and/or West Lothian Council	A direction is not required.
Resource/ Finance/ Staffing	The 2022/23 budget resources relevant to functions delegated to the IJB are £251.265 million.
Policy/Legal	None
Risk	There are a number of risks associated with health and social care budgets, which will require to be closely managed. The financial risks resulting from Covid-19 will require to be closely monitored on an ongoing basis.
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, equality impact assessment has not been conducted.
Strategic Planning and Commissioning	Budget resources delegated to the IJB will be used to support the delivery of the Strategic Plan.

Locality Planning	None.
Engagement	Consultation with relevant officers in NHS Lothian and West Lothian Council.

Terms of Report

1. Background

1.1 This report sets out a range of updates on key financial matters for the Boards awareness.

2 2022/23 Budget Update

2.1 The agreed level of IJB budget resources provided by West Lothian Council and NHS Lothian and as reported to the Board on 29 June 2022 are set out in the table below.

Table 1 - West Lothian IJB – 2022/23 Delegated Resources	
	£'000
Adult Social Care	91,386
Core Health Services	112,535
Share of Hosted Services	17,866
IJB Payment	**221,787**
Acute Set Aside	29,478
Total IJB Resources	**251,265**

2.2 Based on the financial assurance process undertaken on the budget resources available, the approved partner contributions were considered adequate, at this stage, to meet core spend requirements before Covid-19. There are however a number of risks and uncertainties around demand and associated expenditure, as well as ongoing sufficiency of Scottish Government funding to meet policy commitments.

2.3 Although the first detailed outturn forecast for 2022/23 has yet to be completed, there are a number of areas identified across health and social care functions that will require to be closely monitored. Of key importance to the budget position for the year is 2022/23 pay award costs compared to funding allocated to meet these costs.

2.4 In terms of Health employed staff, the Scottish Government have offered a 5% pay award on Agenda for Change scales. This compares to current funding provided by the Scottish Government to Health Boards which is based on an average 2% pay award for 2022/23. Any increase above this 2% figure would require to be fully funded by the Scottish Government to avoid a potentially significant budget pressure arising. The Scottish Government have previously indicated that they will fully fund the agreed pay award for 2022/23. At the time of writing, the results of health union ballots on the 5% pay offer are still to be confirmed.

2.5 In terms of local government employed staff, negotiations continue to be ongoing with trade unions. To date, the current budgeted pay award uplift has not been agreed and there is a risk that any finalised pay award above funding available could result in a budget pressure. The position on pay award and funding implications will be subject to ongoing review and updates to the Board.

2.6 Initial budget alignment and monitoring of the 2022/23 budget has indicated the following areas as risks and potential budget pressures:

- Inflationary pressures - There remains uncertainty around the ongoing impact of high inflation that has impacted significantly in areas such as energy and fuel and more generally across supplies and services. There is a high risk that inflation will continue to increase in 2022/23 which could increase costs in excess of budget available.
- Acute Services – nursing costs continue to be a risk, with ongoing recruitment issues, sickness/\absence and use of bank and agency staff. The ongoing use of locum and agency staff to provide full rota cover for junior medical staff will require to be closely monitored. Acute drug costs continues to be a key risk area also.
- Prescribing remains an area of high uncertainty around volumes and unit costs and represents an ongoing budget risk area.
- Internal Care Homes – use of agency staff to cover high levels of sickness absence has been a key pressure in past years and early indications continue to suggest a cost pressure in this area
- Community Care – care at home demographic growth compared to capacity constraints is a key risk factor as well as increasing complexity of care packages across all social care client groups and associated increased costs

2.7 The first detailed monitoring of the 2022/23 budget and forecast outturn for the year is currently being undertaken and will be reported to the Board on 20 September 2022. This will include an update on budget risks identified and on the delivery of budget savings identified for the year.

3 Ongoing Covid-19 Related Costs

3.1 An update on costs associated with Covid-19 has been prepared and submitted to the Scottish Government. This reflects actual costs incurred to Quarter 1 and currently forecast year end costs for 2022/23 of £4.496 million. Further quarterly returns updating the position and forecast spend will be submitted to the Scottish Government during 2022/23.

3.2 As advised previously to the Board, Scottish Government funding ringfenced of £15.285 million is held in IJB reserves based on the remaining balance of the additional funding that was provided to IJBs by the Scottish Government on 25 February 2022. This reserves balance is in line with the expectation of the Scottish Government that additional funding in excess of 2021/22 spend and funding requirements would be carried forward to 2022/23 to be earmarked for further costs associated with the pandemic. The Scottish Government have noted that the Covid-19 funding provided by them should be targeted at meeting all additional costs of responding to the pandemic in Integration Authorities and NHS Boards. There has been a significant scale up to meet the challenges of Covid-19 in the last two financial years and while there is clearly a requirement to continue with some areas of investment, the Scottish Government have advised that these costs now need to be managed down where possible. Significant work has been undertaken with the objective of utilising reserves to meet non recurring Covid-19 costs and working towards managing ongoing costs within core recurring funding available, including additional Scottish Government funding provided to meet capacity and demand challenges.

3.3 Based on work progressing, key areas of additional cost associated with Covid-19 and recovery from the pandemic are set out below.

- Additional Vaccination costs
- Additional prescribing cost implications
- Sustainability support payments to Care Homes
- Costs of additional capacity in care at home sector to help meet service delivery impacts of Covid
- Additional staff costs including overtime and additional staff cover requirements including use of agency to meet Covid-19 staffing implications
- Impact on income and delivery of savings

- Delayed Discharge reduction measures to help sustain recovery from pandemic and manage hospital pressures
- Additional staffing to help address the impact of the pandemic including clearing referral and assessment waiting lists and supporting increased early intervention

There remains uncertainty around the ongoing impact of the pandemic and regular updates will be provided to the Board on the financial implications through regular monitoring reports on the overall 2022/23 budget position.

4 2021/22 Annual Accounts

4.1 Following consideration by the Board on 29 June 2022, the 2021/22 draft annual accounts were passed to Ernst and Young (EY) for audit. Regular liaison is taking place with EY around the audit process and responding to queries and information requests related to the accounts. An initial Accounts Clearance meeting with EY took place on 2 August 2022 and good progress is being made on the audit to date.

4.2 The next step in the annual accounts process will be for the audited accounts and EY's annual Audit report to be presented to the Audit, Risk and Governance Committee on 7 September 2022. Following review any recommendations from the committee will be included in the report to the Board for the approval and signing of the accounts on 20 September 2022.

5. Best Value in Integration Joint Boards

5.1 . The Board have previously been advised of the Accounts Commission's intention to develop a new approach to auditing Best Value (BV) in IJBs. Since the Commission agreed to this, the Scottish Government has made a commitment to deliver a National Care Service (NCS) and under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers and the new bodies will therefore be audited by the Auditor General for Scotland, rather than the Accounts Commission.

5.2 . Taking account of this, the Accounts Commission letter attached in Appendix 1, notes that they have taken the decision not to proceed with the planned roll out of a new approach to auditing BV in IJBs. The Commission has instead agreed to undertake a broad-based programme of national and local audit work as set out in the letter. The new proposals have been designed to ensure the Commission are providing robust oversight and public reporting on the current performance of IJBs as well as monitoring and reporting on the risks and challenges created by the proposed creation of the new NCS.

Appendices	Appendix 1 – Accounts Commission letter on Best Value in Integration Joint Boards
References	2022/23 Budget and Updated Financial Outlook – Report to Board on 29 June 2022 Consideration of the 2021/22 Annual Accounts (Unaudited) – Report to Board on 29 June 2022
Contact	Patrick Welsh, Chief Finance Officer Email: patrick.welsh@westlothian.gov.uk Tel. No: 01506 281320

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ACCOUNTS COMMISSION

Patrick Welsh
Chief Finance Officer
West Lothian Health & Social Care Partnership

15 July 2022

Dear Patrick

Best Value in Integration Joint Boards

I know that my predecessor has engaged with many of you over the past couple of years about the Accounts Commission's intention to develop a new approach to auditing Best Value (BV) in Integration Joint Boards (IJBs). Audit Scotland then developed the new BV audit approach and piloted it in two IJBs in 2021.

We have always maintained that our emerging proposals would need to be flexible and take account of the Feeley independent review of social care. Since the Commission agreed to introduce a new approach to auditing BV in IJBs the Scottish Government has made a commitment to deliver a National Care Service (NCS) before the end of this parliament, i.e. by end 2026. Under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers and the new bodies will therefore be audited by the Auditor General for Scotland. This significant structural and organisational change, combined with wider issues associated with the proposed creation of the NCS, such as the need to consider the impact of planning for the introduction of the NCS on IJBs, raised some important questions about our current plans for auditing BV in IJBs.

I am now writing to inform you that after careful consideration and given the direction of travel regarding the NCS and having engaged intensively with stakeholders, the Accounts Commission has taken the decision not to proceed with the planned roll out of a new approach to auditing BV in IJBs.

The Commission has instead agreed to undertake a broad-based programme of national and local audit work on IJBs which we believe will have greater impact and make better use of audit resources than the Commission's plan to implement a new approach to auditing BV in IJBs. We anticipate that this programme of work will include:

- a further joint national performance audit with the Auditor General for Scotland on progress with health and social integration (including the identification of good practice);
- national thematic performance audit work in areas such as social care workforce planning and commissioning;
- a continued focus on IJB risks and performance through annual audit reports; and
- audit work in conjunction with the Auditor General for Scotland on Scottish Government planning and preparations for the new NCS.

The new proposals have been designed to ensure that the Commission (and where appropriate the AGS) are providing robust independent oversight and public reporting at both national and local level on the current performance of IJBs as well as monitoring and reporting on the risks and challenges created by the proposed creation of the new NCS.

We will keep you informed regarding our future programme of audit work as it progresses. I am keen in maintaining regular engagement with stakeholders in IJBs in coming months, and therefore will be in touch further.

Meantime, however, if you have any queries about our proposals, then please do not hesitate to get in touch.

Yours sincerely

William Moyes
Chair

Date	17 August 2022
Agenda Item	10

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

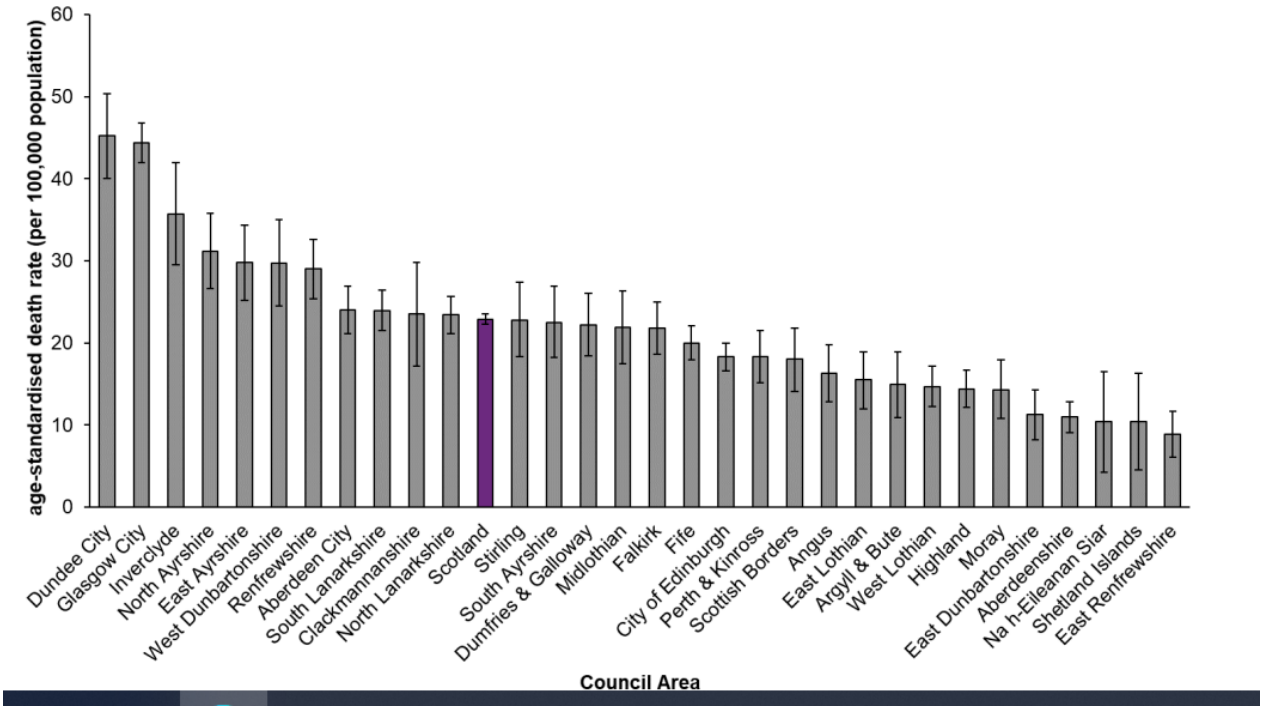
Report to: West Lothian Integration Joint Board
Report Title: Medication Assisted Standards for Addictions Update
Report By: General Manager for Mental Health and Addictions Services.

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ■
	- is to provide assurance ■
	- is for information ■
	- is for discussion ☐
	The purpose of the report is to 1. note the recent publication of drug deaths within West Lothian in 2021 2. note the ministerial statement on accountability for Medication Assisted Standards and approve the operational lead 3. note progress against the 'Medication Assisted Standards' 4. note and approve the Substance Use Treatment Target trajectory for West Lothian
Recommendations	It is recommended that the IJB: o note the contents of the report; o approve the governance arrangements o approve the drug treatment trajectory for West Lothian
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	N/A
Policy/Legal	- Medication Assisted Treatment (MAT) standards: access, choice, support - West Lothian IJB Strategic Plan 2019-2023
Risk	Risk associated with failure to fully implement the MAT Standards include poor quality of life and increased drug-misuse deaths.

	Risks to implementation include workforce issues and financial issues due to rising costs impacting on service delivery.
Equality, Health Inequalities, Environmental and Sustainability Issues	An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified. Actions in the paper aim to reduce health inequalities by providing high quality local care for people frequently excluded from services
Strategic Planning and Commissioning	This implementation is in line with the Drugs and Alcohol Strategic Plan 2109-23 and will inform the next planning cycle.
Locality Planning	NA
Engagement	A range of stakeholders have been consulted on the development of the proposals. Further engagement work will be carried out through links with advocacy, a lived experience panel and through the experiential evidence gathered as part of implemention.

Terms of Report	
1.	**Drug Deaths in West Lothian 2021**
1.1	The 2021 drug misuse deaths for Scotland were published on 29 July 2022. They show that 32 people died In West Lothian in 2021 directly as a result of drug misuse, following the national definition of a drug-misuse death. The same number of people died of a drug-misuse death in 2020 and 23 people died in 2019
1.2	Every death is a tragedy for the person, for the people around them and for West Lothian as a whole. The measures in this paper outline the implementation of the medication assisted treatment standards which has as a primary aim to reduce deaths from drug misuse. It should be seen alongside other actions such as increasing access to rehabilitation, working to integrate mental health and addiction services, improving delivery of naloxone, as well as work to ensure families affected by drug use have the right support.
1.3	An extract from the Scottish Government report on drug misuse deaths is included here for information which show age standardised death rates across council areas.

Figure 6a: Drug misuse deaths for selected council areas, age-standardised death rates per 100,000 population, 2017-2021



(Drug-related Deaths in Scotland in 2021, July 2022)

2.1 **Medication Treatment Standards Background**

The Medication Assisted Treatment (MAT) standards: access, choice, support were published on 31 May 2021. The standards cover 10 areas with a focus within 2022-23 on the first five standards. This paper outlines progress made in West Lothian against the first five MAT standards. The first five MAT standards are

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.

1.2 A funding bid was submitted to the MAT Implementation Support Team (MIST) Team to deliver against key MAT standards

POST (& whole time equivalent)	Cost pa Funding Requirement	Duration
1.0 x B5 Nurse	£43,281 in yrs 1 and 2	5 years
1.0 x B6 Nurse	£53,855 in yrs 1 and 2	5 years
1.0 x B7 Non Medical Prescriber (NMP)	£63,468 in yrs 1 and 2	5 years
Additional 3rd sector input/Addiction Worker (1.0 WTE)	£38,000 in yrs 1 and 2	5 years

	Advocacy Uplift	£25,000 in yrs 1 and 2	5 years	
	Psychology Assistant 0.5 WTE B5	£26,000 in yrs 1 and 2	5 years	
	Total Yrs 1 and 2	**£249,604**		
	Total Yr 3	**£257,092**		
	Total Yr 4	**£264,884**		
	Total Yr 5	**£272,749**		

And West Lothian HSCP was awarded £250,000 pa for 5 years and a one-off payment of £132,000. These allowed recruitment of: an additional Advanced Nurse Practitioner to prescribe MAT; as well as supporting staff in both statutory and third sectors; increased advocacy; and psychology. These have been recruited over time.

2.3 **Benchmarking Report**

A national benchmarking report of progress against the standards across ADP area was published on 23 June 2022 by Public Health Scotland (PHS).

A 'red amber green' RAG rating system was used to establish progress against implementation of the standards. West Lothian achieved amber against each of the five MAT standards. This was a position the ADP anticipated and reflects the plan to implement these standards from April 2022 onwards. Across Scotland one ADP area achieved the green rating in all 5 MAT standards. West Lothian was one of 11 ADPs that had no red ratings in the assessment.

Action is being taken to increase the RAG rating to green in all areas by March 2023 and the actions are outlined below in section 4.

3. Ministerial Statement on Accountability

On 23 June 2022 the Minister for Drug Policy wrote to Integration Authority Chief Officers, Territorial Health Board Chief Executives and Local Authority Chief Executives stating:

'In response to this [National Benchmarking] Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;

b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in pace to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;

c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;

d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);

e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;

f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.'

3.1 An action plan will be presented to West Lothian IJB at the September meeting.as per (a) above. That plan will be developed in association with people with lived experience of opiod dependence.

3.2 The General Manager for Mental Health and Addictions should be made the single point of operational responsibility satisfying (e)

4. Progress against Medication Assisted Treatment Standards

4.1 As part of the National Benchmarking Tool, West Lothian ADP was asked to provide an update on its progress against the MAT standards and these were discussed with the MIST team.

4.2 in the main, the reasons for an amber rating as opposed to a green rating were due to an absence of evidence rather than evidence of absence of implementation. Two specific actions are required to improve same day access to MAT as detailed in 4.3 and 4.5 below. Other actions include the improvement of documentation of processes to ensure there is evidence to support the implementation of MAT. The MIST team have been supporting an extensive piece of work to ensure there is experiential evidence from people with lived experience of drug dependency that MAT standards have been implemented. This work is complex and requires a considerable investment of time. This will be a major set of actions for the ADP in the coming months.

4.3 MAT standard 1 requires five-day access to the option of same day prescribing of MAT if that is appropriate. West Lothian now has prescribers available on four days of the week and can initiate same-day prescribing if that is appropriate and safe on each of those four days. A fifth day will be opened within the next six weeks. Clinics are currently open at Bathgate Primary Care Centre, Blackburn, Howden and Strathbrock Partnership Centres.

4.4 MAT standard 2 ensures choice of treatment is offered. The addiction service is working to increase choice to all treatment options in all available geographical areas. Due to requirements

	in relation to the controlled nature of the drugs prescribed ensuring there is local access to all drug formulations provided as part of MAT will be a challenge.
4.5	MAT standard 3 requires the proactive identification and offer of support to those most at risk of harm from drugs. West Lothian has a functioning near fatal overdose (NFO) pathway which enables the identification of those people who have taking an overdose and sort treatment through either acute hospital sites or via the Scottish ambulance service. To achieve a green rating data should be obtained that describes the experience of people receiving this pathway as well as greater evidence this pathway enables people to access MAT as easily as possible. Specifically, the service needs to demonstrate a very rapid pathway from NFO to an offer of MAT.
4.6	MAT standard 4 requires the offer of evidence-based harm reduction at the point of MAT delivery. The main improvement required to ensure the standard becomes green is an improvement in evidencing the existing harm reduction measures being offered at the point of delivery and throughout and individuals time with services.
4.7	MAT Standard 5 requires that somebody can remain in a service supporting their recovery for as long as they wish. To achieve full compliance will require improvements on the protocols for people dropping out of treatment and increased experiential evidence as to the effectiveness of this protocol.
4.8	The IJB is asked to note this progress
5.	**Substance Use Treatment Target Trajectory**
5.1	On 16 March 2022 the Scottish Government introduced a substance use treatment target. This target requires Integration Authority areas to increase the number of people receiving community based opioid substitution therapy (OST) (i.e .MAT) by approximately 9%. In West Lothian this equated to an increase of 74 people in treatment from 841 to 915 by April 2024.
5.2	The government has asked IJBs to agree a trajectory towards that target and to submit that to the Drugs Policy Division by 29 July 2022. West Lothian requested a later submission in order to allow the IJB to consider the trajectory and agree it and the trajectory is required to be submitted by 19 August 2022
5.3	There are considerable uncertainties in predicting the uptake of OST, and the data which support the trajectory is complex. A proposed trajectory is attached as appendix 2. The trajectory is supported by the measures noted above in section 4.
5.4	West Lothian IJB is asked to approve the trajectory. The General Manager for Mental Health and Addictions will submit a twice-yearly report of progress against the trajectory.
6.	**Conclusion**
5.1	Chief Officers of Integration Joint Boards (IJB) were issued letters from the Scottish Government outlining the requirement to implement MAT Standards, to increase the number of people receiving MAT by at least 54 and outlining governance arrangements for those changes. West Lothian ADP have developed proposals to address the standards and received funding in respect of this. Governance arrangements are detailed here and a detailed plan will be presented in September

	to the IJB. These proposals are intended to reduce drug-misuse deaths and improve the lives of people who currently are dependent on drugs

Appendices	- Appendix 1: Letter from Angela Constance 23 June 2022 - Appendix 2: Treatment Target Trajectory
References	Medication Assisted Treatment (MAT) standards: access, choice, support - Drug-related Deaths in Scotland in 2021, July 2022 - National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021-22
Contact	Mike Reid General Manager – HSCP Mental Health and Addictions Mike.Reid@nhslothian.scot.nhs.uk

Minister for Drugs Policy
Angela Constance MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

Integration Authority Chief Officers
Territorial Health Board Chief Executives
Local Authority Chief Executives

Copied to:
Chairs of Territorial Health Boards and Integration Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to

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the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;

b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in pace to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;

c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;

d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);

e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;

f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.

«Signature»

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a b c d a e f g a

Treatment Target Template

SUBSTANCE USE TREATMENT TARGET INCREASE - PLANNED PROJECTION

Integration Authority – West Lothian

Contact Name – Denise Arbeiter

Contact Email – wladp@westlothian.gov.uk

Quarterly Period	Increase Figure	Comments
Apr / Jun 2022	10 est	Initial attendance at 'drop-ins' has been promising but there is a challenge to maintain people in treatment and ensure assertive follow up. We do not have access to the data to measure the improvement. The CHIN team (part of NHS Lothian's Public Health Team) I s exploring howe the figure can be regularly extracted.
Jul / Sep 2022	21	
Oct / Dec 2022	32	
Jan / Mar 2023	43	
Apr / Jun 2023	54	
Jul / Sep 2023	65	
Oct / Dec 2023	74	
Jan / Mar 2024	0	
Total 2 Year Increase Figure for IA	74	

Table Notes

1. Quarterly Period - self explanatory

2. Increase Figure - the projected incremental increase for the quarter period to meet the 2 year target with the target figure entered at the bottom of the table.

3. Comments - to be completed. Especially if no increase figure for the quarter period to explain reason i.e. recruitment , service design, training etc.

Date	17 August 2022
Agenda Item	11

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to: West Lothian Integration Joint Board

Report Title: Mental Health Renewal and Recovery fund

Report By: General Manager for Mental Health and Addictions Services.

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☐
	- is to provide assurance ■
	- is for information ■
	- is for discussion ☐
	The purpose of the report is to provide the IJB with assurance and report on progress in relation to the Mental Health Renewal and Recovery fund spend which was issued to the West Lothian IJB on the 29th of March 2022.
Recommendations	It is recommended that the IJB note the contents of the report.
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	N/A
Policy/Legal	- Scottish Government Mental Health Strategy 2017-2027 - West Lothian IJB Strategic Plan 2019-2023 - Adults with Incapacity (Scotland) (Act) 2002 - Mental Health (Care and Treatment) (Scotland) Act 2003.
Risk	N/A
Equality, Health Inequalities, Environmental and Sustainability Issues	An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified.

Strategic Planning and Commissioning	The response has been developed by a range of colleagues across the HSCP. The response has no impact on the current strategic plan or commissioning plan at this time.
Locality Planning	NA
Engagement	A range of stakeholder have been consulted on the development of the proposals. It is anticipated further engagement work will be carried out by the Scottish Government to finalise the proposed spend and seek approval to progress through the St Johns Hospital Master planning group.

Terms of Report

1. Background

1.1 Chief Finance Officers and Chief Officers of Integration Joint Boards (IJB) were issued letters from the Scottish Government outlining funding to improve local mental health estates and buildings on the 29th of March 2022 (Appendix 1).

1.2 The West Lothian IJB were awarded £470,000 for the financial year 2022/23.

1.3 IJBs are asked to start developing plans now on how the allocation would be spent, with plans being shared with the Scottish Government for information by 30th June 2022. Additional guidance was also provided to answer some of the more detailed questions IJBs may have in relation to the funding (Appendix 2).

2. Criteria for funding.

2.1 Funding should support the delivery of at least one of the following:

- Quality and amenity of built environment
- Person centred delivery
- Service Efficiency
- Capacity and Waiting Time improvements
- Risk Management and Patient Safety

2.2 Two or more of the following benefits should also be delivered:

- Provide fit-for-purpose spaces which enable the delivery of services in innovative ways which improves models of care in public facing spaces;
- Ensure spaces and resources make service users feel safe and supported and are co-designed with those with lived experience; o Improve accessibility, joint working, and access to increase capacity in order to reduce waiting times or increase flow within clinical systems;
- Support transformation in the delivery of services in public facing facilities to ensure this enhances access and high quality care;
- In outpatient settings, offers access to novel hybrid models of care, both face to face and digital interventions;
- Improving the safety of service users in appropriately designed facilities;
- Improved patient pathways and care by co-location of services, work smart principles, and increased joint working;

- Enable staff to have the right equipment, environment and resources in order to offer high calibre care and feel valued in their roles.

3. Timescales for funding delivery.

3.1 The West Lothian HSCP provided a response to the Scottish Government outlining proposals for the funding. This was in line with the deadline of 30th of June 2022 (Appendix 3). The Scottish Government acknowledged the response on the 7th of July 2022.

3.2 The Scottish Government have asked for a spending update to be provided to their Investment and Transformation Unit by the 31st of December 2022 and provide a final report outlining delivery of spend and achieved outcomes by the 30th of June 2023.

4. West Lothian HSCP proposal.

4.1 Engagement work was carried out with operational teams in June 2022 to outline where the funds may be best invested to ensure the outcomes within the funded letter were met. Many options were considered across the community and acute site at St John's Hospital. As a result the following proposals were agreed within the Mental Health Management team.

4.2 Below shows a breakdown of the proposed spend:

Location / service	Allocated budget	Additional notes
Bathgate House	£40,000	The Community Mental Health Manager has been asked to progress this work order as it is currently not on the estates dept. list of improvements for the building which are currently being progressed. This will include new windows and boiler to support staff and patient comfort in the colder months.
St Johns Hospital OPD 6	£30,000	The Mental Health OT manager has provided proposals in which an additional clinical assessment room could be established within the existing dept. This will include splitting an existing larger room into two separate rooms. Secondly the manager has also allowed planning colleagues to explore the use of an existing records storage (non IJB functions) room to be used as a rest space for out of hours colleagues working in the MH teams. This work would not require any structural changes to the dept. and in turn would be relativity inexpensive.
St Johns Hospital OPD 5	£400,000	This is the most complex work within the options, the redesign of OPD 5. The proposals which have been shared with the Business Manager within St John's Hospital to cite the St Johns Hospital Master planning group show the reconfiguration of the dept. to improve - experience of patients receiving an in hours psychiatric assessment with the ACAST team. - experience of patients having titration of Medication Assisted Treatment for addiction - safety of staff and patients This work would involve a reconfiguration of the existing admin room, increased ligature proofing of the existing assessment rooms to widen the scope of their use and

		create a new patient waiting area, supported by better observation. Areas for digital contacts would improve.
Total	£470,000	

4.3 On the 12th of September 2022, the General Manager for Mental Health and Addiction services will present the proposals to the St Johns Hospital Masterplanning group to ensure there are no conflicting proposals within the outlined space. The Mental Health Management team have been in regular contact with both the site and NHS Lothian Strategic planning to ensure the proposals are consistent with both the strategic and operational direction of both the West Lothian IJB and NHS Lothian.

4.4 If no concerns are raised at the Masterplanning meeting on the 12th of September the next step would be to contact the NHS Lothian estates team to provide architectural drawings and proposed spend. If this is out with the remit of the Estates team and a specialist contractor is require the process to tender the work will begin. Contingency plans are in plan if this becomes the direction the Mental Health Management team require to take. If this is the case, a further update will be provided to the Scottish Government showing revised timescales.

5. Conclusion

5.1 Chief Finance Officers and Chief Officers of Integration Joint Boards (IJB) were issued letters from the Scottish Government outlining funding to improve local mental health estates and buildings on the 29th of March 2022 (Appendix 1). The HSCP Mental Health Management team have developed proposals for the allocated funding and are reporting to IJB to provide information and assurance timescales are due to be met. Please note the contents of the report.

Appendices	- Appendix 1: Mental Health Recovery and Renewal Fund 2022/23 allocation letter. - Appendix 2: Mental Health Recovery and Renewal Fund 2022/23 Guidance. - Appendix 3: West Lothian HSCP proposal for Mental Health Recovery and Renewal fund 2022/23.
References	- Scottish Government Mental Health Strategy 2017-2027
Contact	Mike Reid General Manager – HSCP Mental Health and Addictions Mike.Reid@nhslothian.scot.nhs.uk

Directorate for Mental Health

E: Hugh.McAloon@gov.scot

Scottish Government
Riaghaltas na h-Alba
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Chief Finance Officers, Integration Joint Boards
Directors of Finance, NHS Boards

Copy to:
Chief Officers, Integration Joint Boards
Chief Executives, NHS Boards

29 March 2022

Dear Colleague

2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS FUNDING TO INTEGRATION JOINT BOARDS (IJBs) FOR MENTAL HEALTH FACILITIES IMPROVEMENT

Further to the recent discussion with IJB Chief Finance Officers, and to help deliver our aim to transform mental health services, the Minister for Mental Wellbeing and Social Care has approved funding of £15m to be allocated to IJBs to help improve the mental health estate. We are encouraging IJBs to be ambitious with their plans. Funding is substantial and has the potential to support significant transformation in terms of service efficiency, capacity, waiting times response and patient safety; and to improve the physical environment for both service users and staff.

Process

IJBs are asked to start developing plans now on how the allocation would be spent, with plans being shared with the Scottish Government for information by 10 June 2022. Additional guidance will be provided by the end of April to answer some of the more detailed questions IJBs may have. Information is set out at **Annex A** which details this process, criteria and benefits we would look for proposals to cover. These have been approved by Ministers.

The table at **Annex B** confirms the funding for each NHS Board area and provides a breakdown by IJB. This funding must be provided via Boards to IJBs.

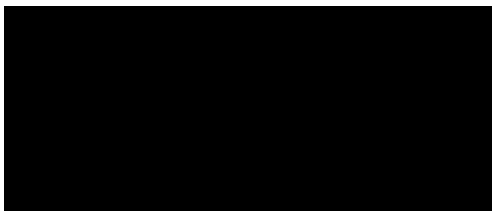
Allocations will made in this 2021/22 financial year. Funding will be allocated on a 'revenue' basis. Where a project were to meet the definition of capital expenditure, IJBs should work with Health Boards to coordinate the existing formula capital budget allocations and plans to maximise the potential for positive impact of funding. Remaining funding at the 2021-22 year end must be carried forward by IJBs in an earmarked reserve for this purpose and in line with usual accounting arrangements.

At **Annex C** we have provided an example of a recent NHS Grampian CAMHS Accommodation Redesign to help you develop your proposal which has improved the enviornment and increased patient flow to support waiting times.

Once projects have been approved internally by HBs and IJBs and work has started, then IJBs will be asked to provide a brief progress update, a mid year update relating to budget spend and a final report detailing use of funding and what impact this has had on service delivery. Details of information to be provided in these reports will be provided by officials as part of further guidance by end April.

If you have any questions on any of the information provided in this letter please send these to the Investment and Transformation inbox (Investment&TransformationMH@gov.scot). I would ask that plans are also sent to this mailbox by 10 June 2022.

Yours sincerely,



Hugh McAloon
Interim Director
Directorate for Mental Health

Purpose

- This funding should be used to deliver benefits to the wider mental health agenda whilst facilitating innovation to ensure that people who need it receive person-centred, trauma informed support and care in the right place, at the right time.

Process

- IJBs will provide an overview of how this funding would be spent by 10 June 2022. Officials will liaise with IJBs and provide further support in the development of these plans if needed.
- More detailed guidance will issue from SG, to support the development of proposals, along with a template for the submission of proposals.
- These proposals should be developed with joint input from clinical leadership, those with lived experience, and relevant facilities and estates staff in order to ensure spend makes a positive change to service delivery and flow.
- IJBs will be asked to provide:
    - a short initial update by end September 2022 on progress and spend
    - an update on spend (or likely underspend) by December 2022
    - a final report detailing use of funding and the positive impact it has made with regard to the funding criteria and benefits.
- IJBs are encouraged to work with each other, with Health Boards to coordinate the existing formulae capital funding and plan with this funding, and other partners to identify regional priorities and maximise funding.

Criteria

- Funding should support the delivery of at least one of the following:
    - Quality and amenity of built environment
    - Person centred delivery
    - Service Efficiency
    - Capacity and Waiting Time improvements
    - Risk Management and Patient Safety

Benefits

- Two or more of the following **benefits** should be delivered:
    - Provide fit-for-purpose spaces which enable the delivery of services in innovative ways which improves models of care in public facing spaces;
    - Ensure spaces and resources make service users feel safe and supported and are co-designed with those with lived experience;
    - Improve accessibility, joint working, and access to increase capacity in order to reduce waiting times or increase flow within clinical systems;
    - Support transformation in the delivery of services in public facing facilities to ensure this enhances access and high quality care;
    - In outpatient settings, offers access to novel hybrid models of care, both face to face and digital interventions;
    - Improving the safety of service users in appropriately designed facilities;
    - Improved patient pathways and care by co-location of services, work smart principles, and increased joint working;
    - Enable staff to have the right equipment, environment and resources in order to offer high calibre care and feel valued in their roles.

Relevant Areas of expenditure:

- redesign of buildings to increase patient flow and capacity
- physical layout to support smart working
- fixtures and fittings which ensure safety and access

- equipment to support service provision/joined-up working/contact
- enhancing use of spaces to improve joint working the clinical environment.

Annex B

NHS Board	NRAC Share	IA Name	IA NRAC Share
Ayrshire & Arran	1,106,337	East Ayrshire	**358,467**
		North Ayrshire	**407,213**
		South Ayrshire	**340,657**
Borders	318,925	Scottish Borders	**318,925**
Dumfries & Galloway	448,796	Dumfries and Galloway	**448,796**
Fife	1,021,915	Fife	**1,021,915**
Forth Valley	816,816	Clackmannanshire and Stirling	**384,830**
		Falkirk	**431,986**
Grampian	1,460,704	Aberdeen City	**571,874**
		Aberdeenshire	**631,631**
		Moray	**257,199**
Greater Glasgow & Clyde	3,331,878	East Dunbartonshire	**278,125**
		East Renfrewshire	**238,705**
		Glasgow City	**1,789,606**
		Inverclyde	**244,610**
		Renfrewshire	**509,543**
		West Dunbartonshire	**271,290**
Highland	988,834	Argyll and Bute	**285,284**
		Highland	**703,549**
Lanarkshire	1,839,762	North Lanarkshire	**951,445**
		South Lanarkshire	**888,317**
Lothian	2,245,705	East Lothian	**278,833**
		Edinburgh	**1,255,065**
		Midlothian	**241,550**
		West Lothian	**470,257**
Orkney	75,197	Orkney Islands	**75,197**
Shetland	73,266	Shetland Islands	**73,266**
Tayside	1,171,590	Angus	**324,073**
		Dundee City	**434,655**
		Perth and Kinross	**412,862**
Western Isles	100,275	Western Isles	**100,275**

Total	**15,000,000**		**15,000,000**

Annex C

Background

- One of the main aims at the outset of the redesign was to remove the transition experienced by children,- young people and their families receiving CAMHS treatment in Aberdeen and Aberdeenshire. Another aim was to design a truly integrated coalesced service which had proved challenging due to CAMHS being provided from 3 different Aberdeen locations.

What did they want to achieve?

- The vision is an NHS Grampian CAMHS "Centre of Excellence" working across 0-18 age range including Learning Disabilities.
    - The desire is to provide a safe, low risk, and effective clinical environment for patients and their families, and staff.
    - The aim is to provide stepped and matched care to meet patient needs all located in one central resource.
    - Enabling staff to be in one location for Aberdeen city and Aberdeenshire maximises the skills set and resource required to enable equitable and efficient care. This enables CAMHS to reduce waiting times, and increase efficiency and quality of care.
    - A "Centre of Excellence" also enables CAMHS to be a teaching and consultation service to colleagues in partner agencies to ensure the delivery of early intervention and support.
    - It reduces transitions and enables a central point of contact for referrers and families to ensure equitable and transparent access to the CAMHS service.
    - A new site for CAMHS will enhance the outcomes of children and young people by providing and environment which is suitable for their needs and recovery.
    - Has work smart principles embedded in planning to ensure more joint working between staff while maximising face to face bookable space

What Option was approved to be taken forward?

- Refurbish the existing empty 60 bed ward at the City Hospital into a CAMHS "Centre of Excellence" implementing the principles of "Worksmart". This would enable the re-location all the staff from the 3 existing Aberdeen based buildings into one central location to provide a 0-18 year service in an effective clinical environment to meet patient needs. It would provide a central point of contact for referrers and families in a safe and suitable environment. This will enable CAMHS to reduce waiting times and increase efficiency and meet the requirements of the 2015 CAMHS redesign. It also utilised modern technology and IT to enable better links with the Moray CAMHS team to ensure more sharing of clinical recourse and expertise.

Outcomes

- 23 bookable clinic rooms
- Education resource room
- Group rooms
- Therapy kitchen to support eating disorders
- AHP room
- Play therapy room
- Duty / USC assessment room with safety furniture
- Intensive support / tier 4 room
- Main waiting area and 6 sub-waiting areas
- Staff zone – kitchen, showers, changing rooms
- Worksmart offices

- Breakout rooms
- All staff have laptops with enabled IT systems for use in any location
- Whole building enabled with wi-fi for patients and staff

2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS FUNDING TO INTEGRATION JOINT BOARDS (IJBs) FOR MENTAL HEALTH FACILITIES IMPROVEMENT - GUIDANCE TO IJBS

Background

- As set out in the letter from the Director of Mental Health on 29 March 2022, we said that:
    - Additional guidance will be provided to answer some of the more detailed questions IJBs may have;
    - Details of information to be provided in the brief progress update, a mid-year update relating to budget spend and a final report detailing use of funding and what impact this has had on service delivery will be provided by officials as part of further guidance.

Additional Guidance

Q – Are IJBs able to share ideas with each other to seek peer support in the development of plans?

A – Yes – we would recommend that IJBs share ideas where possible to ensure the best outcomes for staff and service users.

Q – If delivery of the plan is not likely to be completed until after March 2023 are IJBs still able to continue with their developed plans?

A – Yes – delivery can continue into 2023 but additional funding will not be available to deliver the plan.

Q – If my IJB is likely to underspend the funding provided do we have to return this?

A – Yes – this is in line with the allocation letter provided to you in March 2022.

Q – What if the project overspends? Will additional funding be provided?

A – IJBs are asked to work within the financial envelop they have been provided to take forward this work. No additional funding will be provided by the Scottish Government. If there is an overspend then IJBs should cover the additional financial ask.

Reporting

<u>Overview of Plans</u>

- IJBs should provide an overview of their plans which details how they will deliver the aims of programme delivery by 30 June 2022.
- The aim of this overview is to provide assurance to Scottish Government that plans developed by IJBs align with the purpose and aims of funding, as set out in allocation letters. This will enable officials to review the information provided and provide support or seek clarification where appropriate.

- This will also enable officials to provide an update to the Minister for Mental Wellbeing and Social Care around how the funding allocated will be spent and what the likely outcomes of individual projects are.
- This should set out:
    - Who the plan has been developed with and if there are other lead delivery partners;
    - How the plan will meet at least one of the criteria that was set out in the accompanying annex to the letter;
    - How the plan will meet at least two or more of the benefits that was set out in the accompanying annex to the letter;
    - How stakeholders, including those with lived experience, have been involved in development of the plan;
    - What the main impacts/benefits of delivering the plan will be;
    - Details of the level of spend expected to deliver the plan, and if this means there will be any underspend in relation to the level of funding initially provided;
    - Proposed cost of delivering the project (this can be for individual or joint delivery with other IJBs/partners);
    - Timescales for delivery of the plans;
    - Who within the IJB has signed off these plans.
    - Who within the IJB will lead on delivery and a summary of governance arrangements.

Mid-Year Update

- IJBs should provide an update on progress on delivery of their plans by end December 2022.
- This should include:
    - progress of delivery against timescales previously provided;
    - any issues with delivery of plan or any changes to delivery now programme is in process of delivery;
    - projected spend against plan deliverables;
    - if there is likely to be an underspend/overspend on delivery of the plan.
- This information will be used to update the Minister for Mental Wellbeing and Social Care on progress and ensure that Scottish Government officials have an understanding of how work is progressing against proposed plans. It will also allow for financial management of the programmes and identification of any issues with potential under/overspends.

Final Report

- IJBs should provide a final report detailing delivery of the plan in the first quarter of financial year 2023-24.
- This should include:
    - an overview of the initial plan;
    - how delivery of the plan was achieved;
    - the impact on service provision and on individuals using or working in the service;
    - lessons or good practice identified during or following the delivery of the plan, including things you would do differently;

- key points for sharing with other IJBs;
- a summary of spend against budget
- the headline message you would share with Ministers in terms of the delivery and impacts of this work.

Investment and Transformation Unit
Investment&TransformationMH@gov.scot
May 2022

2021-22 MENTAL HEALTH RECOVERY AND RENEWAL FUND ALLOCATIONS FUNDING TO INTEGRATION JOINT BOARDS (IJBs) FOR MENTAL HEALTH FACILITIES IMPROVEMENT – OVERVIEW TEMPLATE

Please use this form to provide an overview of your plans by 30 June 2022.

1. Name:

Mike Reid

2. Who is the lead delivery partner?

West Lothian Health and Social Care Partnership

3. Who has the plan been developed with and are there any other lead delivery partners involved?

Initial planning has been undertaken with Mental Health Management colleagues within the HSCP, Heads of Service, Senior Management within the HSCP, Finance colleagues and colleagues within Capital Planning. Once plans are formalised to best meet patient need discussions will continue with HSCP project support managers, estates and facilities colleagues.

4. How will your plan meet at least one of the criteria set out in the accompanying annex to the award letter?

It is felt that the initial plans would meet all of the funding criteria within the letter however there would be specific emphasis on the aims shown in bold. - Quality and amenity of built environment - Person centred delivery - **Service Efficiency** - Capacity and Waiting Time improvements - **Risk Management and Patient Safety** The initial plan will see a redesign of the outpatient dept. 5 and 6 (OPD5/6) area within St John's hospital. This is currently the outpatient psychiatry dept. which is shared with outpatient CAMHS. The redesign would see improvements made to space that is currently underutilised and primarily used for administrative tasks. The redesign of the space would see these rooms refitted and ligature proofed to ensure that unscheduled and scheduled mental health assessment and treatment could be carried out in a safe and appropriate place, away from the Emergency Dept. Additional work would be carried out to ensure those waiting for psychiatric assessment could wait, away from the Emergency Dept. where distress can be elevated at times. Alongside this a small project would be undertaken with OPD6 to create a rest space for on call staff across MH out of hours. A small part of the budget would also be used to make improvements in Bathgate House. See section 8.

5. How will your plan meet at least two or more of the benefits set out in the accompanying annex to the award letter?

Again the project is anticipated to meet most of the benefits outlined within the funding letter due to the redesign of OPD5 and the pressure we anticipate this redesign will removed from a busy Emergency Dept. Below we have provided some detail on how we feel these benefits will be realised:

- **Provide fit-for-purpose spaces which enable the delivery of services in innovative ways which improves models of care in public facing spaces;**

The challenge we currently have within OPD5 is that we have fit for purpose assessment rooms, however not enough to meet the current demand of the mental health assessment service, community addictions services and the liaison psychiatry dept. By refitting current admin space to clinical space we will be able to better meet this demand in an appropriate and most importantly safe manner.

- **Support transformation in the delivery of services in public facing facilities to ensure this enhances access and high quality care;**

Currently when a patient is waiting within the Emergency Dept. distress can often be increased, not only for the patient but also others waiting to be seen for non-Mental Health related conditions. It is anticipated by refitting the physical space this will allow the outpatient experience to improve alongside the ability to better assess those in high levels of distress.

- **In outpatient settings, offers access to novel hybrid models of care, both face to face and digital interventions;**

During the COVID-19 pandemic a NEAR ME suite was set up within one of the shared meeting rooms within OPD5. This showed limited success as the bandwidth available within the identified room was poor. We would anticipate to do some work with the site to establish better locations for shared access to NEAR ME and ensure that a more flexible working model was supported by the physical space.

6. How have stakeholders, including those with lived experience, been involved in development of your plan?

The West Lothian HSCP is currently developing its 2023-2026 Strategic plan. This process has involved an engagement process with both staff and those using our services, supported by local third sector providers and advocacy organisations.

Once approval has been given for the plans, we would enlist specialist support to develop architectural drawings and carry out a development session with staff, people with lived experience and carers, via our commissioned advocacy and carers organisations above to seek views of how this would positively impact the patient experience.

7. What will the main impacts/benefits of delivering the plan be?

- The ability to carry out more assessment, care and support within the Outpatients Dept including crisis assessment; and same day addictions assessment
- An appropriate space for colleagues across the St Johns based Mental Health services to use a bookable, confidential and space for digital consultation.
- Reduced numbers of patients referred to the mental health assessment waiting in the Emergency Dept.

8. Please provide details of the level of spend expected to deliver the plan and advise if any underspend is anticipated in relation to the level of funding initially provided.

Total Budget - £470,000.

£30,000 - Identified spend for Bathgate House (a mental health community team base in the West of our partnership area) to replace Boiler and Window. This will improve staff and patient experience in the winter where the building can reach low temperatures. Although there is currently work undertaken in Bathgate house (carpets, painting etc.) the boiler and windows are not on the improvement plan.

£440,000 – Improvement works within OPD5 and OPD6 in St Johns Hospital. A full costing will have to be realised once approval is given. It is not anticipated there will be any underspend.

9. What is the proposed cost of delivering the plan (this can be for individual or joint delivery with other IJBs/partners)?

This programme of work will be delivered in partnership with the St Johns management team and site master planning group however no services out with the remit of the IJB will be affected.

Full costing to be realised once drawings are done and estates have reviewed and the tender for the work is produced. IT is anticipated this can be provided in full in the update due later in the year.

10. What are the timescales for delivery of your plan?

Until the drawings are complete, the tender documentation is prepared and the contract is awarded this is unknown. It would be anticipated due to experience of similar projects within community services, a contract would be awarded and contract on site before the end of the financial year.

SJH master planning group and estates would be reviewed to review the plans and discuss where the project would site in terms of delivery (ie, estates or capital planning). Both groups mentioned sit out with the remit of the IJB however conversation have started to progress the proposals. This may have an impact on the deliver would has been considered in the proposals.

11. Who within the IJB has signed off these plans?

Due to the IJB receiving the letter at the end of March 2022, the proposals have not been shared with the IJB due to pressures on the workplan. SJH masterplanning group and estates would be reviewed to review the plans and discuss where the project would site in terms of delivery (ie, estates or capital planning). Both groups mentioned sit out with the remit of the IJB however conversation have started to progress the proposals. The plan has been developed by the Mental Health management team and has been reviewed by both the Interim Head of health, Chief Finance Officer and the IJB Chief Officer.

12. Please advise who within the IJB will lead on delivery of the plan and provide a summary of proposed governance arrangements.

Mike Reid : General Manager for Mental Health and Addictions Services.

Date	17 August 2022
Agenda Item	12

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to: West Lothian Integration Joint Board

Report Title: National Mental Health and Wellbeing Strategy HSCP Consultation Response

Report By: General Manager for Mental Health and Addictions Services.

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ■
	- is to provide assurance ☐
	- is for information ☐
	- is for discussion ☐
	The purpose of the report is to provide the HSCPs draft response to the National Mental Health and Wellbeing Strategy and to seek approval to submit to the Scottish Government by the 9th of September deadline.
Recommendations	It is recommended that the IJB note the contents of the report and approve to submit the appendix 1 report to the Scottish Government by the 9th of September deadline.
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	N/A
Policy/Legal	- Scottish Government Mental Health Strategy 2017-2027 - West Lothian IJB Strategic Plan 2019-2023 - Adults with Incapacity (Scotland) (Act) 2002 - Mental Health (Care and Treatment) (Scotland) Act 2003.
Risk	N/A
Equality, Health Inequalities, Environmental and	An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified.

Sustainability Issues	
Strategic Planning and Commissioning	The response has been developed by a range of colleagues across the HSCP. The response has no impact on the current strategic plan or commissioning plan at this time.
Locality Planning	NA
Engagement	A range of stakeholder have been consulted on the development of this draft. It is anticipated further engagement work will be carried out by the Scottish Government to finalise their strategy. At this stage the HSCP would carry out further engagement work with key stakeholders. Please note this is a public consultation.

Terms of Report

1. Background

1.1 On the 30th of March 2017 the Scottish Government published their ten year national Mental Health strategy. The Mental Health Strategy 2017-2027 outlines the key outcomes, aims and actions the Scottish Government would take to improve mental health across Scotland.

1.2 Due to the COVID-19 pandemic the Scottish Government have accelerated their work to refresh the existing strategy, ensuring a more holistic approach is taken to Mental Health, placing greater focus on managing Mental Wellbeing.

1.3 On the 29th of June 2022 the Scottish Government launched their national consultation, seeking views on the direction of the new strategy. They have stated they want to ensure the new strategy has greater focus on every part of one's mental health and wellbeing. This covers a range of topics, including:

- Addressing the underlying reasons behind poor mental health;
- Helping to create conditions for people to thrive;
- Challenging the stigma around mental health, and;
- Providing specialist help and support for mental illness.

1.4 The HSCP has developed a response to the consultation which is included in Appendix 1.

2. The response.

2.1 The draft response provides clarity on where the HSCP wish to see the Scottish Governments direction taken in relation to a national approach to mental health and wellbeing support and services. Input has been provided by the Mental Health Management team alongside specialist support officers within the HSCP, covering areas such as Children and Young people's Mental Health and Trauma informed practice.

2.2 The draft response ensures there is a whole system approach taken to support and service delivery, which emphasises partnership working to best meet the personal, social and health related outcomes of those we support. There is also emphasis given to the need to greater support at the early intervention and prevention stage, however ensuring that care and treatment delivered within a secondary care setting for people living with a mental illness is best protected.

2.3	The draft response was shared with the Strategic Planning Group (SPG) on the 21st of July. Comments and discussion were noted and the response alongside further engagement with key stakeholders has been reflected within the response.
2.4	The draft response was also presented at the West Lothian Council Executive on the 16th of August to seek approval to submit in relation to the input from services that are not delegated to the IJB. This input is most notably reflected in the sections relating to Children and Young people's mental health however as the National strategy is ageless in its approach the input provided is reflected throughout the response.
3.	**Conclusion**
3.1	On the 30th of March 2017 the Scottish Government published their ten year national Mental Health strategy. The Mental Health Strategy 2017-2027 outlines the key outcomes, aims and actions the Scottish Government would take to improve mental health across Scotland. On the 29th of June 2022 the Scottish Government launched their national consultation, seeking views on the direction of the new strategy. The HSCP is seeking approval to submit the response on behalf of the HSCP to the Scottish Government by the 9th of September deadline.

Appendices	- Appendix 1: West Lothian HSCP consultation response – National Mental Health and Wellbeing Strategy.
References	- Scottish Government Mental Health Strategy 2017-2027
Contact	Mike Reid General Manager – HSCP Mental Health and Addictions Mike.Reid@nhslothian.scot.nhs.uk

Mental Health and Wellbeing Strategy Consultation

Scottish Government
Riaghaltas na h-Alba
gov.scot

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

West Lothian Health and Social Care Partnership

Phone number: N/A

Address

West Lothian Civic Centre, Howden South Road, Livingston, West Lothian.

Postcode: EH54 6FF

Email Address: Mike.Reid@nhslothian.scot.nhs.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

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

☒ Yes

☐ No

We are aware of inequalities that exist in the prevalence of mental health issues and access to support and services, and we know that these have been made worse by COVID-19 (coronavirus).

We are asking the questions below as we want to better understand those inequalities. Your responses will help us build a clear picture of inequality in mental health provision and consider how we can address these inequalities through our new strategy.

What was your age on your last birthday?

N/A

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? Please tick one

Yes	
No	
Don't know	
Prefer not to say	

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas? Please tick all that apply.

Vision (for example blindness or partial sight)	
Hearing (for example deafness or partial hearing)	
Mobility (for example walking short distances or climbing stairs)	
Dexterity (for example lifting or carrying objects, using a keyboard)	
Learning or understanding or concentrating	
Memory	
Mental health	
Stamina or breathing or fatigue	
Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)	
Other (please write in below)	
None of the above	

If you selected 'Other', please write your response here:

N/A

If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities? Please tick one

Yes, a little	
Yes, a lot	
Not at all	

What is your sex?

If you are considering how to answer, use the sex recorded on one of your legal documents such as a birth certificate, Gender Recognition Certificate, or passport. Please tick one

Female	
Male	
Prefer not to say	

Do you consider yourself to be trans, or have a trans history? Please tick one

Yes	
No	
Prefer not to say	

If you would like to, please describe your trans status in the box (for example, non-binary, trans man, trans woman)

N/A

Which of these options best describes how you think of yourself?

Heterosexual/Straight	
Gay/Lesbian	
Bisexual	
Other (please write in below)	
Prefer not to say	

If you selected ‘Other’, please write your response here:

N/A

What religion, religious denomination or body do you belong to?

None	
Church of Scotland	
Roman Catholic	
Other Christian	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Pagan	
Another religions (please write in below)	

If you selected ‘Other’, please write your response here:

N/A

QUESTIONS – PART 1

DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

Mental Health
Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

- **1.1** Do you agree with this description of mental health? **YES.**

- **1.2** If you answered no, what would you change about this description and why?

We agree with the definition of mental health, but suggest a definition of mental distress may be useful here. This is a term used widely and discriminates between people who have a diagnosed mental illness and those, experiencing mental distress, who are experiencing a crisis in their mental wellbeing, perhaps as a result of a recent life event. Both may be at risk of harm to themselves, but the management of these conditions will likely need to differ, with a healthcare environment being most suitable for the person with acute mental illness, but often unhelpful to the person in mental distress.

Mental wellbeing
Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

- **1.3** Do you agree with this description of mental wellbeing? **YES**

- **1.4** If you answered no, what would you change about this description and why?

N/A

Mental health conditions and mental illness
Mental health conditions are where the criteria has been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more. How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too.
Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

- **1.5** Do you agree with this description of mental conditions and mental illness? **No.**

- **1.6** If you answered no, what would you change about this description and why?

Re phrasing the following:

“This means that a diagnosis of a mental illness has been given by a professional”.

To

“This means that a clinical diagnosis of a mental illness has been given by an appropriately trained professional”.

QUESTIONS - PART 2

MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all". Do you agree with the proposed vision? **YES**

- **2.2** If not, what do you think the vision should be?

N/A

- **2.3** If we achieve our vision, what do you think success would look like?

To achieve the vision of the Mental Health and Wellbeing strategy outlined above, we would anticipate the following:

-widespread awareness of the concepts of mental health, mental wellbeing and mental illness and the differences between the concepts
- institutions and communities built with mental wellbeing in mind and role-modelled by all public services and government
-local communities supported by universal services working together in partnership to address factors that support mental wellbeing and reduce mental distress
-access to good quality housing
- people supported at home or as close to home as possible through their own self-management of through the support of people around them including institutions such as schools, colleges or workplaces
-well established multi-channel routes to support for mental distress, including easy access to high quality aids to self-management, and both online and telephone accessible routes to managing distress
- that carers receive support that they recognise as effective to maintain their own wellbeing
- well established local approaches to address increased mental distress in a crisis where it exceeds the capacity of individuals families or communities to manage
- good accessible gatekeeping and navigation into mental health services where somebody is or may be suffering from a mental health condition
- adequately and consistently funded and staffed mental health services with realistic but achievable response times and clear access to good quality assessment and care, support or treatment

And that services will
- always follow a human rights approach
- have peers or people with lived experience of mental illness as part of the service
- promote choice to support the needs of the person
- be realistic in what they can offer and support wise choices
- provide a seamless care as possible even where different teams or professions are involved in providing the service
- have a learning culture that identifies what works and put it into practise and stops doing what doesn't work

3. Our Key Areas of Focus

- **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? **Yes (4 key areas are on p7)**

- **3.2** If not, what else do you think we should concentrate on as a key area of focus?

4. Outcomes

- **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Addressing the underlying social factors	**1**	**2**	**3**	**4**	**5**
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities Through, for example: • Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them • Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives • Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course	X X X				

Individuals	**1**	**2**	**3**	**4**	**5**
People have a shared language and understanding of mental health and wellbeing and mental health conditions	X				
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	X				
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	X				
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect	X				
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	X				
People feel safe, secure, settled and supported	X				
People feel a sense of hope, purpose and meaning	X				
People feel valued, respected, included and accepted	X				
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	X				
People know that it is okay to ask for help and that they have someone to talk to and listen to them	X				
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	X				
People are supported and feel able to engage with and participate in their communities	X				
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	X				
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	X				
People living with physical health conditions have as good mental health and wellbeing as possible	X				
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse	X				
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	X				

Do you have any comments you would like to add on the above outcomes?

In relation to the following:

- "Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course"

We have noted we strongly agree, however, this cannot come at the detriment of supporting those living with more disabling *mental illness* who may require more intensive intervention.

We note also the extreme challenges that homelessness or precarious housing brings and the challenges faced in trying to find good quality housing currently

Communities (geographic communities, communities of interest and of shared characteristics)	**1**	**2**	**3**	**4**	**5**
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	X				
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	X				
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	X				
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	X				

Do you have any comments you would like to add on the above outcomes?

Population	**1**	**2**	**3**	**4**	**5**
We live in a fair and compassionate society that is free from discrimination and stigma	X				
We have reduced inequalities in mental health and wellbeing and mental health conditions	X				
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people	X				

and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course					
People living with mental health conditions experience improved quality and length of life	X				

Do you have any comments you would like to add on the above outcomes?

N/A

Services and Support	**1**	**2**	**3**	**4**	**5**
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding	X				
Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery	X				
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals	X				
We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use	X				
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs	X				
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	X				
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing	X				

Do you have any comments you would like to add on the above outcomes?

It will be a challenge to balance easy access to high quality mental health supports for all of those who need them against the need to be able to respond to those most disabled by mental illness given the critical shortages of key mental health professionals

Information, data and evidence	**1**	**2**	**3**	**4**	**5**
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	X				

Do you have any comments you would like to add on the above outcome?

Data sharing agreements between key public bodies are complex. We would urge the Scottish Government to review best practice to learn where this could improve and seek clarity on appropriate levels of funding to deliver this locally. Initiatives and developments in mental health services should have a clear evidence base for their implementation, and emerging forms of support or treatment should have an evidence base developed.

- **4.2** Are there any other outcomes we should be working towards? Please specify:

No

QUESTIONS - PART 3

5. Creating the conditions for good mental health and wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

- **5.1** What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

A positive and well supported childhood free from abuse or the impact of poverty or hate
Supportive social institutions including schools and colleges, workplaces, housing, the police.
A safe environment with good quality housing, free from hate
Access to a consistent and adequate income.
Good relationships with people including family and friends
The opportunity to work or carry out other meaningful activity and to have leisure opportunities.
Access to nature

- **5.2** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No

- **5.3** What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?

Adverse childhood experiences, in particular, severe neglect or abuse Poverty or precarious income Homelessness or poor or insecure housing Adult psychological trauma of all types but particularly those associated with violent assault including sexual assault Hate crimes Unemployment and lack of structured activity Loss of role Social isolation Chronic illness or disability which impacts on self-esteem, function, ability to work or increases social isolation

- **5.4** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No

- **5.5** There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring.

  In what ways do you actively look after your own mental health and wellbeing?
  - o Exercise
  - o Sleep
  - o Community groups
  - o Cultural activities
  - o Time in nature
  - o Time with family and friends
  - o Mindfulness/meditation practice
  - o Hobbies/practical work
  - o None of the above
  - o Other

N/A

- **5.6** If you answered ‘other’, can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

N/A

- **5.7** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

In relation to question 5.5 it is important that individuals are supported to access good quality information in relation to this approach.

- **5.8** Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location etc.

N/A

- **5.9** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No.

- **5.10** We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

N/A

- **5.11** What type of support do you think would address these money related worries?

It is widely understood that the lack of financial welfare can impact on people's mental health and wellbeing. It is important to have appropriately funded local money advice and financial welfare services that are easily accessible to the public.

6. Access to advice and support for mental wellbeing

- **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
  - o Friends or family or carer
  - o GP
  - o NHS24
  - o Helplines

- o Local community group
- o Third Sector (charity) support
- o Health and Social Care Partnership
- o Online support
- o School (for example, a guidance teacher or a school counsellor)
- o College or University (for example, a counsellor or a student welfare officer)
- o Midwife
- o Health visitor
- o Community Link Workers
- o Workplace
- o An employability provider (for example, Jobcentre Plus)
- o Other

- **6.2** If you answered 'online' could you specify which online support?

N/A

- **6.3** Is there anywhere else you would go to for advice and support with your mental health and wellbeing?
  - o Friends or family or carer
  - o GP
  - o NHS24
  - o Helplines
  - o Local community group
  - o Third Sector (charity) support
  - o Health and Social Care Partnership
  - o Online support
  - o School (for example, a guidance teacher or a school counsellor)
  - o College or University (for example, a counsellor or a student welfare officer)
  - o Midwife
  - o Health visitor
  - o Community Link Worker
  - o Workplace
  - o An employability provider (for example, Jobcentre Plus)
  - o Other

- **6.4** If you answered ‘online’ could you specify which online support?

N/A

- **6.5** If you answered local community group, could you specify which type of group/ activity/ organisation?

N/A

- **6.6** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

N/A

- **6.7** We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

N/A

- **6.8** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

It is important that those we support through HSCP services have a choice of realistic options for care, support or treatment that meets their needs and under a framework of 'choosing wisely'. This may be the choice of different psychiatric treatments or to be supported by different commissioned providers, the choice to self-management where appropriate or the choice to access support via face-to-face, telephone or an online consultation. Choice must be at the heart of accessing a range of different spaces for information and advice.

- **6.9** We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

  If you have experienced barriers to accessing support, what have they been?
  - o Lack of awareness of support available
  - o Time to access support
  - o Travel costs
  - o Not the right kind of support
  - o Support not available near me
  - o Lack of understanding of issues
  - o Not a good relationship with the person offering support
  - o Having to retell my story to different people
  - o Long waits for assessment or treatment
  - o Stigma
  - o Discrimination
  - o Other

- **6.10** If you selected ‘other’, could you tell us what those barriers were?

N/A

- **6.11** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

N/A

- **7.** We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

It is critical that interventions for mental illness are appropriately funded and delivered to best meet the personal and health related outcomes of those we support and be able to deliver safe services timeously. .

For those without acute or severe ongoing mental illness, it is important that they can support themselves through accessing good quality information and advice and self-management tools. For this to succeed, clear and concise communication must be delivered both nationally and locally on where to access this.

8. The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

- **8.1** For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.

- What kind of support is most helpful to support recovery from previous traumatic experiences?

- Safe, supportive relationships; a ‘go-to’ person, supportive family and/or social supports and networks, are a key buffer to the stress impact of traumatic events

- Internal strengths such a strong self-awareness, ability to problem solve, a creative outlet, good coping skills can reduce our stress levels

- Access a range of information different levels of supports and support services to develop knowledge and awareness; if relevant a self-care plan and coping skills

- Provide people with a different experience of relationships by creating trauma-assessed stress-free environments where people are empowered to make decisions, collaborate and ultimately develop trust.

- Trauma-informed colleagues, line managers and employers

- **8.2** What things can get in the way of recovery from such experiences?

- A lack of basic human needs such as housing, finance, safe communities, education, nutrition and human contact can make it harder to recover

- As Trauma most often happens in relationships it can make it harder for people affected by trauma to trust and engage in relationships with others, including workers.

- Lack of self-awareness and /or taking own physical and emotional health and wellbeing for granted

- Difficulty in managing feelings; of shame, self-blame, worthlessness, guilt, failure, anger can lead to avoidance, hyper-vigilance, flashbacks and overwhelming emotions.

- Symptoms of depression, anxiety, self-harm, substance misuse or suicidality.

- The development of PTSD, vicarious or secondary trauma

- **8.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

9. Children, Young People and Families' Mental Health

- **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

The priorities should be that our practice reflects Scottish Government recommendations which in turn reflects current legislation and an up-to-date evidence base. A relational approach is used with families and young people, which ensures we are trauma informed. Families have the same positive experience in how they access support. Children, young people and those who care for them are involved in the decisions about the support they receive. Families understand the referral process and receive regular information about their places on a waiting list. Where children or families receive input from different teams or move from one team to another, the transition is seamless. There is an appropriate emphasis on prevention and early intervention, whilst ensuring that those with more serious mental health conditions can receive high quality timeous assessment and treatment. Every child or young person and their families or carers will get the help they need, when they need it, from the people with the right knowledge, skills and experience to support them. Outcome and/or goals are agreed with young people and families and there is a plan to achieve those that reflects the family's views. We have flexibility within services to respond to individual needs. All places from which care or treatment are delivered have been designed with trauma in mind.

Staff working with children and young people with mental health difficulties have a shared sense of values and principles.

Care is taken to use appropriate languages in relation to mental health difficulties that reflects social and emotional development.

Children or young people most at risk of harm are able to be appropriately prioritised.

The needs of young people who may receive services from in 'children's' or 'adults' services are considered as a group and services address their needs as young people.

Children, young people and families re seen holistically including an understanding of parental mental health. Services adopt a Whole Family Approach.

Young people and families know we have heard their voice and are responding to their needs.

Staff receive appropriate training to feel confident in supporting children, young people or families.

- **9.2** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

- **9.3** What things do you feel have the biggest impact on children and young people's mental health?

In a positive way:
People feeling secure and supported.
People feeling understood.
Plus the 5 pillars of wellbeing

Over and above social determinants and societal pressures.

The stigma of "mental health" issues may stop people seeking help at the right time.

Young people and families not feeling listened to.

A power imbalance between staff and families. Decisions being made for families that do not reflect the family culture or their motivations.

Families struggling to navigate long waits or complex services and being unsure of where the most effective service is for their child or young person.

- **9.4** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

10. Your experience of mental health services

- **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

  - o Community Mental Health Team
  - o GP Practice
  - o Inpatient care
  - o Third Sector Organisation
  - o Psychological Therapy Team
  - o Digital Therapy
  - o Peer support group
  - o Perinatal Mental Health Team
  - o Child and Adolescent Mental Health Team (CAMHS)
  - o Forensic Mental Health Unit
  - o Other

- **10.2** If you selected ‘other’, could you tell us who you received treatment from?

N/A

- **10.3** How satisfied were you with the care and treatment you received?

N/A

- **10.4** Please explain the reason for your response above.

N/A

- **10.5** Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

N/A

- **10.6** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.

West Lothian HSCP believes search a strongly integrated health and social care partnership, working closely with other NHS or under local authority services including housing and anti-poverty services provides the best basis for high quality mental health services. A thriving independent and third sector working in an integrated way with, but also providing challenge to, statutory providers creates a better overall mental health system.

11. Equalities

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

11.1 The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

Greater working at the national level to establish better understanding of approaches for people in different groups. In many areas for example, there are relatively low numbers of black or minority ethnic people, and so local services struggle to be able to listen to the voices of those people. A national approach is likely to have greater visibility and impact.

Unpaid carers are themselves at risk of poor mental health and require a specific approach to support them which would benefit both them and the people they care for.

12. Funding

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **N/A**

- **12.2** Please explain the reason for your response above.

N/A

- **12.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

The HSCP would value consistent long-term funding of health and social care mental health services underpinned by robust costing of the services to be provided. It is important to be able to match the aspiration of policy with the ability to consistently deliver what is required.

13. Anything Else

- **13.1** Is there anything else you'd like to tell us?

We would like to emphasise the importance of greater psychological awareness throughout the population including trauma awareness but going beyond just trauma. In particular: increasing understanding of how early experience shapes our characters and responses to illness, to other people and to adversity; emphasising the role of relationships as key aspects of our mental health; and using responses based on understanding, psychological formulation and clear psychological boundaries.

QUESTIONS – PART 4

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published National Workforce Strategy for Health and Social Care.

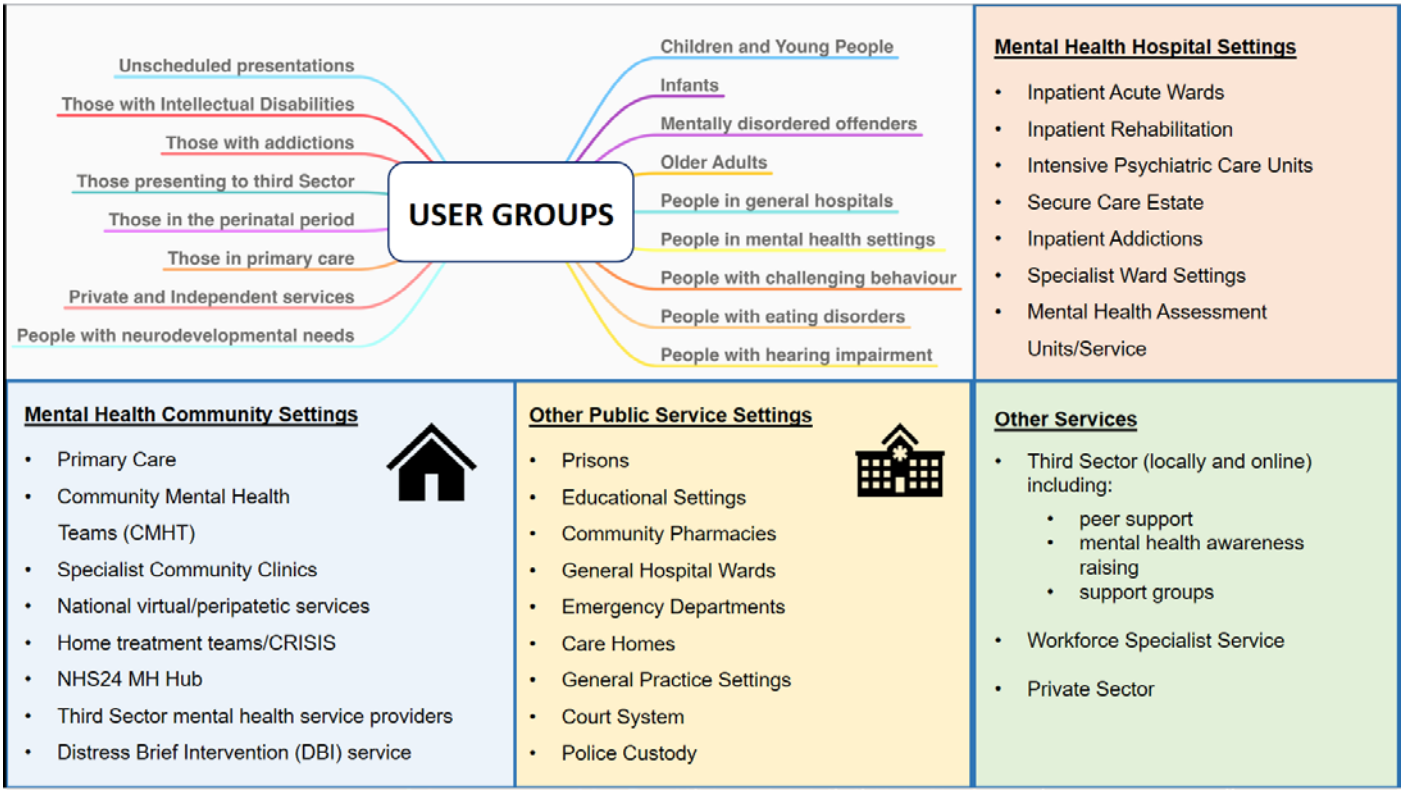
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

14. Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the National Workforce Strategy for Health and Social Care: Plan, Attract, Train, Employ and Nurture.



- **14.1** Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

- This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Short term (1-2 years)		**1**	**2**	**3**	**4**	**5**
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing	X				
	Improved workforce data for different mental health staff groups	X				
	Improved local and national workforce planning capacity and capability	X				
	Improved capacity for service improvement and redesign	X				
	User centred and system wide service (re) design	X				
	Peer support and peer worker roles are a mainstream part of mental health services	X				
Attract	Improved national and international recruitment and retention approaches/mechanisms	X				
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace	X				
	Increased awareness of careers in mental health	X				
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	X				
	Increased student intake through traditional routes into mental health professions	X				
	Create alternative routes into mental health professions	X				
	Create new mental health roles	X				
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	X				
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	X				
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	X				
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	X				
	Improved leadership training	X				

	Improved Continuing Professional Development (CPD) and careers progression pathways	X				
Employ	Consistent employer policies	X				
	Refreshed returners programme	X				
	Improved diversity of the mental health workforce and leadership	X				
Nurture	Co-produced quality standard and safety standards for mental health services	X				
	Safe working appropriate staffing levels and manageable workloads	X				
	Effective partnership working between staff and partner organisations	X				
	Improved understanding of staff engagement, experience and wellbeing	X				
	Improved staff access to wellbeing support	X				
	Improved access to professional supervision	X				

Do you have any comments you would like to add on the above outcomes?

Workforce availability continues to be one of the biggest challenges in delivering high quality care, support and treatment. After analysis of upcoming investment in nursing and medical training opportunities for mental health, this will not meet the future workforce demand. The wider mental health and wellbeing workforce also requires development. There are opportunities to increase mental health counsellors and other similar mental health workers. Paid peer workers represent a significant opportunity to develop, bringing people into the workforce who have a particular set of skills related to mental health and who might otherwise be excluded form the workforce. The availability of workforce data also continues to be a challenge, the HSCP believes this should be given primary focus within the new strategy.

Medium term (3-4 years)	**1**	**2**	**3**	**4**	**5**
Comprehensive data and management information on the Mental Health and wellbeing workforce	X				
Effective workforce planning tools	X				
Good understanding of the gaps in workforce capacity and supply				X	
Improved governance and accountability mechanisms around workforce planning	X				
User centred and responsive services geared towards improving population mental health outcomes	X				
Staff feel supported to deliver high quality and compassionate care				X	
Leaders are able to deliver change and support the needs of the workforce	X				
Staff are able to respond well to change	X				

Do you have any comments you would like to add on the above outcomes?

Where a ‘4’ has been given a above rather than a ‘1’ demonstrates the HSCPs desire to see these actions brought into the short term planning sphere.

- **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

No

15. The Scope of the Mental Health and Wellbeing Workforce

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

- **15.1** Please read the following statements and select as many options as you feel are relevant.

a) The mental health and wellbeing workforce includes someone who may be:
   - **i. Employed**
   - **ii. Voluntary**
   - **iii. Highly specialised**
   - **iv. Expert by experience**

b) The mental health and wellbeing workforce includes someone who may work / volunteer for:

i. **The NHS**
ii. **The social care sector**
iii. **The third and charity sectors**
iv. **Wider public sector (including the police, criminal justice system, children's services, education)**
v. **The private sector**
vi. Other, please specify - **The local Authority**

c) The mental health and wellbeing workforce includes someone who may be found in:
i. **Hospitals**
ii. **GP surgeries**
iii. **Community settings (such as care homes)**
iv. **The digital space**
v. **Educational settings (such as schools, colleges or universities)**
vi. **Employment settings**
vii. **Justice system settings (such as police stations, prisons or courts)**
viii. Other, please specify – **Community setting is much wider and would require to be expanded within the final plan.**

d) The mental health and wellbeing workforce includes someone who may:
i. **Complete assessments for the presence or absence of mental illness**
ii. **Provide treatment and/or management of diagnosed mental illness**
iii. **Provide ongoing monitoring of diagnosed mental illness**
iv. **Undertake work to prevent the development of mental illness**
v. **Undertake work to address factors which may increase the risk of someone developing mental illness**
vi. **Provide support to families of those with mental illness**
vii. **Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights**
viii. Other, please specify_____

16. Solutions to Our Current and Future Workforce Challenges

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

- **16.1** How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

It is critical to ensure that workforce planning is embedded in service delivery across our HSCP functions. This is no different in Mental Health, where the workforce is under significant pressure due to the unscheduled nature of some of our work.

The HSCP has developed its workforce strategy which is being shared with Scottish Government at the end of July 2022. Within the strategy states that skills mixing is important when designing a mental health service that works in a multidisciplinary way. Bearing this in mind, those with specialist skills, whom are at times a limited resource be protected where possible to deliver specialist interventions, care and treatment. This at times is best determined at a local level.

- **16.2** How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

With particular reference to increasing capacity for prevention and early intervention, skills mixing is critical to best support a wide range of individuals. This may include a mix of statutory and commissioned interventions. This refers to both commissioning at a local and national level.

Most importantly, we seek support from the Scottish Government to ensure those entering the workforce see a career in care as a viable and sustainable option.

This outcome could be better met by improved Terms and Conditions for the caring workforce, longer term funding for our partners within the third and independent sectors and best access to clear pathways into maximised career opportunities.

- **16.3** How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

We are experiencing a critical shortage of some mental health professionals most notably psychiatrists.

We would seek both increased training numbers and greater visibility of certain areas of practise, for example, old age psychiatry

- **16.4** How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

Within West Lothian, we currently work closely with partners in the third and independent sectors delivering interventions such as visiting support (social care), counsellors, peer support, advocacy and other therapeutic interventions.

We believe this workforce is current integrated in our model of care and support however the challenge for those partners working with us is the short-term funding arrangements we feel under pressure to deliver, understandably due to the current budget cycle. We would like to support the development of the develop the independent sector through for examples supporting additional placements for counsellors.

- **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

We must ensure planning for mental health services, both locally and nationally are based around the person we are supporting. People may wish to access support in different ways and we need to facilitate that where appropriate.

Ensuring the workforce is representative of the population that we are supporting is important. Expanding opportunities in social prescribing, would mean utilising the skills of a wider workforce than those trained in mental health alone.

- **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

In West Lothian, we believe the HSCP has a good knowledge of how to best support West Lothian citizens. By providing funding to local areas to develop local solutions is a good start, something we have seen more of from the Scottish Government in recent years.

However it must be recognised there is a limited planning and strategic development support budget within local areas which can stifle creativity, block engagement pathways and as a result not see the best possible interventions put in place for those accessing services.

Longer term funding from Scottish Government to support strategic planning would be beneficial rather than smaller, short term funding allocations assigned to each individual project, which as usually based on population numbers.

- **16.7** How do we better support and protect the wellbeing of those working in all parts of the system?

Ensure wellbeing interventions that are delivered within local areas are appropriately funded in a sustainable way.

17. Our Immediate actions

- **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with**.

a. Develop targeted national and international recruitment campaigns for the mental health workforce
b. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
c. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
d. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
e. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
f. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

- **17.2** Do you think there are any other immediate actions we should take to support the workforce? **Please Specify.**

Ensure that any development within mental health (and addiction) services funded centrally have a full workforce analysis before being implemented.
Reconsider the single intake and output of mental health nursing students and review the possibility of returning to a twice-yearly intake to support the variation of availability of nursing staff across the year.
Develop specialist clinical nurse specialist roles within nursing or AHP roles that would provide an alternative to the more generic Advanced Nurse Practitioner roles to address shortfalls in specialist areas of work particularly psychiatry

- **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? **Please Specify.**

Review and consider developing the role of counsellors and people who can offer diverse social prescribing opportunities.

Consider national approaches to supporting peer workers within mental health and developing that workforce

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. **Please Specify.**

No

Date	17 August 2022
Agenda Item	13

Report to: West Lothian Integration Joint Board

Report Title: National Suicide Prevention Strategy HSCP Consultation Response

Report By: General Manager for Mental Health and Addictions Services.

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ■
	- is to provide assurance ☐
	- is for information ☐
	- is for discussion ☐
	The purpose of the report is to seek approval from the IJB to submit a response to the Scottish Government on behalf of the HSCP on the draft response to the National Suicide Prevention Strategy by the 23rd of August deadline.
Recommendations	It is recommended that the IJB: • Note contents of the report and attached draft response • Provide approval to submit to Scottish Government by 23rd of August deadline.
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	N/A
Policy/Legal	- Scottish Government Mental Health Strategy 2017-2027 - Scottish Government Suicide Prevention Action Plan: Every Life Matters (2018) - West Lothian IJB Strategic Plan 2019-2023 - Adults with Incapacity (Scotland) (Act) 2002 - Mental Health (Care and Treatment) (Scotland) Act 2003.
Risk	N/A

Equality, Health Inequalities, Environmental and Sustainability Issues	An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified.
Strategic Planning and Commissioning	The response has been developed by a range of colleagues across the HSCP. The response has no impact on the current strategic plan or commissioning plan at this time.
Locality Planning	NA
Engagement	A range of stakeholder have been consulted on the development of this draft. It is anticipated further engagement work will be carried out by the Scottish Government to finalise their strategy. At this stage the HSCP would carry out further engagement work with key stakeholders. Please note this is a public consultation.

Terms of Report

1. Background

1.1 The Scottish Government and the Convention of Scottish Local Authorities (COSLA) will publish a new Suicide prevention Strategy and Action Plan in September 2022. This will replace the current Suicide Prevention Action Plan: Every Life Matters which was published in 2018. This strategy aims to meet the needs of everyone throughout Scotland regardless of age.

1.2 The 2018 Suicide Prevention Action Plan: Every Life Matters set out ten actions which are driven by the National Suicide Prevention Leadership Group (NSPLG). The proposed 2022 plan aims to continue to deliver a wide range of actions, including:

- campaigns to reduce stigma and promote suicide awareness (with a focus on reaching groups with a higher risk of suicide),
- improving suicide prevention skills of the workforce,
- ensuring effective, compassionate support to anyone in crisis,
- supporting local suicide prevention planning and design, and
- testing of new services for people in suicidal crisis and following a bereavement.

1.3 On the 13th of July 2022 the Scottish Government launched their national consultation, seeking views on the direction of the new strategy with the intention to take an outcomes-based approach to develop this strategy. This may include changes in knowledge, awareness, skills, practice, behaviour, social action, decision making etc. Outcomes may be intended and/or unintended, positive and negative. Outcomes fall along a continuum from immediate (short term) to intermediate (medium term) to final outcomes (long term).

1.4 The Strategy and Action Plan will approach suicide prevention in a way that takes into account all aspects of an individual's experience which could contribute to suicidal behaviour and not simply the service response when one is at risk of suicidal behaviours.

1.5 Officers have developed a response to the consultation (Appendix 1). The draft strategy in which the Scottish Government are consulting on can be found in appendix 2 and the accompanying action plan in appendix 3.

2. West Lothian current position.

2.1 West Lothian suicide prevention related work is currently managed by the Health and Social Care Partnership where a named suicide prevention lead manages all communication with the Scottish Government, The National Suicide Prevention Leadership Group (NSPLG), COLSA and the mental health team within Public Health Scotland. Progress reports are provided to the Community Planning Partnership and the West Lothian Chief Officers Group.

2.2 The suicide prevention lead manages all work in relation to the actions outlined within the 2018 Suicide Prevention Strategy: Every Life Matters and leases with other local authority leads to progress work.

2.3 On the 24th of August a new West Lothian Suicide Prevention Leadership group will be established and chaired by the General Manager for HSCP Mental Health and Addictions services. This group will progress an update to the existing West Lothian Suicide Prevention Action Plan 2020-2023 in line with joint guidance issued by COLSA and the NSPLG in 2021.

2.4 The HSCP is currently working to establish a new Public Health practitioner role which will encompass the role of suicide prevention lead, allowing more time to be dedicated to the work outlined within the existing National strategy and proposed actions within the new draft strategy.

3. Consultation document and response.

3.1 The draft response focuses on two key areas as outlined (Appendix 1). Firstly the development of the new strategy and secondly the HSCP provides comments on the individual actions the Scottish Government intendeds to take through the form of an action plan. Both cover the time period 2022 to 2025.

3.2 The HSCP agrees that the Vision, Principals, Outcomes and Priorities will allow the Scottish Government, in Partners with local planners to progress the agenda to deliver better outcomes for those the strategy intends to support.

3.3 The HSCP however recognises there are areas where greater clarity must be sought before publication in September 2022.

3.4 In relation to the consultation on the Action plan (pages 10 onwards in appendix) there has been additional commentary added on many of the actions listed. Within the response there are two actions where a neutral position has been cited, rather than one of support. They are as follows:

- Action 5.9 (pages 16 – 18 of appendix 1) states that statutory services would need to ‘continuously improve the quality of clinical care and support for people who are suicidal’. Although desirable, the action plan or strategy does not state how this is currently measured or would be measured in the future. Additional comments have also been added to suggest the current action be split into two separate actions focusing on the NCISH guidelines and MAT standards independently. As a result the HSCP is not disagreeing with the principal of the action its self however cannot support this action in its current form, as a result stating a neutral position.
- Action 7.4 (pages 20 and 21 of appendix 1) states a ‘Roll out of multi-agency suicide reviews and learning system’. The HSCP is generally supportive of this action however through ongoing engagement with Public Health Scotland colleagues and Scottish Government it has not been clearly articulated what this process would look like or what workforce resource would be required. As a result the HSCP cannot support this action in its current form.

3.5	There is also one action within the plan where the HSCP has cited disagreement. o Action 6.1 (pages 18 and 19 of appendix 1) states the desire for 'settings where people are at higher risk of suicide' to have individual suicide prevention plans. This may indeed be very effective however the list of key settings within the action does not cover all areas where this would be considered within the HSCP. In addition to this point many services (settings) where there is a higher risk of suicide, there are processes, polices and guidance in place already. These may include effective care planning, risk assessment, anticipatory care planning and safety plans. It would not be desirable to complicate this work with overarching suicide prevention plans in some HSCP service settings. This being said the HSCP believes this would indeed be useful in non-health and care related settings such as education, cited in the action. As a result the HSCP cannot support this action in its current form.
3.6	Additional comments have been added to the consultation response to highlight the challenge in delivering the current suicide prevention workload with no dedicated funding.
4.	**Conclusion**
4.1	The Scottish Government and the Convention of Scottish Local Authorities (COSLA) will publish a new Suicide prevention Strategy and Action Plan in September 2022. This will replace the current Suicide Prevention Action Plan: Every Life Matters which was published in 2018. On the 13th of July 2022 the Scottish Government launched their national consultation, seeking views on the direction of the new strategy and action plan. The HSCP are seeking approval from the IJB to submit the response outlined in appendix 1 to the Scottish Government by the 23rd of August deadline.

Appendices	Appendix 1 – Draft West Lothian HSCP response to National Suicide Prevention strategy 2022-2025. Appendix 2 – Draft Scottish Government National Suicide Prevention Strategy 2022-2025 Appendix 3 – Draft Scottish Government National Suicide Prevention Action Plan 2022-2025.
References	N/A
Contact	Mike Reid General Manager – HSCP Mental Health and Addictions Mike.Reid@nhslothian.scot.nhs.uk

Consultation on a New Suicide Prevention Strategy and Action Plan for Scotland

Scottish Government
Riaghaltas na h-Alba
gov.scot

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

West Lothian Health and Social Care Partnership

Phone number: N/A

Address

West Lothian Civic Centre
Howden Rd South
Livingston

Postcode: EH54 6FF

Email Address: Mike.Reid@nhslothian.scot.nhs.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

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

☒ Yes

☐ No

Questionnaire

1. Questions

1.1 Section One – Strategy

This section relates to the **Strategy** document.

We want to hear your thoughts about the proposed vision, principles, outcomes and priorities. We have described what we mean by these terms below.

Vision – The ambition for suicide prevention activity in Scotland.
Principles – The *ways* in which we will work to help achieve vision.
Outcomes – The results or changes we want to see as a result of the Strategy and Action Plans.
Priorities – What we need to focus on first - based on feedback from the public and organisations who have engaged to date.

We want to know what you think about each of them by answering the following questions:

Vision:

1.1. Do you agree with the proposed vision, described below, for the new Suicide Prevention Strategy? – **YES.**

"Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope."

1.2. If you answered **no**, what would you change about the vision and why? You may also wish to outline what you think the vision should be.

N/A

Principles:
We have developed six guiding principles as our way of working to ensure effective delivery of the Strategy and Action Plan. We want to know if you agree with the principles proposed.

For each one, please indicate your selection with a tick under the corresponding option. You will have a chance to write your thoughts about any of the proposed principles after you have reviewed them all.

1.3.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.					X

1.4.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.					X

1.5.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.					X

1.6.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Effective, timely and compassionate support – that promotes recovery - should be available and accessible to everyone who					X

needs it including people at risk of suicide, their families/carers and the wider community					

1.7.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.					X

1.8.

Do you agree with the following guiding principle?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.					X

1.9. Please use the box below for any other comments you have in relation to principles:

Additional comments:

One point 3 – No further comment.

One point 4 – Better data is require to support local planners where marginalised / at risk groups are at higher risk of suicide at any one time. This will require the Scottish Government to support public bodies to better share live information and data.

One point 5 – This is important in relation to planning services that will support those at risk of suicide and at risk of suicidal behaviours. Better training is needed for local planning leads to work with those who have previously attempted suicide or are supporting those at risk or bereaved.

One point 6 – Agree however this support needs to be appropriately funded both nationally and locally.

One point 7 – This is important in relation to planning services that will support those at risk of suicide and at risk of suicidal behaviours. Better training is needed for local planning leads to work with those who have previously attempted suicide or are supporting those at risk or bereaved.

One point 8 – No further comment.

Outcomes

The four outcomes described below reflect what people have told us, to date, that they want to see in the New Suicide Prevention Strategy and Action Plan. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland.

We'd like to know if you agree that the Suicide Prevention Strategy should aim to achieve each outcome. For each one, please indicate your selection with a tick under the corresponding option:

a.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 1: The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.					X

b.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.					X

c.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 3: Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behavior, anyone who cares for them, and anyone affected by suicide in other ways.					X

d.

Do you agree that the Suicide Prevention Strategy should aim to achieve the following outcome?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.					X

e. Please use the box below for any other comments you have in relation to outcomes:

Additional comments:

Outcome 1: No further comment.

Outcome 2: This is desirable and would be greatly supported however investment is required to ensure everyone can access this training. This relates to both training delivery and attendance.

Outcome 3: This is desirable however communication must be managed to ensure services do not come under additional pressure where risk in the community is already being managed.

Outcome 4: This is important in relation to planning services that will support those at risk of suicide and at risk of suicidal behaviours. Better training is needed for local planning leads to work with those who have previously attempted suicide or are supporting those at risk or bereaved.

Priorities

We need to prioritise the areas that we want to work on first, in order to help us reach the proposed outcomes. We have suggested priority areas below, which are based on the areas identified by stakeholders through our extensive early engagement period. These priority areas form the focus of this first Action Plan.

For each one, please indicate your selection with a tick under the corresponding option. You may wish to refer to the Strategy document in considering these statements, further detail is contained under each.

f.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk					X

g.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour					X

h.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Promote & provide effective, timely, compassionate support - that promotes recovery					X

i.

Do you agree that the Suicide Prevention Strategy and Action Plan should have this as a priority area?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Promote a co-ordinated, collaborative and integrated approach					X

j. Please use the box below for any other comments you have in relation to priorities:

Additional comments:

f). – No further comment

g). – Greater clarity will be required within the plan on how the term 'suicidal behaviour' is used and understood across services and society more generally. This has been problematic in recent work with the relationship with self-harm. Evidence based decision making is required to best inform societal wide training.

h). – Agree however the concept of 'recovery' in terms of suicide prevention will require to be clearly explained within the strategy. Practical examples of recovery in suicide may be useful as in many cases there is no definitive end point as we see with physical health. Recovery may be a long term and supported process.

i) – Agree however clearly articulate what this means for the general public. Also be prescriptive on what is meant by an integrated approach.

Delivery and Governance

To help us deliver the Strategy and achieve the actions in our Action Plan we are proposing a new *Scottish Delivery Collaborative*. A description of this collaborative can be found below:

Scottish Delivery Collaborative: a Scotland wide delivery team on suicide prevention. It will bring together local practitioners with the national implementation team and harness insights from the Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG).

The collaborative will use an agile planning approach and constantly develop and evaluate effective strategies to improve our reach and support for people who are at risk of suicide, including using technology. Public Health Scotland will play a key role

in supporting the Collaborative to put knowledge into action and building an active learning approach.

k. Do you agree with the proposed approach to delivery and the new Scottish Delivery Collaborative? **Yes.**

l. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

N/A

At a national level, we propose to adjust our existing National Suicide Prevention Leadership Group so that it can champion and drive suicide prevention through a partnership approach; advise SG & COSLA on progress on the Strategy and changes needed to direction/ priorities; and, advise the Delivery Collaborative on delivery. We will include new members to ensure our leadership group offers a wider representation of the lived experience of people who are suicidal, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education.

m. Do you agree with the proposed approach to national oversight the adjustments to the role of the National Suicide Prevention Leadership Group? **Yes.**

n. If you answered no, please provide details why. You may also want to provide suggestions for an alternative approach.

N/A

The NSPLG and Delivery Collaborative will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including those addressing the wider determinants of mental health which we know are similar to those impacting on suicide.

Local leadership & accountability for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CCPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive.

o. Please use the box below for any other comments you have in relation to delivery and governance:

Additional comments:
The strategy requires to be clearer on who the ‘Chief Officers’ are.

Anything Else?

Is there anything else you want to tell us about the proposed Strategy document?

No.

1.2 Section Two – Action Plan

This section relates to the **Action Plan** document.

The new actions which make up this Action Plan, are built around 7 themes which sit under the overarching 'Outcomes'.

Theme One relates to '**Whole of Government and Society Policy'** and we are seeking your views on the proposed actions contained on pages 6 – 11 of the accompanying Action Plan document.

2.1. Please use the box below to provide your thoughts about the actions contained under **Theme One: Whole of Government and Society Policy.** In answering this question you may want to consider:
- If you agree with the proposed actions outlined.
- If there are any proposed actions you disagree with and why.
- If there are any actions you think we should consider that haven't been included in the document.

The document provided on the Scot Gov consult website shows proposed actions on pages 7-13. In relation to these 'new actions' outlined additional comments are provided below.

With relation to the actions workforce, digital and primary care, it is important to understand the current primary care workforce position and the ongoing work in relation to the establishment of local MHWPCs.

With relation to Wellbeing and Prevention, as of 02/08/2022 no ask has been made of 'local suicide prevention implementation leads' to engage with TSIs regarding the focus of suicide prevention for the funding. TSIs have been developing year 2 guidance for some time now as instructed by Scot Gov colleagues.

Many of the local actions outlined, most notably in relation to the Autism and Learning disabilities actions will require to be supported by additional investment in terms of the delivery and changes in pathways to support.

The West Lothian HSCP is generally supportive of the 'Wider Government Policy' actions outlined.

We would now like to hear your views on the other proposed actions, and have grouped all the actions which sit in each of the remaining six themes, together. This is not how they are laid out in the Action Plan document however, as individual actions will sit under the outcomes they will help achieve. We have grouped them in this way for the consultation so you can more easily compare each action and provide views.

2.2.

Theme Two: Access to Means					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Proposed Actions:					
Develop a comprehensive, cross sector Action Plan to address locations of concern, with an initial focus on falling/jumping from height (and which complements the national guidance).					X
Consider priority actions on access to means following the Delphi study – including wider work on locations of concern which includes waterways, railways and retail outlets.					X

2.3. Please use the box below for any other comments you have in relation to theme two:

Additional comments:

Action 2.1 (page 14 in action plan) – It would be helpful to be prescriptive within the action plan on who would be involved with this work and what a 'cross sector' approach would look like.

Action2.2 (page 14 in action plan) – clearer guidance and better training is required to support those working in areas linked to the mentioned locations. At times those working in these areas are not closely linked to local suicide prevention planning if areas of concerns are not highlighted due to resourcing pressures.

2.4.

Theme Three: Media Reporting					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Proposed Actions:					
Work with national and local media sector to hold a series of awareness raising events about responsible media reporting (including social media) which begins					X

to support change in media reporting of suicide. Scope to draw on lived experience insight.					

2.5. Please use the box below for any other comments you have in relation to theme three:

Additional comments:

Action 3.1 (on page 14 of the action plan) – The recently renewed and published Samaritans guidance has been a great local tool to use and best understanding how to manage media reporting. The West Lothian HSCP have noticed great improvements in this area over the past 3 years. Managing social media output however is more problematic and can cause great stress and distress in local communities.

2.6.

Theme Four: Learning and Building Capacity					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.					X
Implement actions from the review of learning approach to suicide prevention to ensure it is fit for purpose and meets the different needs of the workforce and communities alike. This will likely lead to a tailored and targeted learning approach and resources – including to focus on areas where our learning approach can achieve the greatest system-wide impact. To support that we propose carrying out at least two tests of change to support learning and support.					X

Support the embedding of the Whole School Approach to Mental Health and the Children and Young People's Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and share good practice.					X
Develop existing and new resources for inclusion in the school curriculum which build understanding on mental health, self-harm and suicide prevention.					X
Create a portal to host our suicide prevention resources and information in one, accessible, digital space - and which links to other relevant platforms.					X
Consider how suicide prevention can be embedded in pre-registration training curricula e.g. for health & social care, youth work, and teaching staff.					X
Provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities, including to community based organisations, such as sports and youth organisations and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language, or those with learning disabilities.					X

2.7. Please use the box below for any other comments you have in relation to theme four:

Additional comments:

Action 4.1 (on page 16 of action plan) – No further comment

Action 4.2 (on pages 16 & 17 of the action plan – This is a significant action that will require additional investment both at a national and local level. It is perhaps to wide ranging in its nature to ensure measurable success. The bullet point relating to key priority settings lists a number of public sector staff groups. To deliver this change additional investment would be required at a local level to address this additional work.

Action 4.3 (on page 17 of the action plan) – No further comment

Action 4.4 (on page 17 of the action plan) – No further comment

Action 4.5 (on page 17 of the action plan listed below action 4.6) – This is something that would supportive local planning leads and capacity building leads within West Lothian public health very quickly and effectively.

Action 4.6 (on page 17 of the action plan listed above action 4.5) – No further comment.

Action 4.7. (Listed on page 17 of the action plan below action 4.5) – Consider digital options to support this work, such as creating generic resources which can be supported by programmes such as 'recite me' resulting in translation rather than dedicated resources for specific languages groups. Look at the work we have done with westspace.org.uk and the recite me tool which allows translation of mental health and wellbeing advice and services into over 100 languages. This is also supportive for those living with a learning disability, physical disability or those who are living with sensory impairment.

2.8.

Theme Five: Support					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Increase our understanding and practice around help seeking and help giving (potentially through test of change), and share good practice.					X
Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to re-engage with support after discharge.					X

Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high.					X
Build new peer support capability to enable further use of peer support models for suicide prevention.					X
Develop resources to support families, friends, carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.					X
Ensure counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting children and young people at key transitional stages, as part of a continuum of care.					X
Consider how those working in primary care settings - including GPs, nurses, mental health teams and the					X

broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or self-harm. This could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.					
Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self-harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community (which may include via primary care). Distress and Brief Interventions should be offered, where appropriate as part of an increased range of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.					X
Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating			X		

practices, and the relevant Medication Assisted Treatment (MAT) standards.					
Consider value and impact of a single Scottish specific telephone number which will provide access to existing telephone support and resources.					X

2.9. Please use the box below for any other comments you have in relation to theme five:

Additional comments:

Action 5.1 (Listed on page 17 of the action plan) – No further comment.

Action 5.2 (listed on page 19 of the action plan) – Supportive of this action however it would be helpful for the West Lothian HSCP to have a clearer understanding on the Scottish Governments position on the roll out of the DBI programme. The proposed action, specifically in relation to the comment made to re-engage with support after discharge' would require to be supported by additional funding due to existing workforce pressures. If talking more generally about distress services, this is simpler however the strategy and action plan would benefit from a clear definition of distress brief interventions and the national distress brief interventions programme supported by Scottish Government.

Action 5.3 (Listed on page 20 of the action plan) – No further comment.

Action 5.4 (listed on page 20 of the action plan) – The development must be considered by local planners to ensure there is a clear interface between any specialist peer support groups or service specifically for Suicide Prevention and those contracted to deliver peer support for mental health and wellbeing support. Additional consideration must be given to the current position of both the HSCP workforce and third sector workforce delivering similar projects and services. This work is currently ongoing through the development of local MHWPCs.

Action 5.5 (Listed on page 20 of the action plan) – Supportive of this action however clearer guidance and training is required to develop an understanding of 'suicidal behaviour' in both health and social care services and within the context of the general public.

Action 5.6 (Listed on page 20 of the action plan) – No further comment.

Action 5.7 (Listed on pages 20 and 2 of the action plan) – This action need to be more definitive in its desired outcome. Consider this alongside the development local MHWPCs. Be clear about the evidence based research showing what the links are between self-harm, suicidal behaviours and probable suicide.

Action 5.8 (Listed on page 21 of the action plan) – This action should be expanded out or an additional action should be developed to support the work in relation to non-clinical

staff that are supporting first contact with the ED and other unscheduled care settings. Examples could include Navigators or community link workers. The action plan will require to be clear in its evaluation how the pathways will be monitored.

Action 5.9 (Listed on pages 21 and 22 of the action plan) – This action reads more like a point that would be stated within the strategy, as opposed to an action that would sit independently within the action plan. The considerations below the action outline how this work may be supported therefore until this work is carried out it would be challenging for statutory services to agree to the action above.

Action 5.10 (listed on page 22 of the action plan) – consider how this interfaces and communication is given to the public in line with the current guidance for those experiencing poor mental health to call NHS 24 mental health hub (111) out of hours or access their GP within hours.

2.10.

Theme Six: Planning					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate).		X			
Develop guidelines for communities to respond effectively to suicide clusters and contagion within their local context.					X

2.11. Please use the box below for any other comments you have in relation to theme six:

Additional comments:

Action 6.1 (listed on page 24 of the action plan) – This is a useful action in terms of occupational settings out with services managed by the West Lothian HSCP. In terms of services and service areas where there is a higher risk of suicide this risk would be managed by effective care planning, individual risk assessments, anticipatory care planning and safety management in line with existing guidance. It may not be necessary however for each individual setting to have a dedicated suicide prevention action plan. It may be appropriate for some HSCP services (settings) to have an overarching plan however not all. For the reasons stated above the action has been marked as 'disagree' in terms of the services (settings) managed by the HSCP.

Action 6.2 (listed on page 24 of the action plan) – This is very important and West Lothian HSCP has contributed to the existing cluster guidance however it would be as useful to have an action dedicated to developing community guidance and service guidance for individual probable suicides in public places. This action perhaps needs expanded or additional actions created within this theme.

2.12.

Theme Seven: Data and Evidence					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<u>Proposed Actions:</u>					
Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways.					X
Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide					X

prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.					
Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts, and the mental health of children and young people and other marginalised equality groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.					X
Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services).			X		
Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.					X

2.13. Please use the box below for any other comments you have in relation to theme seven:

Additional comments:

Action 7.1 (listed on page 24 of the action plan) – No further comment.

Action 7.2 (listed on page 25 of the action plan) – This action has been a considerable barrier when working with local planners to develop local action in relation to suicide

prevention. Much work has been done to better work with PHS and Police Scotland to ensure local planners have more up to date data in relation to probable suicides. This however is not enough to support communities who need support in the immediate aftermath of a probable suicide. The West Lothian HSCP will support the Scottish Government and Public Health Scotland in any way necessary to improve the sharing of data. Also note the development of this data should not only be to make it more regular, it should be about improving the detail provided.

Action 7.3 (listed on page 25 of the action plan) – No further comment.

Action 7.4 (listed on page 25 of the action plan) – The action requires to be much more prescriptive in how this would operate day to day. The West Lothian HSCP regularly feedback to PHS and Scottish Government on the workforce challenge this would present at a local level.

Action 7.5 (listed on page 25 of the action plan) – No further comment.

Anything Else?

2.14. Is there anything else you want to tell us about the proposed Action Plan document?

It is important that the action plan is structured in a way to ensure that the West Lothian HSCP can see what actions it will be responsible for within the plan. Timescales and measurable would also be beneficial.

To deliver many of the actions, local HSCPs would benefit from a funded local planning lead for suicide prevention. This point has been raised with the minister previously.

1.3 Section Three – Final Thoughts

This section gives you the opportunity to share any other thoughts you have on the draft Strategy and Action Plan.

3.1. Is there anything else you feel you want to tell us about the Strategy and Action Plan that you feel you haven't had the chance to as part of this consultation?

No further comment.

Scotland's Suicide Prevention Strategy

Draft for Public Consultation

Sources of support

We know that the content this strategy may impact emotionally on those reading this document.

Support is always available, and you may find the below useful:

Breathing Space
Breathing Space is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression, or anxiety, and offers free and confidential advice for individuals over the age of 18. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

Samaritans
Samaritans provide confidential non-judgemental emotional support 24 hours a day for people who are experiencing feelings of distress or despair. You can contact Samaritans free on short code 116 123 or via email on jo@samaritans.org

NHS24 Mental Health Hub
Telephone advice and support on healthcare can be obtained from NHS24 on the short code 111; the Mental Health Hub is open 24/7

Introduction

This strategy sets out Scottish Government and COSLA's intentions for suicide prevention in Scotland over the next ten years and the outcomes we aim to achieve. The strategy will be supported by shorter term (2-3 year) action plans which detail the key activity required to achieve the outcomes set. While Scottish Government and COSLA have responsibility for ensuring the delivery of this strategy, we know we can only achieve the vision by effectively by working collaboratively with partners across a range of public service and third sectors and with communities across Scotland. We have therefore set out actions and a delivery structure which cover suicide prevention for the whole population through all life stages from childhood through to older years which builds on existing partnership working and opens up opportunities for new and innovative practice.

Sco

Vision

Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

Guiding Principles

1. Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide.
2. We will take action which addresses the suicide prevention needs of the whole population and where there are known risk factors such as poverty, marginalised and minority groups.
3. All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.
4. Effective, timely and compassionate support - that promotes recovery - should be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community.
5. We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.
6. To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.

Outcomes/goals

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.	Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.	Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.	All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.

Priority areas

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk	Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour	Promote & provide effective, timely, compassionate support - that promotes recovery	Promote a coordinated, collaborative and integrated approach

Vision

Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this, we will work with communities to become safe, resilient and inclusive, and where people who have thoughts of taking their own lives, or those who are affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

How we are going to work - guiding principles

There is no single factor which causes suicide. For every individual who contemplates or dies by suicide, there are an individual set of circumstances which have contributed to those feelings. Therefore, we know to have the greatest impact, we need to undertake work across the life stages, providing actions which support suicide prevention for children & young people, adults and older adults. We also know that we need to take action across the suicide prevention continuum; promotion, prevention, intervention and postvention.

> *"There comes a point where we need to stop pulling people out of the river. We need to go upstream and find out why they are falling in"*
>
> *Desmond Tutu*

We will adopt these six guiding principles as our way of working to ensure effective delivery of the strategy and action plan.

1. Suicide prevention is everyone's business. We will provide opportunities for people across different sectors at local and national levels to come together to connect and play their part in preventing suicide
2. We will take action which addresses the suicide prevention needs of the whole population and take account of known risk factors such as poverty, marginalised and minority groups
3. All developments and decisions will be informed by lived experience. We will also ensure safeguarding measures are in place across our work.
4. Effective, timely and compassionate support - that promotes recovery - should be available and accessible to everyone who needs it including people at risk of suicide, their families/carers and the wider community.
5. We will ensure the needs of children and young people are addressed and their voices will be central to any decisions or developments aimed at them.
6. To build the evidence base, quality improvement methodology and testing of new, creative and innovative practice will be embedded in our approach.

The difference the strategy will make - outcomes/ goals

Outcomes are the results or changes we want to see as a result of the strategy and action plans. These include changes in knowledge, awareness, skills, practice, behaviour, social action, decision making etc. Outcomes may be intended and/or unintended, positive and negative. Outcomes fall along a continuum from immediate (short term) to intermediate (medium term) to final outcomes (long term).[1]

Outcomes to support the vision

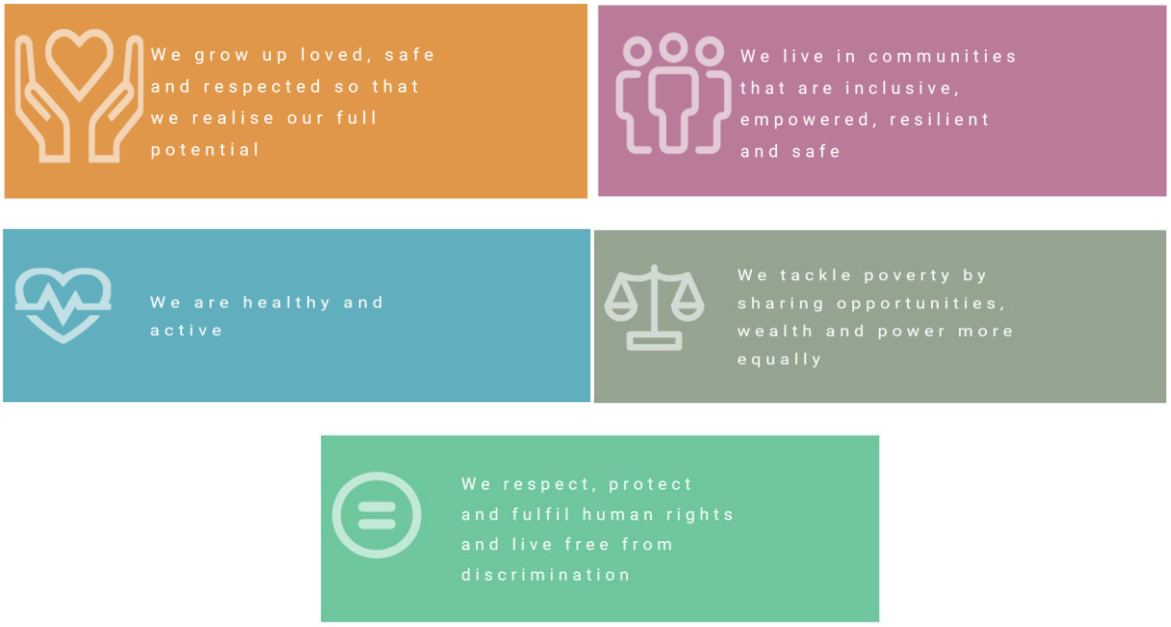
- Outcome 1: The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.
- Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them and anyone affected by suicide in other ways.
- Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.

We know that to achieve our vision we need to ensure we deliver actions to achieve these outcomes which cover, systems, specific groups and the whole population. An outcomes-focused approach clearly sets out what we want to achieve (long term outcomes) and how the actions or interventions will help to deliver this through a pathway of short and medium term outcomes. It also builds in evaluation from the start so that the effectiveness of the strategy and its component parts can be measured. An outcomes framework which details intermediate and short-term outcomes and indicators will be produced to demonstrate how the actions in the action plan will achieve the overarching long term outcomes above.

Achieving the suicide prevention strategic outcomes will contribute to the **National Outcomes** for:

- Children & young people
- Health
- Communities
- Poverty
- Human rights

[1] USING EVALUATION TO HELP COMMUNITIES (wisc.edu)


We grow up loved, safe and respected so that we realise our full potential
We live in communities that are inclusive, empowered, resilient and safe
We are healthy and active
We tackle poverty by sharing opportunities, wealth and power more equally
We respect, protect and fulfil human rights and live free from discrimination

What we will focus on - key themes and priority areas

Through the extensive stakeholder engagement undertaken to develop the strategy and action plan, it is clear that a broad range of work which covers all life stages; Children & Young People, Adults and Older Adults is required to achieve the vision and outcomes. The following areas were identified by stakeholders as priorities for suicide prevention and therefore form the focus of the action plan which accompanies this strategy:

1. Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

- There will be a focus on work which addresses issues such as poverty, debt, addictions, homelessness, trauma, isolation etc
- Based on the evidence, we will work to reduce access to means
- We will undertake work to ensure sensitive media reporting for both traditional and social media

2. Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour

- We will continue campaign work to address stigma and raise awareness
- Build skills and knowledge through learning opportunities and education for the whole population and targetted for groups who can have the greatetst impact
- We will ensure resources and information are accessible

3. Promote & provide effective, timely, compassionate support - that promotes recovery

- We will build understanding of what works and provide opportunities to share learning
- Develop work around self-management, psychosocial assessment, safety planning, responding to distress and crisis, enabling recovery and postvention support after a suicide attempt or bereavement
- Support help seeking and help giving

4. Promote a coordinated, collaborative and integrated approach

- We will support innovation through continuous improvement
- We will improve data, evaluation, evidence and creating the condtions to share learning across Scotland
- We will ensure the voices of those with lived & living experience are central in all decisions and developments

None of these will achieve the vision for this strategy in isolation. Some activity will require preparatory work over the short term while others will be building on work which has happened through previous strategies and action plans. The first action plan developed to support this strategy clearly lays out what action will be taken to address each priority area, by who and when.

Where we've come from

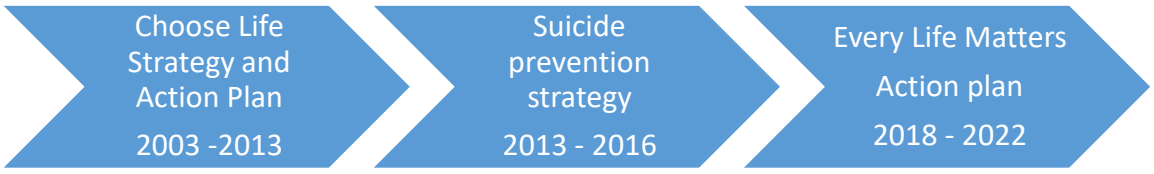
Suicide prevention in Scotland

Suicide in Scotland is a significant public health issue which affects all age groups and communities. Although no-one is immune from suicide, some individuals are at greater risk. Data from Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011-2019[2] shows:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area
- Eighty-eight percent were of working age with two thirds of these in employment at the time of their death

In addition, the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report published May 2022 indicated that 31% of suicides in Scotland had contact with a mental health service in the 12 months prior to their death.

The Office for National Statistics (ONS) published a report covering suicide rates in all four nations of Great Britain in 2018 which highlighted the rate of suicide was higher in Scotland than in other parts of the UK; 16.1 deaths per 100,000 persons compared to 12.8 in Wales and 10.3 in England [3]. Every death by suicide can have a huge impact with one study indicating that around 135 people are affected in some way by every suicide[4].



The complex, multi-faceted nature of suicide requires multiple, co-ordinated and comprehensive input from a range of sectors over the long term. As such, there has been a strategic focus on suicide prevention in Scotland since the publication of the Choose Life Strategy & Action Plan in 2002. These strategies and action plans have led to a focus on suicide prevention at both a national and local level.

Choose Life laid the groundwork for suicide prevention in Scotland; the strategy and action plan established an identified suicide prevention lead in every area of Scotland who has responsibility for developing and implementing a local action plan and built in a national infrastructure to support their work which is now delivered through Public Health Scotland

[2] A profile of deaths in Scotland 2011-2019 (publichealthscotland.scot)
[3] Suicides in the UK - Office for National Statistics (ons.gov.uk)
[4] Cerel J, Maple M, van de Venne J, Moore M, Flaherty C, Brown M. Exposure to Suicide in the Community: Prevalence and Correlates in One U.S. State. Public Health Rep. 2016;131(1):100-107. doi:10.1177/003335491613100116

(PHS) through regular network events, advice and learning resources. The strategies and action plans since then have built on these foundations and resulted in the publication in 2018 of *Every Life Matters.*

Where we are now

Every Life Matters[5] established a strong national leadership from the National Suicide Prevention Leadership Group (NSPLG). The role of NSPLG is to ensure the delivery of the ten actions in the action plan and is supported by an Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG). Delivery Leads, reporting to NSPLG, are based in a range of organisations and undertake work to achieve the actions in the action plan. Table 1 provides a summary of the range of work which has taken place to achieve the ten actions in *Every Life Matters*

Action	Key achievements [update]
Action 1 – support for local action planning	• Publication of Local Area Action Plan Guidance[6] • Established opportunities for local leads to share experience and provide peer support • Established Implementation Lead roles in PHS
Action 2 – refreshed mental health and suicide prevention learning resources	• Development of Mental Health Improvement & Suicide Prevention Framework[7] • Development of free Ask, Tell resources and facilitation packs to support delivery[8]
Action 3 – co-ordinated approach to public awareness campaigns	• Developed United to Prevent Suicide (UtPS) social movement • @_FCUnited campaign
Action 4 – timely effective support for those affected by suicide	• Pilot Bereaved by Suicide support service • Cruse workplace support
Action 5 – crisis recommendations	• Time, Space, Compassion
Action 6 – Support innovations in digital technology	• Surviving Suicidal Thoughts - NHS inform vlogs
Action 7 – actions targeted at risk groups	• Improved understanding of the needs of veterans & racialised communities • Improved understanding of risk and protective factors
Action 8 – consider the needs of children and young people in all actions	• Establishment of Youth Advisory Group (YAG)

[5] Scotland's Suicide Prevention Action Plan - Every Life Matters (www.gov.scot)
[6] Local Area Suicide Prevention Action Plan Guidance | COSLA
[7] Mental health improvement and suicide prevention framework | Turas | Learn (nhs.scot)
[8]

Action 9 – data, evidence and guidance used to maximise impact	• Establishment of Academic Advisory Group (AAG) providing evidence and intelligence to support delivery of all actions • Establishment of Lived Experience Panel (LEP) – recognised by WHO as good practice example
Action 10 – develop multi-agency reviews into all deaths by suicide	• Process tested in three areas • Plan for implementation across Scotland in place

In July 2020, to address the concerns raised about the potential impact of the COVID-19 pandemic on the population's mental health and potential for suicide, four additional actions were added to the existing plan.

Action	**Key achievements**
1. Closer national and local monitoring of enhanced and real time suicide and self-harm data — to identify emerging trends and groups at risk for early preventative action	• PHS/Police Scotland provide more timely data reporting to local areas
2. Specific public suicide prevention campaigns, distinct from and in partnership with the umbrella 'Clear Your Head' mental health and wellbeing campaign — to encourage people at risk of suicide and in suicidal crisis to seek help without stigma and to encourage others to give it	• Part of campaigns for UtPS - @_FCUnited
3. Enhanced focus on specifically suicidal crisis intervention — to ensure that those in suicidal crisis can access timely help and support, and meet any increase in numbers	• Captured within work for Action 5 above
4. Restricting access to means of suicide — to reduce the availability to those in crisis of the most commonly used means of suicide	• AAG undertaking Access to means Delphi Study

In addition to these key areas to address the actions from *Every Life Matters,* other work to tackle identified needs has also taken place. This includes work to address Locations of Concern and development of guidance for instances of suicidal cluster.

How we developed this strategy

It was agreed through NSPLG, that there was a need to develop an outcome focused long term (10 year) strategy with associated shorter term (3-5 year) action plans which would support its delivery. Having a lived experience panel to support the work of *Every Life Matters* demonstrated the importance and value of ensuring people's voices are heard in the development of work around suicide prevention. It is key that this continues into this strategy and action plan. This formed the rationale for the approach taken in their development. We began by listening to people who have an interest in suicide prevention either through personal or professional experience. Between September 2021 and June 2022, the conversations and questionnaire submissions provided the information and intelligence to help identify what we can build from current and previous work and also shaped the actions that can be taken to address any gaps. We know there is a need and benefit to continue to undertake engagement and participation, particularly with children and young people and will maintain this approach as we implement this strategy and action plan.

We will ensure that as we transition to delivery of this strategy and action plan, in addition to addressing new areas of work identified through the stakeholder engagement, we will continue to build on the excellent work established through previous strategies and action plans.

Whole of Government and society approach

In developing this strategy, careful consideration has been given to areas of work which contribute to suicide prevention, but which can be more appropriately addressed through other existing or developing policy work. Where this is the case, we will work with those policy areas to ensure a joined-up approach and that the role they play in reducing suicide is explicitly identified in their work. This includes (but is not limited to):

1. **Mental health & wellbeing strategy** – we know that to reduce the rates of suicide in the future, we need to provide the conditions for promoting mental wellbeing, addressing social determinants of poor mental health and preventing (where possible) mental illness. This work is best placed within the scope of the mental health and wellbeing strategy which is due to be published at the end of 2022.
2. **Self-harm strategy** – work will continue to develop a standalone self-harm strategy which will be published in 2023. However, we know there is a link between self-harm and suicide and therefore to address this we will increase training and safety planning within key medical settings, ensure proactive and ongoing care and assessment and expand training to support Distress Brief Intervention.
3. **Poverty** – one of the greatest risks of suicide is living in the lowest socio-economic areas of Scotland. Through implementation of this strategy and action plan, we will ensure there is a focus on the impacts of poverty on suicide risk. We will engage with policy areas addressing poverty and deprivation for both adults and children and ensure the link to suicide is addressed through their work.
4. **Children & young people** – the suicide prevention needs of Children & Young People and their families are considered through a wide range of policy work on Children and Young People's Mental Health and Wellbeing, Education, Whole Family support, ACES and Trauma, Child Poverty pathfinders and tests of change, the Student Mental Health Action Plan, Eating Disorders and perinatal and infant mental health. We will build on the work already in place to ensure the needs of

children & young people who experience suicidal ideation and behaviour are addressed in a timely, safe and compassionate way and build connections at local level between leads for suicide prevention and child poverty.

5. **Homelessness** – we will ensure suicide prevention is integrated in the No Wrong Door tests of change and prioritise suicide prevention training for staff working in these settings and services. We will also ensure housing staff are included in the multi-agency case management approach for anyone who is suicidal.
6. **Addictions** – we know there is a strong link between the risk & protective factors for suicide and addictions. We will identify opportunities to work jointly to address these as part of the Drugs Taskforce Implementation Plan. We will engage with mental health services to support the implementation of the medication assisted treatment standards and ensure alcohol and drug treatment (ADT) staff are prioritised for suicide prevention training.
7. **Planning –** new policy on suicide aware buildings will be included in National Planning Framework and local guidance will be developed to support implementation.

Where we want to be and how we will get there.

Our understanding of suicide

Our understanding of suicide prevention continues to improve and our strategic approach has been shaped by this. It is well recognised that suicide is not caused by a single factor and that the pathway to suicide is complex. As a result, frameworks that help us understand this complexity, specifically how different risk factors interact are essential to guide suicide prevention efforts. The integrated motivational-volitional (IMV[9]) model is one such widely used framework that does this. It maps out the final common pathway to suicidal thoughts and suicidal behaviour as well as identifying potential targets for intervention and prevention. The IMV model (Figure 1) is so named as it integrates different perspectives to help identify the factors associated with the development of suicidal thoughts (the 'motivational' phase) and the other factors that increase the likelihood that someone engages in suicidal behaviour (the 'volitional' phase). The model was developed from the recognition that suicide is characterised by an interplay of biology, psychology, environment, and culture and that we need to move beyond psychiatric categories if we are to further understand the causes of suicide risk.

[9] The IMV Model – Suicidal Behaviour Research Laboratory (suicideresearch.info)

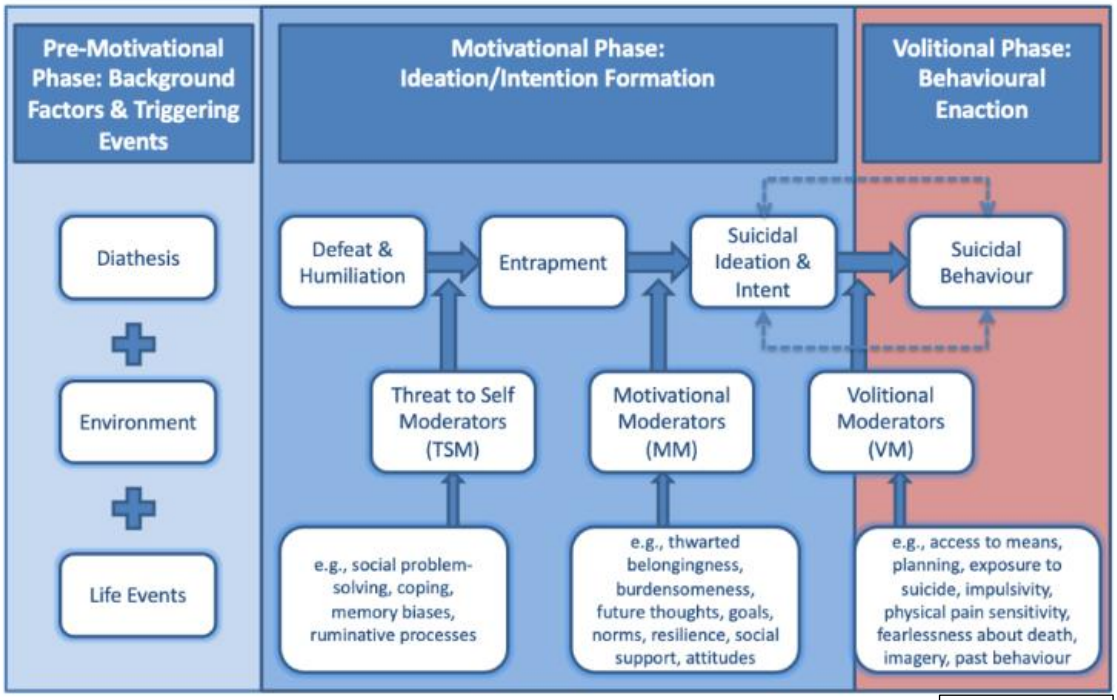


Figure 1

We will use the IMV model to guide actions and continue to build our understanding of what works through the delivery model detailed below.

Through the work of the Academic Advisory Group, we have developed a greater understanding of risk and protective factors for suicide. Our action plan is influenced by our understanding and will adapt to new and emerging evidence; working across the whole of Government, with trusted organisations and in geographic communities to mitigate risks and support protective factors where possible.

Our focussed work on suicidal crisis did not recommend a particular model of crisis support. Instead, it set out the Time, Space, Compassion approach which was developed through the engagement with practitioners and people with lived experience of suicidal crisis. Work is now underway and we will continue to embed this approach. This l includes integrating Time, Space, Compassion into strategy, commissioning and service design, growing capacity and capability to offer Time, Space, Compassion and building our understanding of what is in place and what works. The Time, Space, Compassion approach will also be built into the actions within this action plan.

External influences

Over the last two to three years, there have been a number of significant events/issues which have the potential to negatively impact the population of Scotland. These include the COVID-19 pandemic, Brexit and the cost-of-living crisis. Our action plan reflects the suicide prevention work required to support the Covid recovery and mitigate against other negative events; and also to seize the opportunities associated with positive developments (for example, the increased willingness of people to discuss their mental health).

Our approach to delivering suicide prevention activity needs to be flexible and responsive to the changing landscape we are operating in. This includes organisational developments

such as the creation of the National Care Service. Developing short term (2-3 year) action plans which are regularly reviewed and building in evaluation will help us to respond quickly to any emerging issues.

Delivery & governance

Our approach will see a change in the implementation governance and delivery to provide sustainability and inclusive structures which drive progress and opportunities to learn on suicide prevention.

Scottish Government and COSLA have joint responsibility for ensuring this strategy and action plan are delivered. To facilitate this, we will create a ***Scottish Delivery Collaborative***; a delivery team which will bring on the ground practice together with a national implementation team and harnessing the Academic Advisory Group, the Lived Experience Panel, and the Youth Advisory Group. This collaborative will create an agile planning and learning community focussed on evidence and practice. The Collaborative will review data, practice insight and research on effective strategies to reach and support people who are suicidal and will use this to design new approaches which may include digital innovations. Public Health Scotland will play a key role in translating knowledge into action and through an active learning approach will ensure new data on suicide and practice and lived experience insights support design, delivery and evaluation of activity.

Some adjustments will be made to the ***National Suicide Prevention Leadership Group*** so that it can champion and drive suicide prevention through a partnership approach; advise Scottish Government and COSLA on progress on the strategy and changes needed to direction/priorities; and advise the Delivery Collaborative on delivery. New members will be invited to join the group to ensure our leadership represents the lived experience of people who are suicidal. This will include representatives from organisations focused on poverty, those representing minority groups, and organisations working in key sectors such as Justice and Education. The NSPLG will produce an annual report on progress towards the indicators and advice on direction and priorities for Scottish Government and COSLA.

The NSPLG and Delivery Collaborative will be connected into wider Scottish Government governance structures to ensure strategic connections are made, including those addressing the wider determinants of mental health which we know are similar to those impacting on suicide.

In line with public protection guidance, **local leadership & accountability** for suicide prevention will sit with Chief Officers who will connect into the Community Planning Partnerships (CPPs) to ensure suicide prevention is considered in the wider strategic context. This will ensure all local partners are engaged and supportive, and that suicide prevention features in CPP priorities.

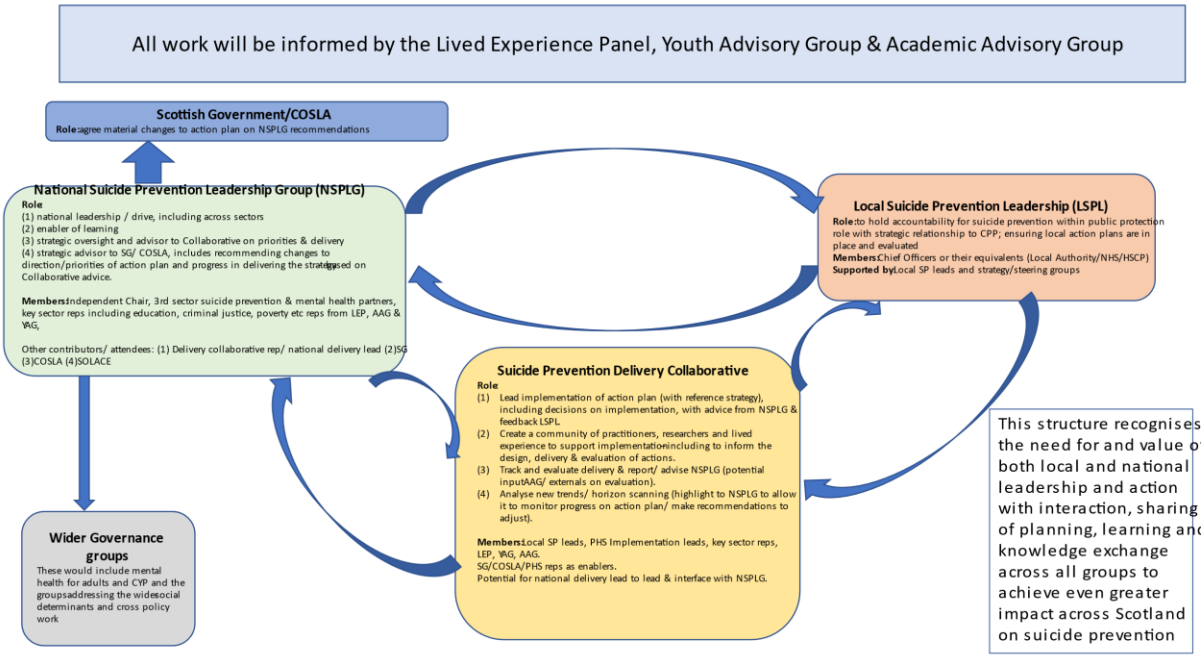


Figure 2

If we are to achieve the ambition that suicide prevention is everyone's business, we need to create a **dynamic and engaged suicide prevention community** in Scotland. We need to be clear about the role individuals and organisations can play and the steps required to get there. The delivery of suicide prevention cannot be left to the individuals and organisations detailed in figure 2. To succeed in achieving our vision, partners in the NHS, social care, public health, criminal justice and education for example will need the awareness, understanding, knowledge and skills required to play their part. We also need to create the conditions which allow our communities to feel empowered to take a lead in suicide prevention, they are well placed to provide peer support and timely, compassionate care in spaces people feel comfortable and safe. To facilitate this, we will bring communities and professionals together through networks and gatherings to share knowledge and strengthen understanding of best practice. This will also help us achieve our underpinning principle that Suicide Prevention is Everyone's Business.

Scottish Government has committed to double the funding available for suicide prevention over the course of the current parliament. In addition, key funding streams such as the Mental Health & Wellbeing Communities funding for adults and children provide resources which support prevention activity at community level. We will continue to ensure that suicide prevention is included as a priority where funding for early intervention and prevention activity is available.

How will we know we've achieved the outcomes/goals?

It is important to understand the impact that the strategy and action plan have. To that end, we will develop an outcomes framework which will demonstrate how actions, through achieving short and medium term outcomes, contribute to achieving the long term outcomes of this strategy. We will ensure regular evaluation, monitoring and review is built into the programme of delivery at both national and local level and publish annual reports on progress.

The flexibility of our implementation structures means the Delivery Collaborative will be well placed to identify any emerging issues which will then be highlighted to NSPLG. As an advisory group, NSPLG will escalate issues to Scottish Government and COSLA which will allow for action to be taken. The involvement of wider policy areas in NSPLG and the Delivery Collaborative will also mean that we are able to monitor and track progress in line with other strategies for related areas of work such as those addressing social determinants of mental health. As our approach will focus on continuous improvement and action plans which are shorter term, we will be able to respond quickly to any emerging evidence and adapt our approach as needed.

Scotland’s Suicide Prevention Action Plan: 2022-2025

Draft for Public Consultation

Vision

Our ambition is a Scotland where everyone works together to prevent suicide.

To achieve this we will work with communities to become safe, resilient and inclusive - where people who have thoughts of taking their own lives, or people who are affected by suicide, are offered effective, compassionate and timely support, and a sense of hope.

Introduction

- This action plan details the actions for the next 3 years, which implements the first stage of the Scottish Government & COSLA's 10 year suicide prevention strategy, and the four outcomes it sets out.

- The action plan identifies what areas we will continue to focus on, what new areas we will initiate, and areas of future work to support delivery of these outcomes. We will also retain flexibility for innovation and responding to any changes that arise over the life of this action plan. We will review the future areas of work identified at the mid-point of the action plan.

- Much has been achieved since the publication of *Choose Life,* Scotland's first suicide prevention strategy in 2002 – at both a national and local level. This action plan is intended to be ambitious and build on this strong foundation.
- Over the last four years, the current suicide prevention action plan *Every Life Matters* has continued to build momentum across a wide programme of activity. Key deliverables include: new tools and guidance to support local planning and evaluation, strengthened delivery of training and development of new learning resources, new work to raising awareness and reducing stigma of suicide (including through UtPS), the design and testing of new services for people in suicidal crisis and following a bereavement. Importantly, the action plan has also brought about a progressive way of working, with strong leadership and expertise, coupled with lived experience insight and academic research. We have much to value, and build upon.
- This plan will only be achieved by partners and communities working together, including sharing resources and learning. We recognise our third sector partners play an important and valuable role in the strong partnership approach we have to preventing suicide in Scotland. We recognise there is a role for the private sector to play too.

- We also recognise the need for a wide range of national and local government policies pulling together to address structural and social issues linked to suicide risk.

- We will seek to deliver the actions within this plan in an integrated way – working across actions and outcomes – in order to make a difference in our communities. By communities we mean both the places where we live, and the groups we connect with.

- The actions in this plan are designed to support delivery of the four outcomes, and are built around 7 themes as set out below.

    - Theme One: Whole Government Policy
    - Theme Two: Access to Means
    - Theme Three: Media Reporting
    - Theme Four: Learning and Building Capacity
    - Theme Five: Support
    - Theme Six: Planning
    - Theme Seven: Data and Evidence

Delivering and overseeing this plan

To deliver this plan we will build on our existing delivery and governance structures to ensure we have sustainable and inclusive structures which drive progress and opportunities to learn on suicide prevention. This includes:

- Making some adjustments to the role of **the National Suicide Prevention Leadership Group** so that it can champion and drive suicide prevention through a partnership approach; advise SG & COSLA on progress on the strategy and changes needed to direction/priorities; and, advise the Delivery Collaborative on delivery. We will include new members to ensure our leadership group offers a wider representation of the lived experience of people who are suicidal, organisations focused on poverty and minority groups, and organisations working in key settings, such as justice and education. The NSPLG will produce an annual report to COSLA and SG about progress towards indicators as well as advice on progress, direction, and priorities. We plan the first report at the mid-point of this action plan, to allow time for the new plan to bed in.

- We will create a **Scottish Delivery Collaborative** which will be a Scotland wide delivery team on suicide prevention. It will bring together local practitioners with the national implementation team and harness insights from the Academic Advisory Group (AAG), Lived Experience Panel (LEP) and Youth Advisory Group (YAG). The collaborative will use an agile planning approach and constantly develop and evaluate effective strategies to improve our reach and support for people who are at risk of suicide, including using technology. Public Health Scotland will play a key role in supporting the Collaborative to put knowledge into action and building an active learning approach.

- NSPLG and/or the Delivery Collaborative will be connected into wider SG governance structures to ensure strategic connections are made, including to address **the social determinants of mental health**, which we know are very similar to those impacting on suicide.

- **Local leadership & accountability** for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CCPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive.

- As well as our structures we recognise the importance of a creating a **dynamic and engaged suicide prevention community** in Scotland, with networks and gatherings to bring together communities and professionals across sectors, to share knowledge and strengthen understanding of best practice. This will also help us achieve our underpinning philosophy that Suicide Prevention is Everyone's Business.

Resourcing the Action Plan

- The Scottish Government has committed to double the funding for suicide prevention, to £2.8 million per annum, by the end of the current Parliament. This funding will be used to support delivery of the action plan and will complement investment by other areas of Government and the public sector which contribute to suicide prevention objectives. For example, the Communities Mental Health and Wellbeing Fund for adults and community supports for children, young people and families, as well as funding which addresses the social and economic determinants of suicide, such as, work to tackle child poverty.

- Through our suicide prevention implementation leads we will actively seek to ensure that suicide prevention projects and initiatives are supported through the available funds.

Evaluating the Action Plan

- We will ensure a framework is in place to track the delivery of actions, and measure their impact. We will ensure there is an evaluation framework around all aspects of delivery and make tools available to support evaluation of local delivery.
- Our outcomes framework will include a set of indicators so that we can assess how our work is contributing to the delivery of the four outcomes.
- We will equip Community Planning Partners in local areas with guidance on how to incorporate suicide prevention indicators

Outcome 1: The environment we live in promotes the conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

Priority

- Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

Context/Messages:

- We must strengthen our approach to suicide prevention by addressing the social determinants of mental health which are specific to suicide prevention. To support that we will adopt a whole of Government and society approach to suicide prevention. This will involve aligning policy action to ensure all relevant Government polices take action to prevent suicide – from the policy design stage, right through to delivery. Our approach will encompass the spectrum of need - from early intervention to supporting people experiencing crisis, and recovery. We will focus on social, economic and spatial policies – and strive to reach communities most affected by inequalities and poverty.
- We also recognise the need to ensure our communities are safe places, and we will seek to proactively design-in suicide aware places and buildings, and be responsive to practice and evidence on access to means of suicide, including locations of concern.
- We recognise that responsible media reporting (including social media) of suicide is needed, and we will work with the regulator and the sector to improve this.

What we will keep doing

- Deploy research and wider findings on risk and protective factors to increase knowledge and support targeted action across our suicide prevention work
- Consider the findings from the Delphi study which seeks to engage a network of academic experts, health professionals and people with lived experience of suicide and self-harm, with a view to developing a set of best-practice guidelines to prevent suicide by hanging and self-poisoning.
- Continue to work with UK Government and Ofcom to ensure the forthcoming legislation on online harms is robust and implemented rigorously in Scotland.
- Taking a human rights based approach to our work and engaging with protected characteristics groups – in recognition of the impact that discrimination can have on the mental health of those who are, for example, LGBTQI+ or disabled people.

New actions
Theme 1: Whole of Government and society approach, supported by local policies and action. This will be updated on a rolling basis as key policy developments occur. Mental Wellbeing and Social Care **Trauma and Adverse Childhood Experiences (ACE's)** • We will increase the capacity of the workforce to deliver individual support and interventions to improve recovery from the impact of trauma. As part of the National Trauma Training Programme, NHS Education for Scotland (NES) will increase capacity for delivery of 'Safety and Stabilisation 'training (a programme that helps the relevant workforce to deliver individual support and interventions to improve recovery from the impact of trauma), and 'Survive and Thrive training (a trauma-enhanced group-based psychoeducation intervention that can significantly reduce trauma symptoms and facilitate recovery for people affected by complex trauma). **Dementia** • We will explore how suicide prevention activity can be inform and be embedded in the diagnosis process and subsequent Post Diagnostic Support offer, which is available to anyone in Scotland newly diagnosed with dementia, for up to a year. This includes support for staff delivering the services and for those accessing them. • We will highlight that people living with dementia are at a higher risk of suicide and tailor campaigns accordingly. **Mental Health Law** • We will continue to take forward recommendations from the Scottish Government's 'Review of investigating deaths of patients being treated for mental disorder'(2018), and work with partners to ensure suicide prevention learning coming out of that work is shared and acted upon to help reduce number of deaths by suicide after someone has been discharged from hospital. • We will consider the final recommendations from the independent Scottish Mental Health Law Review (SMHLR) to identify where there may be an impact on suicide prevention in any proposed changes to legislation or practice. **Care Quality Standards** • We will work with the Quality and Safety Board and NHS Assure to improve our understanding and the assessment of the quality and safety of mental health estates.

- We will work with Healthcare Improvement Scotland (HIS) and healthcare partners to reduce ligature risks and ensure the assessment, care and discharge of patients who are suicidal is carried out proactively, including through safety planning, and is mindful of risk factors (including trauma and complicated grief).
- We will create opportunities for clinical staff across Scotland to share learning on supporting patients who are suicidal – we will explore options for how this can best be achieved.
- We will work with HIS to ensure the approach to serious adverse event reviews for suicide aligns with the ongoing roll-out of multi-agency reviews of suicide, including the most effective way to share the learning across reviews.
- Work to ensure a trauma informed approach and the principles of 'Time, Space, Compassion' are embedded within the National Standards for Mental Health.

Workforce, digital and primary care

- We will support local planning groups which have been established with funding from the Mental Health Recovery and Renewal Fund, to embed suicide prevention in their work - ensuring better and more timely access to support for those in distress.
- We will work to ensure the primary care workforce is aware of the risk factors for suicide, and equipped to respond to anyone presenting who is suicidal – this could include safety planning and referral to statutory and third sector partners. (further detail under Outcome 3)
- We will consider how Mental Health multi-disciplinary teams can support people most at risk of suicide and provide primary care teams with information and resources about where support can be accessed for people who are experiencing suicidal thoughts.

Wellbeing and Prevention

- We will continue to make connections across suicide prevention and wider population mental wellbeing initiatives, and will identify opportunities to collaborate and share learning. These include: tackling mental health stigma through See Me, understanding the social determinants of mental health, supporting employers to promote mentally healthy workplaces, and providing online resources to support population mental wellbeing (including Mind to Mind website).
- We will include suicide prevention as a priority areas under the Communities Mental Health and Wellbeing Fund. In Year 2 of the fund, suicide prevention implementation leads will proactively engage Third Sector Interfaces (TSIs) to raise awareness of this priority issue and help ensure access to funding for suicide prevention focused projects.

Supporting Mental Health of the Workforce

- We will review the evidence, and commission new research where needed, to identify workforce sectors, industries and particular groups of employees where staff are at higher risk of suicide or have high exposure to suicide (for example, health and social care, transport and construction). We will use this to inform future suicide prevention activity and targeted

support, which could include workforce policies and supports. This links to the forthcoming mental health and wellbeing platform for employers.

- We will also explore how to effectively support the mental health and wellbeing of the health and social care workforce, including around suicide prevention.

Social Care/National Care Service

- 'Our approach to delivering suicide prevention activity needs to be flexible and responsive to the changing landscape we are operating in. This includes the transformative redesign of community health and social care through the creation of the National Care Service which will support more multi-disciplinary and person-centred care.

Student Mental Health

- We will ensure the Student Mental Health Action Plan (to publish in 2023) prioritises suicide prevention.

Autism and Learning Disabilities

- We will review the suicide prevention learning resources to ensure they address the needs of neurodivergent people (including autistic people), and recognise their higher risk of suicide. We will seek to target those resources at professionals, including GPs and wider primary care teams.
- We will ensure suicide prevention is embedded within the single neurodevelopmental pathways (for children & young people, and for adults) and the national post diagnostic support web hub, recognising the increased risk of suicide in neurodivergent people, including autistic people.

<u>Wider Government Policy</u>

Homelessness

- We will pursue Homelessness Prevention Duty. We will introduce legislation in this parliamentary session to both strengthen local authority homelessness prevention activity and to create new homelessness prevention duties on wider public bodies. We aim to ensure that people get early support to prevent homelessness, and that the risk of homelessness is identified and acted on regardless of the service first approached. To support this we will prioritise suicide prevention training for public services covered by the legislation, including LA housing staff. Meantime we will seek to integrate suicide prevention and distress support into the No Wrong Door tests of change.
- We will prioritise third sector front line homeless organisation staff for suicide prevention training.
- We will request Local Authority housing teams are included in multi-agency case management approach for anyone suicidal, as well as third sector frontline organisations (where they are engaged).

Drugs Mission

- We will identify joint drugs/ suicide prevention opportunities as part of the National Drugs Mission – particularly around access to services, and compassionate / trauma informed support, and peer support models.
- We will engage with mental health and substance use services to support the implementation of Medication Assisted Treatment (MAT) standards, specifically MAT standard 9 which is focussed on mental health. MAT standards are designed to help reduce drug related deaths, and other harms, and to promote recovery.
- We will prioritise staff in Alcohol and Drugs Partnerships for training in suicide prevention.
- We will request Alcohol and Drugs Partnership staff are included in multi-agency case management approach for anyone suicidal.
- Consider any follow up opportunities for suicide prevention coming from the Healthcare Improvement Scotland (HIS) dual diagnosis pathfinders.

Alcohol

- We will ensure effective links across alcohol brief interventions and distress brief interventions to ensure people receive integrated support to meet their needs.
- We will ensure learning from stigma and help seeking behaviours on alcohol and drug addictions are shared to inform suicide prevention/ distress approaches, and vice versa.

Child Poverty

- We will explore the potential to embed suicide prevention and distress support in the delivery of Best Start, Bright Futures our second tackling child poverty delivery plan.
- We will support partnership working between local child poverty and suicide prevention leads, to collaborate and share learning.

Money and debt advice

- We will further develop a response for people whose mental health has been affected by issues relating to debt and finances. We will work closely with a range of advice organisations including Citizen's Advice Scotland to better understand and tackle these issues, including the prevention of suicide.
- We will continue to work with the advice sector to understand and respond to the continuing impacts of the pandemic and rising cost of living on their services and how they are delivered; and we will ensure our funding continues to support the sector to help the people who are struggling the most financially, which we recognise is a risk factor for suicide.

- We will invest up to £10 million over the current Parliament to increase access to advice in accessible settings to maximise incomes and tackle poverty, which will help support suicide prevention.
- We will prioritise staff working in money advice and welfare services for suicide prevention training.

Social Security

- We will work with Social Security Scotland to support embedding Time, Space and Compassion as part of their approach to working with - and supporting - members of the public who may be at higher risk of suicide. This will include providing learning for staff to be able to recognise those who may be at higher risk of suicide and ensure they have knowledge, skills and confidence to support the person at the time of interaction, and know how to signpost to further support or escalate concerns to ensure someone's safety.

Whole Family Wellbeing Support

- We will invest at least £500 million in Whole Family Wellbeing Funding over the course of this Parliament to help transform services that support families, ensuring families can access the support they need, where and when they need it, enabling families to thrive – which will support suicide prevention.
- Over 2022-23 we will invest the initial £50 million of funding to: help local areas shape and scale up services that are already effectively wrapping around the needs of families using a multi-agency, multi-disciplinary approach; to support local areas to shift from crisis intervention to preventive support; and to provide support for national activity needed to drive these changes. We will continue to explore links to suicide prevention through this investment.

Social Isolation and Loneliness

- We will consider how suicide prevention can be included in the implementation of 'A Connected Scotland' strategy - to tackle social isolation and loneliness, and to build stronger connections.

The Promise/People with Care Experience

- We will work with care experienced people to better understand how best to embed suicide prevention activity in work already underway to support children and young people in care, and care leavers.

Children and Young People

- We will consider the findings of the Children and Young People's Mental Health and Wellbeing Joint Delivery Board in relation to suicide prevention, when it makes its final recommendations in December 2022.
- We will work with Perinatal and Early Years Mental Health - including the Perinatal and Infant Mental Health Programme Board - to develop approaches and mental health support to ensure suicide prevention is considered during the perinatal period.

Bereavement Support for Children and Young People

- We will consider any recommendations relating to suicide and suicide prevention, which come out of the final report of the National Childhood Bereavement Project.

Family Law

- We will embed suicide prevention support and awareness raising as part of future guides for adults and children attending the family courts and alternatives to court.
- We will develop greater understanding of suicide risk for people interacting with the family law system, and explore how to better support people and prevent suicide.

Criminal Justice and Prisons

- We will continue to work with partners across justice and wider public services to explore how to better support people who may be at higher risk of suicide, before and during their release from custody. This will include exploring how to embed suicide prevention as part of release planning and co-ordination, and as part of wider through-care activities.

Victims and Witnesses

- We will consider opportunities to increase suicide awareness training for organisations working with and supporting people who have been victims of crime.

Violence against women and girls

- We will continue to work with our partners across the Violence Against Women sector to ensure that suicide prevention remain a priority within the Equally Safe Strategy, and within individual partner organisations.

Hate crime

- We will consider the support available for victims and witnesses of hate crime, including the ability to access mental health and suicide prevention support, in the development our new Hate Crime Strategy for Scotland.

Asylum and Migration

- We will explore how to effectively support people with 'No Recourse to Public Funds' (including people seeking asylum and people at risk of, or experiencing, destitution) to access the services they need to support their mental health, including where there is a risk of suicide.

Veterans

- We will work to deliver recommendations and actions within the Veterans Mental Health and Wellbeing Action Plan, including those relating to suicide prevention.

Physical health and activity

- We will actively play our part in challenging stigma and preventing suicide through physical activity and sport.
- We will explore how suicide prevention can be supported by Scotland's Mental Health Charter for Physical Activity and Sport.
- We will consider opportunities to address the mental health impacts of chronic pain, including suicide risk, as part of the implementation plan for the Framework for Pain Management Service Delivery

Planning & Building Standards

- We will consider the potential links that can be made between suicide prevention and the National Planning Framework 4 (NPF4).
- We will review existing evidence, and commission any new research needed, to consider whether targeted regulatory interventions on the delivery [development] or management of buildings, might assist in reducing suicide risks.

Road Safety

- We will consider through our Safe System's approach to road safety how our policies focusing on reducing people killed or seriously injured on Scotland's roads can help reduce the risk of suicide.

Menopause

- We will explore the links between peri-menopause, menopause and suicide to get a better understanding of the impact of menopause on mental health and the links to suicide risk.
- We will explore how best to embed suicide prevention as part of existing support available to women in peri-menopause and menopause, in recognition of the impact that menopause can have on mental health, and the links to suicide risk.

Gambling

- We will work with Public Health Scotland to develop a better understanding of the scale of problem gambling in our communities by reviewing and developing official Scotland-level data .
- We will work towards ensuring people experiencing gambling-related harms are able to access the right support, and treatment, across health and social care services.

Redundancy

- We will ensure suicide prevention continues to be considered in the planned work to improve the health and wellbeing offer through the Partnership Action for Continuing Employment (PACE) Continuous Improvement Programme.

Theme 2: Access to Means

Action 2.1: Means: Develop a comprehensive, cross sector action plan to address locations of concern with an initial focus on falling/jumping from height (and which complements the national guidance).

Action 2.2: Consider priority actions on access to means following the Delphi study, including wider work on locations of concern which includes waterways, railways and retail outlets.

Theme 3: Media reporting

Action 3.1: Work with national and local media sector to hold a series of awareness raising events about responsible media reporting (including social media) which begins to support change in media reporting of suicide. Scope to draw on lived experience insight.

Outcome 2: Everyone has a clear understanding of suicide, its prevention, and associated risk and protective factors. Everyone is able to respond confidently and appropriately when they, or others, need support.

Priority:

- Strengthen Scotland's awareness and responsiveness to suicide and suicidal behaviour

Context/ Messages:

- We consider the need for individuals, families, communities, workplaces and services to have a better understanding of suicide, so that they can be more confident and responsive to suicidal behaviour and risk.
- Promoting awareness of suicide and reducing stigma is a core element of preventing suicide. We will therefore work to increase awareness of suicide and equipping people to respond. This will create a foundation of understanding and compassion in our communities and services, and thereby equip people to respond effectively to someone who is suicidal. It also creates the conditions for people who are feeling suicidal to understand their feelings and feel safe in expressing those to others, knowing they will receive a compassionate response, and the support they need.
- This behaviour change underpins all our work – from peer support, to early intervention, through to crisis and recovery. Only by embodying the principles of Time, Space and Compassion across our communities and services, can we provide the wrap around support that is needed to prevent suicide – our Everyone's Business philosophy.
- As with all our work, taking a human rights based approach and learning from people with lived experience is essential. Only by empowering people and understanding their experiences can we create the right ways to talk about suicide and ensure people are listened to, and supported well.
- Throughout this work we see the potential to focus on priority sectors, settings and communities - where bringing an intensive focus will have the greatest impact on preventing suicide.

What we will keep doing:

- Continue to grow Scotland's suicide prevention social movement, United to Prevention Suicide (UtPS) by encourage people in communities and organisations - across all sectors - to join the movement, and participate.
- Continue to run suicide prevention campaigns, at whole population level and targeting specific groups where there is a higher risk of suicide – and ensure national and local campaigns are coordinated to maximise reach and impact. We will also ensure suicide prevention is embedded across wider mental health stigma and service design programmes.

- Continue to build learning resources on suicide prevention to fulfil the Knowledge and Skills Framework on mental health improvement and suicide prevention. Also, deliver local learning through the facilitation network. We will also complete the reviewing of our learning approach.

New actions
Theme 4: Learning & Building Capacity Action 4.1: Evaluate our social movement and campaigns to ensure they reflect emerging good practice and are having the desired reach and impact, and draw on wider learning, for example from See Me.
Theme 4: Learning & Building Capacity Action 4.2: Implement actions from the review of learning approach to suicide prevention to ensure it is fit for purpose and meets the different needs of the workforce and communities alike. This will likely lead to a tailored and targeted learning approach and resources – including to focus on areas where our learning approach can achieve the greatest system-wide impact. To support that we propose carrying out at least two tests of change to support learning and support (detail below). Considerations to further develop this approach: • Propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high. • Prioritise key settings to promote learning, for example, schools/ higher education, welfare services, and within health & care settings: primary care, mental health services, unscheduled care/ A&E, perinatal, women's health, pain/ long term conditions, support for carers (and embedding suicide prevention as part of the Carers Strategy), palliative care. • Professional groups may include first responders, educators (such as counsellors/ teachers),and staff in criminal justice sector. • Consider touchpoints for people in financial distress, seeking welfare support, and marginalised groups. • Respond to the diverse needs of communities, including cultural / social factors. • All approaches and resources embody principles of Time Space Compassion, and are trauma informed. • Reflects risk and protective factors.

• Need to build in continued engagement with communities and key support settings to ensure awareness raising and learning translates into action.
Theme 4: Learning & Building Capacity Action 4.3: Support the embedding of the Whole School Approach to Mental Health and the Children and Young People's Mental Health and Wellbeing professional learning resource, which includes suicide prevention, and share good practice.
Theme 4: Learning & Building Capacity Action 4.4: Develop existing and new resources for inclusion in the school curriculum which build understanding on mental health, self-harm and suicide prevention.
Theme 4: Learning & Building Capacity Action 4.6: Consider how suicide prevention can be embedded in pre-registration training curricula e.g. for health & social care, youth work, and teaching staff.
Theme 4: Learning & Building Capacity Action 4.5: Create a portal to host our suicide prevention resources and information in one, accessible, digital space - and which links to other relevant platforms.
Theme 4: Learning & Building Capacity Action 4.7: Provide reliable and easily digestible information in different formats about suicide and suicide prevention to communities, including to community based organisations, such as sports and youth organisations and community centres. This includes providing accessible information for everyone, including people who do not have English as their first language, or those with learning disabilities.
Theme 5: Support Action 5.1: Increase our understanding and practice around help seeking and help giving (potentially through test of change), and share good practice.

Outcome 3: Everyone affected by suicide is able to access appropriate, high quality, compassionate, and timely support - that promotes recovery. This includes people of all ages who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Priority:

- Promote and provide effective, timely, compassionate support – that promotes recovery.

Context/ Messages:

- To prevent suicide we need to create the conditions for good mental health and wellbeing and tackle the social determinants of suicide. We must also ensure there is timely and effective support for anyone who feels suicidal – from the earliest moment. As such, our support must span from early intervention, preventing crisis, support during crisis, and post crisis support and recovery. When providing support to anyone feeling suicidal, we must value their resilience and strength, and seek to create a sense of hope.
- To achieve this we must continually seek to understand what interventions work for different individuals (and groups), and how we can help people to reach out for help when they need it; and indeed for support services to reach in. Our support must always be culturally safe, trauma informed, and embody the principles of Time, Space, and Compassion.
- We know that a priority must be ensuring support services are available and relevant to all communities of place and communities of interest; and we will focus on areas and groups where suicide rates are highest, including deprived areas. This focus will include building protective factors, such as connectedness, as well as a focus on risk. Given this, we will build the understanding and capacity of our communities, including through peer-support and our programme of awareness raising and learning.
- We know many people affected by suicide are in contact with statutory services, including: primary care, mental health services, and unscheduled care settings. They may also be in contact with services beyond health & social care, such as alcohol and drug partnerships, and social work. As such, we will focus our efforts on improving patient safety and experience in health and social care settings, whilst supporting greater partnership working across key statutory services.

What we will keep doing

- Through other mental health priorities and programmes we will continue to support population mental health and wellbeing. This includes: increasing mental health staff in primary care, investing in school counsellors, our communities funds for adults and children & young people, our public information and digital resources about where to access support, including the Mind to Mind website, investing in assessment and support services (such as NHS 24 mental health hub and Breathing Space), and work to support particular aspects of mental health (such as perinatal, self-harm and eating disorders).
- We will ensure suicide prevention is considered in our workforce planning and in system improvements for mental health unscheduled care. Introducing quality standards for Mental Health will directly support the pathways, assessment and care for people who are suicidal and reach out for help.
- We will continue to invest in promoting support for people who are suicidal, including through digital, such as the surviving suicidal thoughts videos.
- We will continue to improve suicidal crisis responses by embedding the principles of Time, Space, and Compassion in commissioning and service design, as well as growing workforce and community capacity and capability to offer Time, Space, and Compassion based support.
- We will also continue to learn from our suicide bereavement support services – both for the family and in workplaces.
- We will continue to roll out of the Distress Brief Intervention (DBI) across local areas, informed by evaluation. We know from the evaluation of the initial DBI pilots that one in ten people reported that they may have attempted suicide or continued with suicidal thoughts if DBI had not been offered to them.
- For children and young people, we will continue to invest in Child and Adolescent Mental Health Services and wider community supports. We will also support children and young people who have neurodevelopmental support needs through implementation of our National Neurodevelopmental Specification. We will continue to pilot DBI for under 16s (and consider wider rollout following evaluation).

New actions
Theme 5: Support Action 5.2: Consider ways to adapt Distress and Brief Interventions to ensure it supports people at the earliest opportunity, and to ensure it is considered for everyone who has thoughts of suicide or has made an attempt, where appropriate. Potential for new referral pathways, and ways to re-engage with support after discharge.
Theme 5: Support

Action 5.3: Respond to the diverse needs of communities. To support this we propose at least two tests of change to reach particular groups / communities where there is a heightened risk of suicide. We plan to work with trusted organisations to (1) review the design and delivery of learning approaches to ensure they reflect the communities' experience of suicide, and (2) test new approaches to reaching and supporting people in those communities who are at risk of suicide. As part of this we will seek to understand help seeking behaviours and tailor support for cultural and diverse groups. We will use the learning to inform our overall approach to supporting communities and groups where suicide risk is high. Note: Trusted organisations / groups could include: men's organisations, LGBTQI+ organisations, minority ethnic organisations, isolated communities organisations, occupational groups organisations , additional support organisations, criminal justice organisations, self-harm organisations, mental illness / support organisations, women's organisations; gypsy travellers organisations, carers organisations, student organisations, gender based violence organisations, victims organisations, disability groups and organisations.
Theme 5: Support Action 5.4: Build new peer support capability to enable further use of peer support models for suicide prevention.
Theme 5: Support Action 5.5: Develop resources to support families, friends, carers (including children and young people), and anyone else affected by suicidal behaviour – building on existing resources.
Theme 5: Support Action 5.6: Ensure counsellors in education settings are skilled and responsive to signs of suicidal concerns, whilst ensuring proactive approach to supporting children and young people at key transitional stages, as part of a continuum of care.
Theme 5: Support Action 5.7: Consider how those working in primary care settings - including GPs, nurses, mental health teams and the broader primary care workforce - can identify and support people who are at risk of suicide, who may present in distress or with low mood, anxiety or

self-harm. This could include: safety planning, referrals to DBI, community support (social prescribing), and proactive case management, especially for people with a high risk of suicide.

Action 5: Support

Action 5.8: Undertake work to ensure clinicians in unscheduled care settings are alert to suicide risk - particularly those who have self-harmed - and respond effectively through the provision of psychosocial / psychiatric assessment and ensure care pathways and support are put in place, including in the community (which may include via primary care). Distress and Brief Interventions should be offered, where appropriate as part of an increased range of potential interventions. The pathways to these interventions will be monitored through implementation of unscheduled care pathways.

Considerations to further develop this approach:

- Review current models of ongoing support at the point of onward referral from unscheduled care settings (including international examples), to inform our future approach to ensure a high quality of continued support and recovery for those who are, or have been, suicidal.
- Consider how to share good practice across clinicians and managers in clinical settings.
- Involve families as appropriate in developing aftercare strategies.
- Ensure principles of Time, Space, Compassion are embedded.

Theme 5: Support

Action 5.9: Statutory services to continuously improve the quality of clinical care and support for people who are suicidal, and share good practice and learning, both individually and by working together across services. To achieve this a first step is for mental health services to adopt the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) guidelines into their operating practices, and the relevant Medication Assisted Treatment (MAT) standards.

Considerations to further develop this approach:

- Undertake work to help embed assertive case management approaches which engage all relevant agencies to support someone with suicidal risk or following an attempt. This would include mental health services, and potentially: primary care, social work, alcohol and drug partnerships, housing services (and frontline homeless orgs, where apt), education teams, police, prisons, and youth workers. Community based organisations should also be engaged where that will support the individual. This approach would ensure a person who is suicidal has all relevant local services working together to provide an effective and seamless support – the No Wrong Door approach.
- Where suicide risk is identified, a multi-agency, assertive approach should be used to span early intervention, prevention, crisis and recovery - with a particular focus on transition between parts of the system/service.

- Support should recognise risk and protective factors, including safety planning. - Services must also consider how they reach and meet the needs of particular groups, such as minority ethnic communities, people affected by trauma, and gypsy travellers.
Theme 5: Support Action 5.10: Consider value and impact of a Single Scottish specific telephone number which will provide access to existing telephone support and resources.

What will we do next

- Roll out of bereavement support, informed by evaluation – to ensure fair and equitable service across Scotland.
- Ensure mental health unscheduled care programme is leading to improvements for people at risk of suicide.
- Understand gaps in early intervention for suicide risk, for whole population, as well as higher risk groups.

Outcome 4: All suicide prevention activity is designed with lived experience insight. Action will be informed by up-to-date practice, research, intelligence, and improved by regular monitoring, evaluation and review.

Priority:

- Promote a coordinated, collaborative and integrated approach

Context/ Messages:

- Only by designing-in our data needs, and taking a broad view of different types of evidence (including management information and call data) will we able to have an effective evidence based approach to suicide prevention.
- Our data, evidence, practice and lived experience insights are all essential for good design, delivery and evaluation of our actions, and to inform the continued evolution of our approach to suicide prevention overall.
- Public Health Scotland will play a key role in translating evidence into action on the ground – both in our communities and in key settings, such as primary care, NHS24, mental health assessment centres, third sector, custodial settings, welfare services, residential and community based care across the life stages, greenspace / wider environment, and transport.
- Surveillance and reviews of suicide must also be a core element of improving our understanding about suicide, and taking action to proactively support people at greater risk of suicide.

What we will keep doing:

- Use the insights from lived experience – the Lived Experience Panel and the Youth Advisory Group – to shape the design, delivery, communications and evaluation across our work.
- Engaging with equalities groups and marginalised communities to better understand their specific needs which will better help shape our work.
- Learn about suicidal behaviour from our valuable Academic Advisory Group. This includes: understanding the connection between suicide and mental health and wellbeing; risk and protective factors; and, effective interventions for reducing suicide - including for specific groups. We will seek to learn more from research by creating a horizon scanning function, and ensuring suicide research is integrated into our delivery collaborative alongside practice and lived experience insights. By synthesising and disseminating this learning we will be better placed to drive change nationally and locally.
- We will continue to bring together data sources on suicide to inform our priorities, actions and public information. This will include: published data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and

management/ evaluation data. To support this we will develop national information sharing agreements where relevant to support data collection, management and sharing.

- As highlighted in outcomes 2 and 3, we will also seek opportunities to carry out of tests of change in communities of interest and place to learn more about effective suicide prevention approaches.
- We will continue to progress local multi-agency data reviews, with a supporting learning system. This will help identify missed service engagement opportunities.
- Support local areas to develop tailored suicide prevention action plans based on local need. This will be supported by guidance, good practice, and local data.

New actions
Theme 6: Planning Action 6.1: In settings where people are at higher risk of suicide, ensure there is a suicide prevention action plan in place which takes account of risk and protective factors, and connects to statutory partners (where appropriate) and local suicide prevention plans - to ensure smooth transition at discharge. Plans should include actions for the people they support as well as for their workforce, and the development of plans should include input from both groups. Key settings include: criminal justice settings, secure accommodation, residential care, and schools/ higher education (as appropriate). Considerations to further develop this approach: • Scope to develop resources for use in occupational sectors, especially where high prevalence of suicide, such as construction. • Consider providing resources/ frameworks for action, together with opportunities to share and learn from practice across sectors.
Theme 6: Planning Action 6.2: Develop guidelines for communities to respond effectively to suicide clusters and contagion within their local context.
Theme 7: Data & Evidence Action 7.1: Continue to embed and enhance our lived experience model, and ensure it is representative of groups experiencing suicidal behaviour. Enhancing the model could include developing resources/toolkit to support people with lived experience sharing their personal stories in safe, meaningful and impactful ways.

Theme 7: Data & Evidence

Action 7.2: Improve data recording and reporting on suicide deaths and attempts, and bring that together with wider, relevant data to improve our understanding of suicide risks and trends. This intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.

Considerations to further develop this approach:

- Explore scope for recording suicide attempts (linked to locations of concern data). This will require improving data reporting and quality on self-harm and suicide attempts.
- Consider drawing on data relating to children and young people's needs from schools, counselling services, etc, and potentially other settings, such as higher education, prison and community settings.
- Explore use of GIS mapping and other analytical tools to plot and identify locations of concern for suicides, suicides attempts, and distress incidents - to inform local action.
- Ensure suicide review data connects to ScotSID data, as well as wider data sets such as NRS published data, more timely data, and management/ evaluation data.

Theme 7: Data & Evidence

Action 7.3 Introduce a horizon scanning function to produce a 6 monthly digest of new evidence, which connections to the mental health Research Advisory Group. Priority areas may include: COVID and cost of living impacts, and the mental health of children and young people and other marginalised equality groups. Again, this intelligence will form a core part of our suicide prevention Delivery Collaborative to support planning, delivery and evaluation, both at a national and local level.

Theme 7: Data & Evidence

Action 7.4: Roll out multi-agency suicide reviews and a learning system (aligning with the serious adverse event reviews process within mental health services).

Theme 7: Data & Evidence

Action 7.5: Host learning events to disseminate information and share learning and good practice between and across sectors on suicide prevention. This will build on the Suicide Information Research Evidence Network (SIREN) model.

What will we do next

- Implement tests of change from learning both for communities of interest and place based – Outcomes 2 & 3.
- Consider further use of standards and guidelines to drive improve in statutory and non-statutory sectors, on suicide prevention.
- Continual review of priorities/areas of focus and overall action plan on the basis of emerging data & understanding – progress on this plan will be reviewed at the 18 month point.
- Consider the use of the innovation programmes to promote suicide prevention action.

Date	17 August 2022
Agenda Item	14

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to: West Lothian IJB

Report Title: National Care Service (Scotland) Bill Consultation

Report By: Head of Strategic Planning and Performance (Interim)

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☑
	- is to provide assurance ☐
	- is for information ☐
	- is for discussion ☑
	The purpose of the paper is to inform the IJB of the Scottish Government's consultation on the National Care Service (Scotland) Bill and seek the Board's approval for the submission of the draft response to the Scottish Government.
Recommendations	1. That Board members consider that draft response to the Scottish Government's consultation on the National Care Service (Scotland) Bill and 2. Approves the submission of the draft response to the Scottish Government.
Directions to NHS Lothian and/or West Lothian Council	N/A
Resource/ Finance/ Staffing	None identified at this stage.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014
Risk	The National Care Service (Scotland) Bill will dissolve the current governance arrangements, including Integration Authorities, in place for the delivery of social care services in Scotland.
Equality, Health Inequalities, Environmental and Sustainability Issues	N/A
Strategic Planning and Commissioning	The scope of the National Care Service Bill includes activity currently delegated to the IJB.

Locality Planning	
Engagement	Engagement with the Strategic Planning Group to inform response to the consultation by the West Lothian Integration Joint Board.

Terms of Report

1. Background

1.1 The Cabinet Secretary for Health and Social Care formally introduced the National Care Service (Scotland) Bill to the Scottish Parliament on 21st June 2022. This Bill sets out principles for the National Care Service (NCS) and states that it is the duty of the Scottish Ministers to promote a care service designed to secure improvement in the wellbeing of the people of Scotland.

1.2 The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland. It provides for a National Care Service, accountable to Scottish Ministers, with services designed and delivered locally in line with the expectations of many.

1.3 The Bill will dissolve the current governance arrangements for the delivery of social care services and empower Ministers to transfer accountability for a range of services, including adult social care and social work services, children's social work and social care services and justice social work services, to the Scottish Ministers, subject to Parliamentary approval.

1.4 With regard to any potential transfer of children's services and justice social work services, the Bill requires further public consultation to be held and the results to be laid before Parliament alongside any regulations. This recognises that those areas were not specifically examined by the Independent Review of Adult Social Care.

2. Summary of the Bill

2.1 The Bill is divided into the following parts:

2.2
- **Part 1** - establishes the National Care Service. It makes the Scottish Ministers responsible for organising the National Care Service, enables them to establish new public institutions called care boards to comprise the National Care Service and gives the Ministers power to make regulations transferring health and social care functions to the institutions comprising the National Care Service.
- **Part 2** - gives the Scottish Ministers' powers to make records about people's health and social care more consistent and better integrated.
- **Part 3** - contains modifications to existing laws relating to the provision and regulation of care.
- **Part 4** - contains provisions to make ancillary regulations, further elaboration in relation to regulation-making powers elsewhere in the Bill and the sections dealing with commencement and short title.

2.3 In addition, the Bill gives Scottish Ministers powers to:

- establish (and dissolve) local and special care boards
- make provision about the membership of care boards and what groups they are required to represent

- establish a scheme and standards for sharing information, to facilitate a nationally-consistent electronic health and care record.
- It also requires Ministers to create a charter of rights and responsibilities for social care, with a robust complaints and redress process
- Separately, the Bill will introduce rights to breaks for unpaid carers and visiting rights for residents living in adult care homes. These can be implemented before the National Care Service is established.

2.4 A series of documents have been published alongside the Bill, including:

- National Care Service (Scotland) Bill Policy Memorandum
- National Care Service (Scotland) Bill Financial Memorandum
- National Care Service (Scotland) Bill Delegated Powers Memorandum
- Legislative Competence Statement
- Impact Assessments

3. Call for Views

3.1 The Scottish Parliament's Health, Social Care and Sport Committee launched a Call for Views on the National Care Service (Scotland) Bill on 8th July which will close on 2nd September 2022.

3.2 The Call for Views covers a range of areas including:

- Policy Memorandum and principles of the National Care Service
- Transfer of services to the National Care Service
- Impact assessments
- Financial memorandum
- National Care Service Principles (Section 1)
- Accountability to Scottish Ministers (Sections 2 and 3)
- Establishment and abolition of care boards (Sections 4 and 5 / Schedules 1 and 2)
- Strategic planning and ethical commissioning (Chapter 2)
- National Care Service Charter (Sections 11 and 12)
- Independent advocacy (Section 13)
- Complaints (Sections 14 and 15)
- Ministers' powers to intervene (Chapter 4)
- Connected functions (research, training, other activities and compulsory purchase (Chapter 5)
- Transfer of functions, including scope of services (Chapter 6 and Schedule 3)
- Inclusion of children's services and justice services (Section 30)
- Consequential modifications / Interpretation of Part 1 (Chapter 7 and Schedule 4)
- Health and social care information (Part 2)
- Right to breaks for carers (Sections 38 and 39)
- Implementation of Anne's Law (Section 40)
- Reserved right to participate in certain contracts (Section 41)
- Regulation of social services (Sections 42 and 43)
- Final provisions (Part 4)

4. Consultation Response

4.1 The draft response highlights:

- The lack of clarity on the structure and development of care boards
- The use of Secondary Legislation
- The lack of clarity and detail on finance and how the NCS will be funded
- Lack of clarity on the transfer of staff and

- The lack of details on the approach that will taken to considering the inclusion of Children and Justice Services in the NCS.

The development of the National Care Service (Scotland) Bill outlines a significant transformation programme for the public sector in Scotland and the proposed response is included as **Appendix 1** to this report.

References	Linkages to key documents related to the National Care Service (Scotland) Bill National Care Service (Scotland) Bill (Detailed) - Scottish Parliament - Citizen Space
Appendices	1. The Nation Care Service (Scotland) Bill – Draft Response 2. The National Care Service (Scotland) Bill
Contact	Sharon Houston Head of Strategic Planning and Performance (Interim) Sharon.Houston@westlothian.gov.uk 17th August 2022

National Care Service Bill – Consultation – Draft Response

General questions

- The Policy Memorandum accompanying the Bill describes its purpose as being "to improve the quality and consistency of social work and social care services in Scotland". Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?

Improving the quality of social work and social care services will require sufficient additional funding. The NCS Bill builds on the Feely report key recommendations. However, it remains unclear what the wider programme of social care reform recommended in the Feeley report and noted in the NCS Bill will cost as these costs have not been estimated in the Financial Memorandum despite them having been identified previously as being key elements of improving the quality of care. It is unclear whether the commitment to increase public investment in social care by 25% over the parliamentary term will be sufficient to meet the costs associated with the following:

- Fair work pay increase commitments
- Bring Free Personal Nursing Care rates in line with National Care Home Contract (NCHC) rates
- Removal of charging for non-residential care
- Increased annual investment in social care
- Increased investment in prevention and early intervention
- Investment in data and digital solutions to improve social care support

Insufficient funding to deliver these in full would impact on the quality improvements currently envisaged.

The Financial Memorandum does highlight however potential additional one-off costs of £247 million to implement the NCS, and potential additional recurring costs from 2026/27 of over £500 million. These costs do not relate to any increase in social work or social care service or capacity but instead relate to additional Scottish Government and new Board staffing, support functions and other overheads. If this funding was actually invested into direct social work and social care delivery it could have a very significant impact on improving the quality of service provision.

- Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?

The implementation of the Bill is likely to cause significant disruption and uncertainty to service delivery and staffing at a time when the ongoing impact of Covid-19 is still being felt and the care sector is very fragile.

The quality and consistency of care could have been achieved without the disruption that will inevitably result from the Bill. A National Care Service could have been created to support IJBs with strengthened remits and responsibilities and national consistency and standards could have been implemented without the disruption or very significant additional administrative and overhead costs that have been identified in the Financial Memorandum to the Bill.

- The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself.
    - Do you have any comments on this approach?

From a scrutiny perspective it is concerning that so many aspects of the proposed National Care Service will be outlined in secondary legislation rather than within the Bill itself.

    - Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?

The Bill and Policy Memorandum lacks detail on:

*the approach that will be taken when considering the inclusion of children's services and justice services.
* the development of a National Care Service Charter of rights and responsibilities, a complaints service, and independent advocacy services
*The number of care boards and the geographic areas they will cover
*The membership of the boards and their relationship with the national NCS structures
*The duties, functions and services they will provide, both directly and commissioned from other bodies
*Workforce, employment and contractual arrangements (including transfer of staff from local authorities)

It should also be noted that "All' of adult services is not defined. This should be defined clearly as we progress. Justice is a service to adults, and many services delivered by Children and Families are to adults. The detail of what is meant by a review in relation to children and justice services is critical.

- Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

The NCS Bill builds on the Feely report key recommendations. However, it remains unclear what the wider programme of social care reform recommended in the Feeley report and noted in the NCS Bill will cost as these costs have not been estimated in the Financial Memorandum despite them having been identified previously as being key elements of improving the quality of care. It is unclear whether the commitment to increase public investment in social care by 25% over the parliamentary term will be sufficient to meet the costs associated with the following:

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Other comments on the financial implications of the Bill are:

- Both the one off and recurring costs noted in the Financial Memorandum have minimal justifying the basis of the values included. This makes it impossible to say if the costs in the Memorandum are reasonable.
- The Memorandum notes that the cost associated with pensions for staff requires more work and engagement. No additional cost has been included as this point which is likely to mean that the total costs associated with the Bill have been understated. This requires to be clarified asap.
- The Financial Memorandum notes that there may be a significant financial impact if the new Care Boards are unable to reclaim VAT as IJBs currently do in full. No costs have been included for this and there is a risk that this could have very substantial financial implications (Standard VAT rate = 20%) that would reduce funding available for social care compared to the existing VAT arrangements in place for local authority bodies. This requires to be clarified asap.
- There is no meaningful mention of capital funding arrangements or capital costs in the memorandum. No additional capital costs, or costs of asset maintenance are included in the Memorandum costs. This requires to be clarified asap.

Financial memorandum questions

- Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

Yes, the IJB agreed a response to the consultation that preceded the Bill.

This prior consultation noted that the proposals would have a cost to the public purse but no further information was given on the costs associated with the proposals.

- If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the financial memorandum (FM)?

As above, the prior consultation did not include any financial assumptions on the costs associated with a NCS. It is therefore extremely disappointing that again, no costing of these commitments has been undertaken for the Financial Memorandum but rather it has just been assumed that these along with other core demographic and inflationary pressures will be met within what will be funding made available over the parliamentary term. To assume this without having undertaken any costing of the commitments is a cause for significant concern.

- Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

As noted previously, there is so little detail provided in the Financial Memorandum as to the basis of the costs, it is impossible to say if the costs included are reasonable and accurate. What is clear from the Financial Memorandum is that the additional administration and overhead costs resulting from the NCS are estimated to be over £200 million per year. This is resource that could potentially have been invested to meet challenges and demands in social work and social care.

Also, given key recommendations and commitments previously noted in this response are not costed in the Financial Memorandum, there is a considered to be a high risk that the additional costs will exceed funding increases indicated for social care over the parliamentary term.

- Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

Given the lack of detail on the basis of the estimated costs, it is not possible to say if the FM accurately reflects this.

National Care Service Principles (Section 1)

In providing comments on specific sections of the Bill, please consider:

- Whether you agree with provisions being proposed?

Yes, we agree generally with the provisions being proposed.

Accountability to Scottish Ministers (Sections 2 and 3)

Sections 2 and 3 establish Scottish Ministers' overarching responsibilities for the National Care Service, namely to "promote in Scotland a care service designed to secure improvement in the wellbeing of the people of Scotland" and to monitor and improve the quality of services provided by the National Care Service. These provisions have the effect that the National Care Service will be directly accountable to Scottish Ministers.

Please provide your comments on Scottish Ministers' overarching responsibilities for the National Care Service in the box provided.

While we recognise that may be some benefits to Ministers having overarching responsibilities for the National Care Service with regards to consistency of care etc there are some concerns as to the impact that this may have on the development of local solutions and partnership working with services out with the NCS.

Establishment and abolition of care boards (Sections 4 and 5 / Schedules 1 and 2)

Sections 4 and 5 make provision for the establishment and abolition of care boards and for financial assistance for boards. As set out in the Policy Memorandum, the Bill "makes provision for the Scottish Ministers to establish and fund these boards, called "care boards" in the Bill, to plan and

deliver NCS service locally, replacing current Integration Authorities". The Policy Memorandum continues: "There is also provision for "special care boards" to deliver national functions if needed" Connected to Section 4 and annexed to the Bill, Schedule 1 sets out detailed provisions related to the constitution and operation of care boards while Schedule 2 makes consequential amendments to public authorities legislation.

Please provide your comments on this section of the Bill in the box provided.

The Bill in its current form is very general as the intention is that many details will be taken forward through secondary legislation.

It is not yet clear how many "Care Boards" will be established, but it is possible that this will replicate the current "Health Board" landscape there will be significant impact on the strategic design, and delivery (including commissioning) of local services.

Strategic planning and ethical commissioning (Chapter 2)

This Chapter of the Bill requires care boards to have a strategic plan setting out their vision, objectives and budgets for their care board area and incorporating an ethical commissioning strategy. Scottish Ministers must also have a strategic plan and an ethical commissioning strategy for any services provided at the national level.

The Policy Memorandum states that ethical commissioning strategies should set out "arrangements for providing services and how those arrangements have been designed to ensure they best reflect the NCS principles".

Please provide your comments on this section of the Bill in the box provided.

We agree that with the provision that each care board must have a Strategic Plan which sets out its vision, objectives and budgets. We support the principle that each care board will have an Ethical Commissioning Plan within their Strategic Plan.

As noted previously there is a general lack of detail within the Bill and it is proposed that further details will be provided through secondary legislation.

It should be noted however that the professional oversight and role of the Chief Social Work Officer should be embedded in the planning for services designed and delivered under the National Care Service.

National Care Service Charter (Sections 11 and 12)

Sections 11 and 12 of the Bill make provision for the Scottish Ministers to prepare and publish a National Care Service charter, to be co-designed with those with lived or living experience and reviewed on a five-yearly basis.

According to the Policy Memorandum, the Charter "will set out what people can expect from the NCS and provide a clear pathway to recourse should the rights in the Charter not be met".

The first and subsequent versions of the charter must be subject to public consultation and a copy must be laid before the Scottish Parliament

Please provide your comments on this section of the Bill in the box provided.

We generally welcome the provisions within the Bill which places duties on Scottish Ministers to create a National Care Service Charter of rights and responsibilities, a complaints service, and independent advocacy services. However, as detail on all of these areas is left for secondary legislation we are therefore unable to provide a more detailed view on this.

The National Care Service Charter places a duty on Ministers to have due regard for the views of those delivering services under the NCS when preparing and reviewing the charter. It will therefore be important to link the principles of the NCS as they apply to the workforce, to the development and review of the charter.

Independent advocacy (Section 13)

Section 13 of the Bill gives Scottish Ministers powers to make provision via secondary legislation for independent advocacy services in connection with services provided by the National Care Service.

The Policy Memorandum highlights the emphasis placed by the Independent Review of Adult Social Care on the importance of access to independent advocacy and brokerage services, including peer services, "in empowering people accessing support and unpaid carers" and ensuring "that their voices are heard".

It goes on to state the Scottish Government's intention to "develop and implement a coherent, consolidated and consistent approach to independent advocacy services across the range of NCS services" and to do this through co-design with people with lived or living experience of accessing services.

Please provide your comments on this section of the Bill in the box provided.

The Bill places duties on Scottish Ministers to provide, and gives them powers to deliver, a National Care Service Charter of rights and responsibilities, a complaints service, and independent advocacy services. Detail on all of these is left for secondary legislation.

The Bill itself is very general, and states that Scottish Minister "may by provision of regulation" make provision for the provision of independent advocacy services. Consideration here will be with the intersect of responsibilities in legislation where there is a specific duty for provision of advocacy (ASP, AWI, MHCTA) in these instances the duty falls to the local authority with delegated responsibility to social workers. This would suggest that there needs to be a strong connection in regulations to include the role of the CSWO in the NCS (when considering the Social Work (Scotland) Act 1968). There are related advocacy issues in children's services.

Ministers' powers to intervene (Chapter 4)

Sections 16 to 22 of the Bill establish powers for Ministers to intervene with respect to care boards and contractors, for instance in case of an emergency or of service failure.

Please provide your comments on these sections of the Bill in the box provided.

This section allows Scottish Ministers to apply for emergency intervention orders where there is a likelihood of harm to ensure services are provided without delay. This will be an important consideration for the join between social work responsibilities through ASP (for example) where large scale investigations of suspected harm by a provider feature.

Transfer of functions, including scope of services (Chapter 6 and Schedule 3)

Chapter 6 confers powers on Scottish Ministers to transfer functions between institutions as part of the National Care Service. These powers include the power to transfer functions from local authorities, to bring aspects of healthcare into the National Care Service, to re-organise the National Care Service and to transfer staff, property and liabilities.

Items of legislation conferring specific functions on a local authority which may be transferred into the National Care Service are listed in Schedule 3, annexed to the Bill.

Please provide your comments on these sections of the Bill in the box provided.

The Bill does not provide enough detailed information on this to provide a detailed response.

Inclusion of children's services and justice services (Section 30)

Chapter 6 also makes provision for the inclusion of children's services and justice services within the scope of the National Care Service at some point in the future, subject to a public consultation on the proposed inclusion of these services. It is proposed that any such inclusion of these services within the scope of the National Care Service would be achieved via secondary legislation.

Please provide your comments on this section of the Bill in the box provided.

With regard to any potential transfer of children's services and justice social work services, we note that the Bill requires further public consultation to be held and the results to be laid before Parliament alongside any regulations.

We have concerns that children and young people have not, at this time, been asked for their views on what social work and social care in Scotland should look like going forward. It is also noted that a recent report from Children in Scotland, commissioned by Social Work Scotland, Healthcare Improvement Scotland and the Care Inspectorate highlighted, the answer to the delivery of more effective children's services is not more structural change and instead a period of stability is required.

The previous consultation exercise on the creation of the NCS did not consider the key interfaces that exist between children and families social work, education services, housing, employability services and anti-poverty services. It is noted that whilst health is an important partner the significant benefits of retaining close connections with local community services delivered by local authorities cannot be emphasised strongly enough.

Removing the statutory responsibility for the children's services from Local Government would impact on the ability to deliver a joined-up approach across other essential services that impact on the health and wellbeing of children, young people and their families as these services have wider linkages with areas such as housing, employability, education, public safety and protection.

Locating children's social work and social care services within the National Care Service is also unlikely to reduce the complexity for children with a disability and their families in accessing services.

Any proposal for the inclusion of children's services within the NCS must be viewed within the wider context of the delivery of children's social work services and take account of the key interfaces with other agencies and services in particular education, housing, employment and antipoverty services as well as the independent and third sectors.

It is acknowledged that Bill notes that further work will be undertaken with stakeholders to consider the risks and opportunities, and to rigorously assess the costs and benefits of including children's services within the NCS, however for this engagement to be fully informative an appropriate time scale would need to be given to this exercise.

Health and social care information (Part 2)

Part 2 of the Bill gives the Scottish Ministers powers to establish a scheme for care records to be shared between the proposed National Care Service and the National Health Service. It also makes provision for Scottish Ministers to produce an information standard which will set out how certain information is to be processed.

Please provide your comments on this section of the Bill in the box provided.

The Bill's stated purpose is to "make provision about the processing of health and social care information; (and) to make provision about the delivery and regulation of social care; and for connected purposes". We agree that sharing of information focused on delivering outcomes for people who use our services would be a positive step.

Right to breaks for carers (Sections 38 and 39)

Sections 36 and 37 of the Bill propose amendments to the Carers (Scotland) Act 2016 and consequent changes to the Social Care (Self-directed Support) (Scotland) Act 2013, principally with a view to establishing a right to breaks for carers.

Please provide your comments on these sections of the Bill in the box provided.

We general support the principle of establishing a right to breaks for unpaid carers, however as noted previously Bill, as it currently stands does not provide enough information to provide a more detailed response. There is also limited information on how this will be funded.

Implementation of Anne's Law (Section 40)

Section 40 of the Bill proposes amendments to the Public Services Reform (Scotland) Act 2010 with a view to supporting implementation of "Anne's Law" related to visits to or by care home residents.

Please provide your comments on these sections of the Bill in the box provided.

We would generally support the implementation of Anne's Law which gives people living in adult care homes a right to maintain contact with family and friends.

National Care Service (Scotland) Bill

[AS INTRODUCED]

CONTENTS

THE FOLLOWING ACCOMPANYING DOCUMENTS ARE ALSO PUBLISHED: Explanatory Notes (SP Bill 17-EN), a Financial Memorandum (SP Bill 17-FM), a Policy Memorandum (SP Bill 17-PM), a Delegated Powers Memorandum (SP Bill 17-DPM) and statements on legislative competence (SP Bill 17-LC).

National Care Service (Scotland) Bill

[AS INTRODUCED]

An Act of the Scottish Parliament to establish the National Care Service; to make provision about the processing of health and social care information; to make provision about the delivery and regulation of social care; and for connected purposes.

PART 1

THE NATIONAL CARE SERVICE

CHAPTER 1

THE PRINCIPLES AND INSTITUTIONS OF THE NATIONAL CARE SERVICE

Principles

1 The National Care Service principles

The National Care Service principles are—

(a) the services provided by the National Care Service are to be regarded as an investment in society that—

(i) is essential to the realisation of human rights,

(ii) enables people to thrive and fulfil their potential, and

(iii) enables communities to flourish and prosper,

(b) for them to be such an investment, the services provided by the National Care Service must be financially stable in order to give people long-term security,

(c) services provided by the National Care Service are to be centred around early interventions that prevent or delay the development of care needs and reduce care needs that already exist,

(d) services provided by the National Care Service are to be designed collaboratively with the people to whom they are provided and their carers,

(e) opportunities are to be sought to continuously improve the services provided by the National Care Service in ways which—

(i) promote the dignity of the individual, and

(ii) advance equality and non-discrimination,

(f) the National Care Service, and those providing services on its behalf, are to communicate with people in an inclusive way, which means ensuring that individuals who have difficulty communicating (in relation to speech, language or otherwise) can receive information and express themselves in ways that best meet their individual needs,

(g) the National Care Service is to be an exemplar in its approach to fair work for the people who work for it and on its behalf, ensuring that they are recognised and valued for the critically important work that they do.

The Scottish Government

2 Responsibility for the National Care Service

(1) It is the duty of the Scottish Ministers to promote in Scotland a care service designed to secure improvement in the wellbeing of the people of Scotland.

(2) Everything that the Scottish Ministers do in discharging that duty is to be done in the way that seems to them to best reflect the National Care Service principles.

3 Responsibility for improvement

It is the duty of the Scottish Ministers to put and keep in place arrangements for the purpose of monitoring and improving the quality of the services that the National Care Service provides.

Care boards

4 Establishment and abolition of care boards

(1) The Scottish Ministers may by regulations—

(a) establish bodies to be known as care boards,

(b) abolish a care board.

(2) The power conferred by subsection (1) must be exercised so that—

(a) there are care boards with responsibility for particular geographical areas, and

(b) those boards' areas—

(i) together cover the whole of Scotland, and

(ii) do not coincide or overlap.

(3) A care board that is—

(a) established in fulfilment of the duty under subsection (2) is a local care board,

(b) not established in fulfilment of that duty is a special care board.

(4) Regulations establishing a care board must—

(a) in all cases—

(i) specify the name by which the board is to be known,

(ii) state whether it is a local or special care board,

(iii) specify the minimum and maximum number of ordinary members of the board,

(b) in the case of a local care board, identify the geographical area for which the board is responsible (which may be done by reference to another document).

(5) Further provision in connection with care boards is made by—

(a) schedule 1, which makes provision about their constitution and operation,

(b) schedule 2, which inserts references to them into other enactments which (amongst other things) impose duties on public bodies.

5 Financial assistance for care boards

(1) The Scottish Ministers may provide any financial assistance to care boards that they consider appropriate.

(2) For the purposes of subsection (1), "financial assistance" includes grants, loans, guarantees and indemnities.

(3) The Scottish Ministers may attach conditions (including conditions as to repayment and the payment of interest) in respect of any financial assistance provided under this section.

CHAPTER 2

STRATEGIC PLANNING

The Scottish Government

6 Strategic planning by the Scottish Ministers

(1) Subsection (2) applies if, by virtue of regulations under section 27, 28, or 29—

(a) the Scottish Ministers have the function of providing a service, or

(b) the function of their providing a service is designated as a National Care Service function.

(2) The Scottish Ministers must—

(a) have a strategic plan, and

(b) make their latest plan publicly available.

(3) The Scottish Ministers' strategic plan is a document setting out, for the period of the plan, their—

(a) arrangements for providing the service referred to in subsection (1),

(b) vision for the service,

(c) objectives in relation to the service,

(d) budget projections in relation to the service,

(e) ethical commissioning strategy in relation to the service.

(4) The Scottish Ministers' strategic plan may include any other information they consider appropriate.

(5) Before making a strategic plan the Scottish Ministers must consult publicly on a draft of the plan.

(6) The Scottish Ministers—

(a) may make a new strategic plan at any time (having complied with subsection (5)),

(b) must ensure that there is no gap between the period of one plan ending and that of its successor beginning.

(7) The period of a strategic plan—

(a) must not exceed 3 years,

(b) begins on the date that the plan states it begins,

(c) ends on the earlier of—

(i) the date that the plan states it ends, or

(ii) the date that the period of the plan's successor begins.

Care boards

7 Strategic planning by care boards

(1) A care board must—

(a) have a strategic plan, and

(b) make its latest plan publicly available.

(2) A care board's strategic plan is a document setting out, for the period of the plan (as defined in section 9(2)), the board's—

(a) vision,

(b) objectives,

(c) structure,

(d) budget projections,

(e) arrangements for providing services in exercise of the functions conferred on the board by virtue of regulations under section 27, 28, or 29,

(f) ethical commissioning strategy in relation to those services.

(3) A care board's strategic plan may include any other information the board considers appropriate.

8 Care boards' planning process

(1) Before making a strategic plan, a care board must—

(a) consult in accordance with subsection (3), and

(b) then have a draft of the plan approved by the Scottish Ministers.

(2) The Scottish Ministers may decline to approve a care board's draft plan until any changes they consider appropriate have been made.

(3) A care board must consult on a strategic plan in the following way—

(a) the board must seek views on a draft of the plan from—

(i) its community planning partners, and

(ii) in the case of a local care board, any other local care board whose area of responsibility borders its own,

(b) then, having taken their views into account, the board must seek views on a draft of the plan from—

(i) in the case of a local care board, the residents of its area of responsibility,

(ii) in the case of a special care board, the public in Scotland.

(4) Nothing in this section precludes a care board from seeking views on a proposal for a strategic plan from any person at any time.

(5) In subsection (3)(a), the reference to a care board's community planning partners is to any person who is in a community planning partnership with the board for the purposes of Part 2 of the Community Empowerment (Scotland) Act 2015.

9 Frequency of planning by care boards

(1) A care board—

(a) may make a new strategic plan at any time (having complied with section 8(1)),

(b) must seek to ensure that there is no gap between the period of one plan ending and that of its successor beginning.

(2) The period of a care board's strategic plan—

(a) must not exceed 3 years,

(b) begins on the date that the plan states it begins,

(c) ends on the earlier of—

(i) the date that the plan states it ends, or

(ii) the date that the period of the plan's successor begins.

(3) A newly established care board must seek to make its strategic plan within 12 months of its establishment.

Interpretation

10 Meaning of ethical commissioning strategy

References in this Chapter to a person's ethical commissioning strategy in relation to a service is to the person's strategy for ensuring that the person's arrangements for providing the service best reflect the National Care Service principles.

CHAPTER 3

INFORMATION AND SUPPORT

The National Care Service charter

11 The National Care Service charter

(1) The Scottish Ministers must—

(a) prepare a charter ("the National Care Service charter"), and

(b) make it publicly available.

(2) The charter is to contain—

(a) a summary of the rights and responsibilities in relation to the National Care Service of—

(i) the individuals to whom the National Care Service provides services,

(ii) any individual who has a personal interest in the wellbeing of another individual to whom the National Care Service provides a service (for example a family member or a carer),

(iii) any other category of person whose rights and responsibilities in relation to the National Care Service the Scottish Ministers consider it appropriate to summarise in the charter,

(b) a description of the processes available for upholding the rights in relation to the National Care Service of the persons whose rights and responsibilities the charter summarises.

(3) The charter may include any other information the Scottish Ministers consider appropriate.

(4) Nothing in the charter is to—

(a) give rise to any new rights,

(b) impose any new responsibilities, or

(c) alter in any way an existing right or responsibility.

12 Further provision about the charter

(1) In preparing and reviewing the National Care Service charter, the Scottish Ministers must—

(a) consult any person they consider appropriate,

(b) have particular regard to the importance of eliciting the views of—

(i) the individuals to whom the National Care Service provides services, and

(ii) the persons who provide services on behalf of the National Care Service.

(2) The Scottish Ministers must lay before the Scottish Parliament a copy of—

(a) the first version of the charter, and

(b) any new version resulting from their making changes following a review.

(3) The Scottish Ministers must—

(a) first review the charter within 5 years of a copy of the first version being laid before the Scottish Parliament, and

(b) after that, review it within 5 years of the last review concluding.

(4) Following a review of the charter, the Scottish Ministers may make any changes to it that they consider appropriate.

(5) In the period before any regulations under a section in Chapter 6 have come into force, references in this section and section 11 to individuals to whom the National Care Service provides services are to be read as references to the individuals to whom the Scottish Ministers expect the National Care Service will provide services within 12 months.

(6) For the purposes of subsection (1), it is immaterial that anything done by way of consultation was done before the Bill for this Act was passed or after that but before this section comes into force.

Advocacy

13 Independent advocacy

The Scottish Ministers may by regulations make provision about the provision of independent advocacy services in connection with the services that the National Care Service provides.

Complaints

14 Complaints service

(1) The Scottish Ministers must provide a complaints service for—

(a) receiving complaints about the services that the National Care Service provides, and

(b) passing those complaints on to the appropriate person.

(2) Nothing in subsection (1) precludes the complaints service from dealing with other kinds of complaint.

(3) The appropriate person in relation to a complaint is the person who, in the opinion of the provider of the complaints service, is best placed to address the complaint.

(4) The Scottish Ministers—

(a) must fulfil their duty under subsection (1) as soon as practicable, and

(b) may do so by having the complaints service assume responsibility for dealing with complaints about different services at different times.

15 Dealing with complaints

(1) The Scottish Ministers may by regulations make provision about the handling of relevant complaints (including the remedies that are to be available).

(2) A relevant complaint is a complaint about—

(a) a service provided by the National Care Service,

(b) any other social service as defined by section 46 of the Public Services Reform (Scotland) Act 2010.

(3) Regulations under this section may in particular—

(a) impose requirements (for example to produce documentation on request),

(b) create sanctions (civil or criminal) for those who fail to comply with the regulations' requirements.

(4) The Scottish Ministers may only lay draft regulations to which subsection (5) applies before the Scottish Parliament for approval with the consent of the Scottish Parliamentary Corporate Body.

(5) This subsection applies to draft regulations under this section that would—

(a) confer a function on a person listed in schedule 6 of the Public Services Reform (Scotland) Act 2010, or

(b) modify or remove one of those persons' existing functions.

CHAPTER 4

SCOTTISH MINISTERS' POWERS TO INTERVENE

Powers in relation to care boards

16 Directions to care boards

(1) A care board must comply with any direction issued to it by the Scottish Ministers.

(2) A direction under subsection (1)—

(a) may be general or specific,

(b) may modify or revoke an earlier direction under subsection (1).

17 Removal of care board members

(1) The Scottish Ministers may by regulations remove the members of a care board if the Ministers are satisfied that the board has failed to carry out any of its functions.

(2) The Scottish Ministers may only be satisfied that a care board has failed to carry out a function if an inquiry has been held to determine the facts relating to the alleged failure.

(3) An inquiry for the purpose of subsection (2) is to be held in whatever manner the Scottish Ministers consider appropriate.

(4) For the avoidance of doubt, a reference to a care board's functions includes its function of complying with any direction issued to it under section 16.

18 Transfer of care board's functions in an emergency

(1) The Scottish Ministers may direct that a function of a care board is to be performed by another person if the Ministers are of the opinion that—

(a) an emergency exists, and

(b) having a person other than the board perform the function is necessary in order to secure the function's effective performance.

(2) A direction under subsection (1) is to specify the person who is to perform the function (which may be the Scottish Ministers).

(3) A person directed under subsection (1) to perform a function must comply with the direction.

(4) The Scottish Ministers—

(a) may revoke a direction under subsection (1) at any time, and

(b) must do so as soon as practicable after they form the opinion—

(i) that the emergency in connection with which the direction was issued no longer exists, or

(ii) that it never existed.

(5) A direction under subsection (1) is revoked when the Scottish Ministers have given notice to that effect to—

(a) the care board whose function is concerned, and

(b) if the person charged with performing the function by the direction is not the Scottish Ministers, that person too.

19 Transfer of care board's functions due to service failure

(1) The Scottish Ministers may direct that a function of a care board is to be performed by another person if the Ministers are of the opinion that the board has failed, is failing or is likely to fail—

(a) to perform the function, or

(b) to perform it to a standard which the Ministers regard as acceptable.

(2) A direction under subsection (1) is to specify the person who is to perform the function, but may only specify—

(a) another care board, or

(b) the Scottish Ministers.

(3) A person directed under subsection (1) to perform a function must comply with the direction.

(4) Where a care board's function is performed by another person in accordance with a direction under subsection (1)—

(a) the board is liable to the person for any expenses that the person reasonably incurs in performing the function, unless the direction states otherwise,

(b) anything done, or omitted, by the person in performing the function is to be regarded as having been done or omitted by the board,

(c) a third party who deals with the person in good faith and for value is entitled to assume that anything the person purports to do within the powers conferred by the direction is properly done within those powers.

(5) For the purposes of subsection (4)(a), a person's expenses in performing a function includes the cost of remunerating the person's staff for periods they spent performing the function.

(6) The Scottish Ministers may revoke a direction under subsection (1) at any time.

(7) A direction under subsection (1) is revoked when the Scottish Ministers have given notice to that effect to—

(a) the care board whose function is concerned, and

(b) if the person charged with performing the function by the direction is not the Scottish Ministers, that person too.

Powers to intervene with contractors

20 Emergency intervention order

(1) The court may, on an application by the Scottish Ministers, make an emergency intervention order.

(2) An emergency intervention order is an order designed to ensure that goods or services that are to be provided by a person ("the provider") to, or on behalf of, the National Care Service under an agreement are, so far as possible, provided without undue delay and to an appropriate standard.

(3) An emergency intervention order may—

(a) authorise a person nominated by the Scottish Ministers to—

(i) enter and occupy premises identified in the order,

(ii) direct and control the provider's operations so far as they relate to the affected supply,

(iii) do anything that the person considers necessary to ensure that the affected supply is provided without undue delay and to an appropriate standard,

(b) require the provider to comply with any direction in relation to the affected supply given by the person nominated by the Scottish Ministers,

(c) confer any other powers, or impose any other duties or prohibitions, that the court considers appropriate (for example, a prohibition on the provider disposing of assets).

(4) The court may make an emergency intervention order only if it is satisfied that it is reasonable for the Scottish Ministers to hold the opinion described by section 21(1) in relation to the affected supply.

(5) The court may make an emergency intervention order in the absence of the provider.

(6) If it makes an emergency intervention order, the court must specify in the order the period for which it has effect, which must not exceed 12 months (but see section 22(2)).

(7) In this section—

"the affected supply" means the goods or services that the emergency intervention order in question is designed to ensure are provided without undue delay and to an appropriate standard,

"court" means the Court of Session or the sheriff.

21 Application for emergency intervention order

(1) The Scottish Ministers may apply for an emergency intervention order only if it is their opinion that—

(a) there is a failure, or an imminent risk of failure, in the provision of goods or services that are to be provided to, or on behalf of, the National Care Service under an agreement,

(b) that failure has caused, or is likely to cause, significant harm to the material wellbeing or safety of persons to whom the National Care Service provides services,

(c) the agreement under which the goods or services are to be provided offers no remedy that could effectively mitigate that harm.

(2) In subsection (1), reference to a failure in the provision of goods or services is to—

(a) their not being provided in accordance with the terms of the agreement under which they are to be provided, or

(b) their provision in accordance with the terms of that agreement no longer being adequate to fulfil the purpose for which the National Care Service entered into the agreement to have the goods or services provided.

22 Variation and revocation of emergency intervention order

(1) The court may on the application of the Scottish Ministers or the provider—

(a) vary the terms of an emergency intervention order,

(b) revoke an emergency intervention order.

(2) The court may vary an emergency intervention order to extend the period for which it has effect, but—

(a) may only do so once, and

(b) may not extend the period originally specified by more than 6 months.

(3) In this section, "court" and "provider" are to be construed in accordance with section 20.

CHAPTER 5

FUNCTIONS CONNECTED TO THE PROVISION OF CARE

23 Research

(1) The Scottish Ministers and care boards may do any of the following in relation to research relevant to the services that the National Care Service provides—

(a) conduct it,

(b) assist others in conducting it,

(c) give financial assistance in relation to it.

(2) For the purposes of subsection (1)(c), "financial assistance" means grants and loans.

(3) A person giving financial assistance under this section may attach conditions to it (including conditions as to repayment and the payment of interest).

24 Training

(1) The Scottish Ministers and care boards may—

(a) provide training courses for individuals to equip them with knowledge and skills relevant to providing services on behalf of the National Care Service,

(b) give a person a grant towards expenses incurred by the person in providing training for the purpose mentioned in paragraph (a),

(c) give to an individual undertaking training for the purpose mentioned in paragraph (a) (whether or not by way of a course provided under that paragraph) a grant towards any or all of the following—

(i) fees for the training,

(ii) expenses incurred in connection with the training,

(iii) living costs that arise during the training period.

(2) A person giving a grant under this section may attach conditions to it (including conditions as to repayment and the payment of interest).

25 Support for other activities

(1) The Scottish Ministers and care boards may give financial assistance to any person who is engaged in an activity connected to the services provided to individuals by the National Care Service.

(2) Financial assistance may be given under subsection (1) in order that the recipient of it can, in turn, give financial assistance to another person engaged in an activity connected to the services provided to individuals by the National Care Service.

(3) A person giving financial assistance under subsection (1) may attach conditions to it.

(4) Where financial assistance is given under subsection (1) for the purpose mentioned in subsection (2), the conditions attached to it may include requirements about the conditions that the recipient must attach when the recipient uses the financial assistance to give assistance to another person.

(5) References in this section to conditions include conditions as to repayment and the payment of interest.

(6) In this section, "financial assistance" means grants and loans.

26 Compulsory purchase

(1) The Scottish Ministers or a care board may compulsorily acquire land that they require for the purpose of exercising a relevant function.

(2) A compulsory acquisition by a care board under subsection (1) must be authorised by the Scottish Ministers.

(3) Land may not be compulsorily acquired by virtue of subsection (1) if it is held or used by a Minister of the Crown or a department of the Government of the United Kingdom.

(4) In this section—

(a) a relevant function—

(i) in the case of a care board, is any of its functions,

(ii) in the case of the Scottish Ministers, is any function conferred on them by virtue of this Part,

(b) references to acquiring land includes acquiring—

(i) any right or interest in or over land,

(ii) a servitude or other right in or over land by the creation of a new right.

CHAPTER 6

ALLOCATION OF CARE FUNCTIONS ETC.

Powers to transfer functions

27 Power to transfer functions from local authorities

For the purpose of fulfilling their duty under section 2, the Scottish Ministers may by regulations, wholly or partly, transfer to themselves or a care board a function conferred on a local authority by an enactment mentioned in schedule 3.

28 Power to bring aspects of healthcare into the National Care Service

For the purpose of fulfilling their duty under section 2, the Scottish Ministers may by regulations—

(a) designate as a National Care Service function the function of their providing, or securing the provision of, a particular service under the National Health Service (Scotland) Act 1978,

(b) wholly or partly transfer to themselves, or a care board, a function conferred on a health board or a special health board.

29 Power to re-organise the National Care Service

For the purpose of fulfilling their duty under section 2, the Scottish Ministers may by regulations wholly or partly transfer to—

(a) themselves a function conferred on a care board,

(b) a care board a function conferred on themselves by virtue of section 27, 28 or this section,

(c) a local care board a function conferred on a special care board,

(d) a special care board a function conferred on a local care board.

Duties in relation to transferring functions

30 Consultation before bringing children's and justice services into the National Care Service

(1) This section applies in relation to regulations under section 27 that would transfer the function of providing—

(a) a children's service, or

(b) a justice service.

(2) Before making regulations to which this section applies, the Scottish Ministers must consult publicly about the function transfer that the proposed regulations would effect.

(3) When laying a draft Scottish statutory instrument containing regulations to which this section applies before the Scottish Parliament for approval by resolution, the Scottish Ministers must also lay before the Parliament a summary of—

(a) the process by which they consulted in relation to the function transfer that would be effected by the regulations contained in the draft instrument, and

(b) the responses they received to that consultation.

(4) In this section, "a children's service" means a service that is provided to, or in relation to (either or both)—

(a) persons under 18 years of age,

(b) persons 18 years of age or over on account of a local authority having provided a service to, or in relation to, them when they were under 18 years of age.

(5) In this section, the reference to "a justice service" is to be construed as follows—

(a) a justice service is a service that is provided only to, or in relation to, persons who are or have been—

(i) in police custody having been arrested in respect of an offence,

(ii) officially accused of committing an offence,

(iii) the accused in criminal proceedings,

(iv) found guilty in criminal proceedings,

(b) despite paragraph (a), no service provided in exercise of a function conferred by virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003 is a justice service.

(6) In subsection (5), "officially accused" and "police custody" have the meanings given in (respectively) sections 63 and 64 of the Criminal Justice (Scotland) Act 2016.

Further provision about function transfers

31 Transfers of staff

(1) In connection with the transfer of a function from one person ("the original function holder") to another ("the new function holder"), the Scottish Ministers may by regulations transfer individuals from the employment of the original function holder into the employment of the new function holder.

(2) But regulations under subsection (1) may not transfer a person from the employment of a health board or a special health board into the employment of another person.

(3) Regulations under subsection (1) may identify the staff to be transferred by name or description.

(4) A transfer effected by virtue of subsection (1) is a relevant transfer for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).

(5) In this section, a reference to the transfer of a function is to a transfer by virtue of a section in this Chapter.

32 Transfers of property and liabilities etc.

(1) In connection with the transfer of a function from one person ("the original function holder") to another ("the new function holder"), the Scottish Ministers may by regulations—

(a) transfer to, and vest in, the new function holder any of the property (including rights) and liabilities of the original function holder,

(b) provide that anything done by, or on behalf of, the original function holder is to be treated as having been done by, or on behalf of, the new function holder,

(c) provide that any reference to the original function holder in a contract, deed or other document giving rise to a legal obligation, is to be read as a reference to the new function holder,

(d) provide that any legal proceedings raised by, or against, the original function holder are to be continued by, or against the new function holder.

(2) In this section, the reference to the transfer of a function is to a transfer by virtue of a section in this Chapter.

33 Interpretation of expressions about functional transfers

(1) In this Chapter, a reference to—

(a) transferring a function wholly is to transferring it so that it ceases to be exercisable for any purpose by the person on whom it was conferred before the transfer,

(b) transferring a function partly is to transferring it so that for some purposes it is exercisable by the Scottish Ministers or a care board while for others it remains exercisable by the person on whom it was conferred before the transfer,

(c) a function being conferred includes its being conferrable (for example by a court order),

(d) transferring a function from person A to person B includes making a function that is conferrable on person A conferrable on person B.

(2) In subsection (1)(a) and (b), a reference to a function's being exercisable for a purpose includes its being conferrable for a purpose.

CHAPTER 7

FINAL PROVISIONS FOR PART 1

34 Consequential modifications

Schedule 4 makes modifications in consequence of this Part.

35 Interpretation of Part 1

(1) This section makes provision for the purposes of interpreting this Part.

(2) The National Care Service is comprised by—

(a) care boards, and

(b) the Scottish Ministers insofar as they are exercising a function that is—

(i) conferred on them by virtue of this Part, or

(ii) designated as a National Care Service function by virtue of regulations under section 28.

(3) References (however expressed) to a service provided by the National Care Service are to a service that a person comprising the National Care Service provides in exercise of a function that is—

(a) conferred by virtue of regulations under section 27, 28, or 29, or

(b) designated as a National Care Service function by virtue of regulations under section 28.

(4) References (however expressed) to providing a service include securing its provision.

PART 2

HEALTH AND SOCIAL CARE INFORMATION

36 Care records

(1) The Scottish Ministers may by regulations provide for a scheme that allows information to be shared in order that services can be provided efficiently and effectively by and on behalf of—

(a) the National Care Service,

(b) the National Health Service.

(2) Regulations under subsection (1) may in particular—

(a) require one person to supply information to another person,

(b) create sanctions (civil or criminal) for those who fail to comply with the regulations' requirements.

(3) In this section—

"National Care Service" means—

(a) a care board,

(b) the Scottish Ministers exercising a function conferred on them by virtue of—

(i) Part 1,

(ii) section 58 of the Regulation of Care (Scotland) Act 2001,

"National Health Service" means—

(a) a health board,

(b) a special health board,

(c) the Common Services Agency for the Scottish Health Service,

(d) Healthcare Improvement Scotland,

(e) the Scottish Ministers exercising a function conferred on them by virtue of the National Health Service (Scotland) Act 1978.

37 Information standard

(1) An information standard is a document, produced by the Scottish Ministers, setting out how certain information is to be processed.

(2) The Scottish Ministers must make any information standard they produce publicly available.

(3) A person to whom subsection (4) applies must—

(a) comply with any information standard, and

(b) include in any agreement for the provision of a service on the person's behalf a requirement that the other party comply with any information standard.

(4) This subsection applies to—

(a) a care board,

(b) a health board,

(c) a special health board,

(d) the Common Services Agency for the Scottish Health Service,

(e) Healthcare Improvement Scotland,

(f) the Scottish Ministers, but only insofar as they are exercising a function conferred on them by virtue of—

(i) Part 1,

(ii) section 58 of the Regulation of Care (Scotland) Act 2001,

(iii) the National Health Service (Scotland) Act 1978.

(5) The references to an information standard in subsections (2) and (3) do not include an information standard that the Scottish Ministers have withdrawn.

(6) In this section, "processed" includes doing any of the things referred to in paragraphs (a) to (f) of section 3(4) of the Data Protection Act 2018.

PART 3

REFORMS CONNECTED TO DELIVERY AND REGULATION OF CARE

Carers

38 Rights to breaks for carers

(1) The Carers (Scotland) Act 2016 is modified by subsections (2) to (10).

(2) After section 8(2) (adult carers: identification of outcomes and needs for support) insert—

"(1) A responsible local authority must identify, as a personal outcome that is relevant to an adult carer, the outcome that the adult carer is able to take sufficient breaks from providing care for the cared-for person.

(2) Where an adult carer is not able to take sufficient breaks from providing care for the cared-for person, a responsible local authority must identify the need for support to enable the adult carer to take sufficient breaks from providing that care.".

(3) In section 9(1) (content of adult carer support plan)—

(a) after paragraph (h) insert—

"(ha) if the adult carer's identified needs include the need for support to enable the adult carer to take sufficient breaks from providing care by virtue of section 8(4), information about the support which the responsible local authority provides or intends to provide to the adult carer to meet that need,",

(b) in paragraph (j), after "criteria" insert "(except in the case of an identified need as mentioned in paragraph (ha))",

(c) paragraph (k) is repealed.

(4) After section 14(2) (young carers: identification of outcomes and needs for support) insert—

"(3) A responsible authority must identify, as a personal outcome that is relevant to a young carer, the outcome that the young carer is able to take sufficient breaks from providing care for the cared-for person.

(4) Where a young carer is not able to take sufficient breaks from providing care for the cared-for person, a responsible authority must identify the need for support to enable the young carer to take sufficient breaks from providing that care.".

(5) In section 15(1) (content of young carer statement)—

(a) after paragraph (i) insert—

"(ia) if the young carer's identified needs include the need for support to enable the young carer to take sufficient breaks from providing care by virtue of section 14(4), information about the support which the responsible local authority provides or intends to provide to the young carer to meet that need,",

(b) in paragraph (k), after "criteria" insert "(except in the case of an identified need as mentioned in paragraph (ia))",

(c) paragraph (l) is repealed.

(6) In section 21 (duty to set local eligibility criteria)—

(a) in subsection (2), for "identified" substitute "relevant",

(b) after subsection (4) insert—

"(5) In subsection (2), "relevant needs" means identified needs other than any need for support to enable carers to take sufficient breaks from providing care that is identified by virtue of section 8(4) or 14(4).".

(7) In section 23 (national eligibility criteria)—

(a) in subsection (2), for "identified" substitute "relevant",

(b) in subsection (3)(c), for "24(3)" substitute "24(2) and (4)",

(c) after subsection (4) insert—

"(5) In subsection (2), "relevant needs" means identified needs other than any need for support to enable carers to take sufficient breaks from providing care that is identified by virtue of section 8(4) or 14(4).".

(8) In section 24 (duty to provide support)—

(a) in subsection (1)(a), for the words from "section" to "caring" substitute "this section in order to enable the carer to take a break from providing care for the cared-for person",

(b) in subsection (2), for "eligible needs" substitute "relevant needs that meet the local eligibility criteria",

(c) subsection (3) is repealed,

(d) in subsection (4)—

(i) in paragraph (a), for "the carer's eligible needs" substitute "any relevant needs of the carer that meet the local eligibility criteria",

(ii) in paragraph (b), for "the carer's other identified needs" substitute "any relevant needs of the carer that do not meet the local eligibility criteria",

(e) after subsection (4) insert—

"(4A) The responsible local authority must also provide support to the carer to meet any need for support to enable the carer to take sufficient breaks from providing care for the cared-for person that is identified by virtue of section 8(4) or 14(4).",

(f) in subsection (5)—

(i) in the opening words, for "Subsection (4)(a) applies" substitute "Subsections (4)(a) and (4A) apply",

(ii) in paragraph (a), for "eligible needs" substitute "identified needs in question",

(iii) in paragraph (b), for "eligible needs" substitute "identified needs in question",

(g) in subsection (6), for the words from "the", in the first place where it occurs, to the end substitute ""relevant needs", in relation to a carer, means the carer's identified needs other than any need for support to enable the carer to take sufficient breaks from providing care that is identified by virtue of section 8(4) or 14(4)".

(9) In section 25 (provision of support to carers: breaks from caring)—

(a) subsection (1) is repealed,

(b) for subsection (2) substitute—

"(2) The Scottish Ministers may by regulations make further provision in connection with the support to be provided to a carer under section 24(4A).

(3) Regulations under subsection (2) may in particular make provision about—

(a) the meaning of any reference to sufficient breaks in this Act,

(b) standards or criteria in relation to the sufficiency of such breaks (including the nature, frequency or duration of breaks),

(c) forms of support that may enable a carer to take such breaks,

(d) where the support is the provision of care for the cared-for person, the role of the cared-for person in relation to how the care is provided.",

(c) in subsection (3), for "by virtue of subsection (1)" substitute "under section 24(4A)",

(d) in subsection (4)—

(i) for "by virtue of subsection (1)" substitute "under section 24(4A)",

(ii) for "caring" substitute "providing care",

(e) in subsection (5), for "as a break from caring" substitute "to enable a carer to take a break from providing care for the cared-for person".

(10) In section 31 (duty to prepare local carer strategy)—

(a) after subsection (2)(h) insert—

"(ha) plans to promote a variety of providers of support to relevant carers and to promote the variety of support provided,",

(b) after subsection (2) insert—

"(2A) In subsection (2), references to support to relevant carers include references to support to enable carers to take a break from providing care for cared-for persons.".

(11) The Social Care (Self-directed Support) (Scotland) Act 2013 is modified by subsection (12).

(12) In section 7(1) (choice of options: adult carers and young carers), after "24(4)" insert "or (4A)".

(13) The Social Work (Scotland) Act 1968 is modified by subsection (14).

(14) In section 87 (charges that may be made for services and accommodation)—

(a) in subsection (1), after "24(4)" insert "or (4A)",

(b) in subsection (1A)(a), after "24(4)" insert "or (4A)".

39 Enactments relating to carers: minor modifications

(1) The Carers (Scotland) Act 2016 is modified by subsection (2).

(2) Sections 6(6) and 12(8) are repealed.

(3) The Social Care (Self-directed Support) (Scotland) Act 2013 is modified by subsection (4).

(4) In section 7(1), the words "an adult" in the first place where they occur are repealed.

Care homes

40 Visits to or by care home residents

(1) The Public Services Reform (Scotland) Act 2010 is modified as follows.

(2) In section 78 (regulations: care services), after subsection (2) insert—

"(2A) The Scottish Ministers must exercise the power under subsection (2) to require providers of care home services to comply with any direction ("visiting direction") issued by the Ministers about either or both of—

(a) visits to residents of accommodation provided by a care home service,

(b) visits by residents of accommodation provided by a care home service.

(2B) The Scottish Ministers—

(a) must, before issuing a visiting direction, consult Public Health Scotland and any other person the Scottish Ministers consider appropriate,

(b) may vary or revoke a visiting direction.".

Procurement

41 Reserving right to participate in procurement by type of organisation

(1) The Public Contracts (Scotland) Regulations 2015 (S.S.I. 2015/446) are modified as follows.

(2) After regulation 76 insert—

"Reserved contracts for certain services

76A—(1) Contracting authorities may reserve to qualifying organisations the right to participate in procedures for the award of reservable contracts.

(2) Where a contracting authority exercises the power of reservation conferred by paragraph (1), the call for competition must make reference to this regulation.

(3) The power of reservation conferred by paragraph (1) is without prejudice to the power conferred by regulation 21.

(4) A reservable contract is a contract that—

(a) is to be awarded in accordance with this Section,

(b) has a maximum duration of 5 years or less,

(c) is for the provision of a service, or more than one service, to or on behalf of the National Care Service (as defined by section 35 of the National Care Service (Scotland) Act 2023), and

(d) is exclusively for a service, or more than one service, covered by one of the following CPV codes: 75200000-8, 75231200-6, 75231240-8, 79611000-0, 79622000-0, 79624000-4, 79625000-1, a code in the range beginning with 85000000-9 and ending with 85323000-9, 98133100-5, 98133000-4, 98200000-5, 98500000-8 and a code in the range beginning with 98513000-2 and ending with 98514000-9.

(5) An organisation is a qualifying organisation if—

(a) its objective is the pursuit of a public service mission linked to the delivery of services referred to in paragraph (4)(d),

(b) profits are reinvested with a view to achieving the organisation's objective, and any distribution of profits is based on participatory considerations,

(c) the structures of management or ownership of the organisation are (or will be if and when it performs the contract in question)—

(i) based on employee ownership or participatory principles, or

(ii) such that they require the active participation of employees, users or stakeholders, and

(d) the organisation has not been awarded, pursuant to this regulation, a contract for the services concerned by the contracting authority concerned within the past 3 years.

(6) The Scottish Ministers may by regulations change—

(a) the CPV codes specified in paragraph (4)(d),

(b) the definition of qualifying organisation.

(7) The power conferred by paragraph (6) may be exercised to make different provision for different purposes.".

Regulation of social services

42 Cancellation of care service registration

(1) The Public Services Reform (Scotland) Act 2010 is modified as follows.

(2) In section 64 (cancellation of registration)—

(a) in subsection (1), the words ", at any time after the expiry of the period specified in an improvement notice given in respect of a care service," are repealed,

(b) after subsection (1) insert—

"(1A) The power in subsection (1) may be exercised—

(a) at any time after the expiry of the period specified in an improvement notice given in respect of the care service, or

(b) at any time in circumstances which may be prescribed.".

43 Assistance in inspections from Healthcare Improvement Scotland

(1) The Public Services Reform (Scotland) Act 2010 is modified as follows.

(2) After section 57 insert—

"57A Assistance in inspections from Healthcare Improvement Scotland

(1) Healthcare Improvement Scotland may assist SCSWIS in carrying out an inspection under this Part.

(2) Healthcare Improvement Scotland may charge a reasonable fee determined by it for any assistance provided by virtue of subsection (1).".

PART 4

FINAL PROVISIONS

44 Interpretation

In this Act—

"health board" means a board constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978,

"special health board" means a board constituted under section 2(1)(b) of that Act.

45 Ancillary provision

The Scottish Ministers may by regulations make any incidental, supplementary, consequential, transitional, transitory or saving provision they consider appropriate for the purposes of, or in connection with, or for giving full effect to this Act or any provision made under it.

46 Regulation-making powers

(1) A power to make regulations conferred by this Act includes the power to make different provision for different purposes and areas.

(2) Regulations under—

(a) the following provisions may modify any enactment other than this Act—

(i) section 13,

(ii) section 15,

(iii) any section in Chapter 6 of Part 1,

(b) section 45 may modify any enactment including this Act.

(3) Regulations under any of the following provisions are subject to the affirmative procedure: sections 4, 13, 15, 27, 28, 29 and 36.

(4) Regulations under any of the following provisions are subject to the negative procedure—

(a) sections 31 and 32,

(b) paragraph 15 of schedule 1.

(5) Regulations under section 45—

(a) are subject to the affirmative procedure if they add to, replace or omit any part of the text of an Act, but

(b) otherwise, are subject to the negative procedure.

(6) Regulations under paragraph 11 of schedule 1—

(a) are subject to the affirmative procedure if no regulations have previously been made in exercise of the power, but

(b) otherwise, are subject to the negative procedure.

47 Commencement

(1) This Part comes into force on the day after Royal Assent.

(2) The other provisions of this Act come into force on such day as the Scottish Ministers may by regulations appoint.

48 Short title

The short title of this Act is the National Care Service (Scotland) Act 2023.

SCHEDULE 1
(introduced by section 4(5)(a))

CARE BOARDS: CONSTITUTION AND OPERATION

PART 1

STATUS

Incorporation

1 A care board is a body corporate.

Exclusion of Crown status

2 A care board—

(a) is not a servant or agent of the Crown, and

(b) does not enjoy any status, immunity or privilege of the Crown.

PART 2

POWERS

General powers

3 A care board may do anything which appears to it to be—

(a) necessary or expedient for the purposes of, or in connection with, the performance of its functions, or

(b) otherwise conducive to the performance of its functions.

PART 3

PROCEDURE

Committees

4 (1) A care board may establish committees and sub-committees.

(2) The membership of a committee or sub-committee of a care board may include persons who are not members of the board.

(3) A care board may, in accordance with a determination by the Scottish Ministers—

(a) pay each member of a committee or sub-committee remuneration and allowances (including expenses), and

(b) pay, or make arrangements for the payment of, allowances and gratuities to, or in respect of, any person who is or has been a member of a committee or sub-committee.

(4) The arrangements referred to in sub-paragraph (3)(b) may include—

(a) making payments towards the provision of those allowances and gratuities,

(b) providing and maintaining schemes for the payment of those allowances and gratuities to, or in respect of, any person who is or has been a member of a committee or sub-committee.

(5) The reference in sub-paragraph (3) to allowances and gratuities includes allowances and gratuities by way of compensation for loss of office as a member of a committee or sub-committee.

Regulation of procedure

5 A care board may regulate its own procedure (including quorum) and that of its committees and sub-committees.

Authority to perform functions

6 (1) A care board may authorise any of its—

(a) members,

(b) committees,

(c) sub-committees, or

(d) staff,

to perform such of its functions, and to such extent, as it may determine.

(2) The giving of authority under sub-paragraph (1) by a care board does not—

(a) affect the board's responsibility for the performance of its functions, or

(b) prevent the board from performing the function itself.

Validity of things done

7 The validity of anything done by a care board, its committees or sub-committees is not affected by—

(a) a vacancy in its membership,

(b) a defect in the appointment of a member,

(c) the disqualification of a member after appointment.

PART 4

ACCOUNTABILITY

Accounts and audit

8 A care board must—

(a) keep proper accounts and accounting records,

(b) prepare in respect of each financial year a statement of accounts, and

(c) send a copy of the statement to the Auditor General for Scotland for auditing.

Annual report

9 A care board must, after each financial year—

(a) prepare and make publicly available a report of its activities during the year, and

(b) send a copy of the report to the Scottish Ministers.

PART 5

MEMBERS

Board composition

10 A care board is to consist of—

(a) a member to chair it, and

(b) not fewer than the minimum, and not more than the maximum, number of ordinary members (see section 4(4)(a)(iii)).

Appointment of members

11 (1) The Scottish Ministers are to appoint for each care board—

(a) the chairing member, and

(b) the ordinary members.

(2) Appointments are to be made in accordance with regulations made by the Scottish Ministers.

(3) A person may be appointed more than once.

(4) A person who is disqualified from being a member may not be appointed (see paragraph 15).

(5) Regulations under sub-paragraph (2) may in particular—

(a) specify qualifications and experience that a person must have in order to be appointed,

(b) require appointments to be made so that a board includes a member who fulfils criteria specified in the regulations,

(c) require that regard is had when making appointments to the desirability of a board including a member who fulfils criteria specified in the regulations.

(6) Criteria, for the purpose of sub-paragraph (5)(b) and (c), may include criteria about a person's—

(a) having certain qualifications or experience,

(b) holding a certain office,

(c) being representative of certain interests.

Members' tenure and other terms and conditions

12 (1) A person's membership of a care board continues until the end of the period of appointment (subject to paragraph 14).

(2) In sub-paragraph (1), "the period of appointment" means the period specified by the Scottish Ministers on appointing the person as a member.

(3) The Scottish Ministers may determine other terms and conditions of membership, in relation to matters not covered by this schedule.

Members' remuneration, allowances and pensions

13 (1) The Scottish Ministers may—

(a) pay members of a care board remuneration and allowances (including expenses),

(b) pay, or make arrangements for the payment of, pensions, allowances and gratuities to, or in respect of, any person who is or has been a member of a care board.

(2) The arrangements referred to in sub-paragraph (1)(b) may include—

(a) making payments towards the provision of those pensions, allowances and gratuities,

(b) providing and maintaining schemes for the payment of those pensions, allowances and gratuities.

(3) The reference in sub-paragraph (1)(b) to pensions, allowances and gratuities includes pensions, allowances and gratuities by way of compensation for loss of office.

Early termination of membership

14 (1) A person's membership of a care board ends if—

(a) the person resigns by written notice given to the Scottish Ministers,

(b) the person becomes disqualified from being a member (see paragraph 15),

(c) the Scottish Ministers give the person written notice that the person is removed from the board, or

(d) the Scottish Ministers remove the person as a member by virtue of section 17.

(2) The Scottish Ministers may remove a board member by virtue of sub-paragraph (1)(c) only if they consider that the member is—

(a) unfit to continue to be a member, or

(b) unable to perform the member's functions.

Disqualification from membership

15 (1) A person is disqualified from being a member of a care board if the person is—

(a) disqualified from being a member by virtue of section 19 of the Ethical Standards in Public Life etc. (Scotland) Act 2000,

(b) disqualified from being the director of a company registered under the Companies Act 2006 in Great Britain.

(2) The Scottish Ministers may by regulations modify this paragraph to add or remove descriptions of persons disqualified from being a member of a care board.

(3) Regulations under sub-paragraph (2) may not repeal sub-paragraph (1)(a).

PART 6

STAFF

Chief executive

16 (1) A care board is to have a chief executive.

(2) The chief executive is a member of the board's staff.

(3) The Scottish Ministers are to appoint the chief executive of each board.

Other staff

17 A care board may appoint staff.

Staff terms and conditions

18 Staff appointed by a care board are appointed on such terms and conditions as the Scottish Ministers determine.

Staff pensions, allowances and gratuities

19 (1) A care board may pay, or make arrangements for the payment of, pensions, allowances and gratuities to, or in respect of, any person who is or has been a member of its staff.

(2) But a care board may not make those payments or arrangements without the Scottish Ministers' approval.

(3) The arrangements referred to in sub-paragraph (1) may include—

(a) making payments toward the provision of pensions, allowances and gratuities,

(b) providing and maintaining schemes for the payment of pensions, allowances and gratuities.

(4) The reference in sub-paragraph (1) to pensions, allowances and gratuities includes pensions, allowances and gratuities by way of compensation for loss of office.

SCHEDULE 2
(introduced by section 4(5)(b))

CARE BOARDS: APPLICATION OF PUBLIC AUTHORITIES LEGISLATION

Ethical Standards in Public Life etc. (Scotland) Act 2000

1 (1) The Ethical Standards in Public Life etc. (Scotland) Act 2000 is modified as follows.

(2) In schedule 3, after the entry relating to the British Waterways Board insert—

"a care board".

Scottish Public Services Ombudsman Act 2002

2 (1) The Scottish Public Services Ombudsman Act 2002 is modified as follows.

(2) In schedule 2, after paragraph 6 insert—

"Care service

6A Any care board.".

Freedom of Information (Scotland) Act 2002

3 (1) The Freedom of Information (Scotland) Act 2002 is modified as follows.

(2) In schedule 1, after paragraph 61B insert—

"61C A care board.".

Public Appointments and Public Bodies etc. (Scotland) Act 2003

4 (1) The Public Appointments and Public Bodies etc. (Scotland) Act 2003 is modified as follows.

(2) In schedule 2, after the entry relating to the Skills Development Scotland Co. Limited insert—

"any care board".

Public Services Reform (Scotland) Act 2010

5 (1) The Public Services Reform (Scotland) Act 2010 is modified as follows.

(2) In schedule 5, after the entry relating to Caledonian Maritime Assets Ltd insert—

"any care board".

(3) In schedule 8, after the entry relating to Caledonian Maritime Assets Ltd insert—

"any care board".

Public Records (Scotland) Act 2011

6 (1) The Public Records (Scotland) Act 2011 is modified as follows.

(2) In the schedule, after the entry relating to Caledonian Maritime Assets Ltd insert—

"15A Care boards".

Procurement Reform (Scotland) Act 2014

7 (1) The Procurement Reform (Scotland) Act 2014 is modified as follows.

(2) In the schedule, before paragraph 16 insert—

"A care board".

Community Empowerment (Scotland) Act 2015

8 (1) The Community Empowerment (Scotland) Act 2015 is modified as follows.

(2) In section 13(2), after paragraph (a) insert—

"(aa) any local care board (as defined in section 4(3) of the National Care Service (Scotland) Act 2023) the area of responsibility of which is the

same as, or to any extent either includes or is included by, the area of the local authority,".

(3) In schedule 1—

(a) after the entry beginning "Any integration joint board" insert—

"Any local care board (as defined in section 4(3) of the National Care Service (Scotland) Act 2023) the area of responsibility of which is the same as, or to any extent either includes or is included by, the area of the local authority",

(b) after the entry relating to the Skills Development Scotland Co. Limited insert—

"Any special care board (as defined in section 4(3) of the National Care Service (Scotland) Act 2023) that provides services, or on behalf of which services are provided, within the area of the local authority".

(4) In schedule 3, after the entry relating to British Waterways Board insert—

"A care board".

British Sign Language (Scotland) Act 2015

9 (1) The British Sign Language (Scotland) Act 2015 is modified as follows.

(2) In the schedule, after the entry relating to Audit Scotland insert—

"A care board.".

Gender Representation on Public Boards (Scotland) Act 2018

10 (1) The Gender Representation on Public Boards (Scotland) Act 2018 is modified as follows.

(2) In schedule 1, after the entry relating to Caledonian Maritime Assets Limited insert—

"A care board".	

SCHEDULE 3
(introduced by section 27)

ENACTMENTS GIVING RISE TO TRANSFERABLE LOCAL AUTHORITY FUNCTIONS

National Assistance Act 1948

Matrimonial Proceedings (Children) Act 1958

Social Work (Scotland) Act 1968

Children Act 1975

Local Government and Planning (Scotland) Act 1982, section 24

Health and Social Services and Social Security Adjudications Act 1983, Part 7

Foster Children (Scotland) Act 1984

Children (Scotland) Act 1995

Criminal Procedure (Scotland) Act 1995

Adults with Incapacity (Scotland) Act 2000

Mental Health (Care and Treatment) (Scotland) Act 2003

Management of Offenders etc. (Scotland) Act 2005

Adoption and Children (Scotland) Act 2007

Adult Support and Protection (Scotland) Act 2007

Children's Hearings (Scotland) Act 2011

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

Children and Young People (Scotland) Act 2014

Human Trafficking and Exploitation (Scotland) Act 2015

Criminal Justice (Scotland) Act 2016

Carers (Scotland) Act 2016

Age of Criminal Responsibility (Scotland) Act 2019

Management of Offenders (Scotland) Act 2019

SCHEDULE 4

(introduced by section 34)

MODIFICATIONS IN CONNECTION WITH PART 1

Acquisition of Land (Authorisation Procedure) (Scotland) Act 1947

1 (1) The Acquisition of Land (Authorisation Procedure) (Scotland) Act 1947 is modified as follows.

(2) In section 1—

(a) in subsection (1), after paragraph (f) insert—

"(g) by the Scottish Ministers or a care board under section 26(1) of the National Care Service (Scotland) Act 2023.",

(b) in subsection (2A), after "Water" insert "or a care board".

Local Government (Scotland) Act 1973

2 (1) The Local Government (Scotland) Act 1973 is modified as follows.

(2) After section 82 insert—

"Social care

82A Power to provide services for National Care Service

(1) A local authority may enter into a contract to provide, or assist in providing a relevant service.

(2) A relevant service is a service provided in exercise of a function transferred, wholly or partly, from a local authority by virtue of section 27 of the National Care Service (Scotland) Act 2023.".

Public Services Reform (Scotland) Act 2010

3 (1) The Public Services Reform (Scotland) Act 2010 is modified as follows.

(2) In section 14, after subsection (5) insert—

"(5A) An order under this section may not transfer a function that may be transferred by regulations under section 28 of the National Care Service (Scotland) Act 2023.".

National Care Service (Scotland) Bill

[AS INTRODUCED]

An Act of the Scottish Parliament to establish the National Care Service; to make provision about the processing of health and social care information; to make provision about the delivery and regulation of social care; and for connected purposes.

Introduced by: Humza Yousaf
On: 20 June 2022
Bill type: Government Bill

Produced and published in Scotland by the Scottish Parliamentary Corporate Body.

All documents are available on the Scottish Parliament website at: www.parliament.scot/documents

Date	17 August 2022
Agenda Item	15

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to West Lothian Integration Joint Board

Report Title: Self-Assessment Questionnaire

Report By: Project Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☑
	- is to provide assurance ☐
	- is for information ☐
	- is for discussion ☐
	The purpose of this report is to consider arrangements for carrying out periodic self-assessment of the Board's administrative arrangements and activity and to approve the questionnaire for issue to Board Members.
Recommendations	It is recommended that the Board: 1. Consider carrying out the annual self-assessment of the Board's effectiveness by the use of the questionnaire in the appendix 2. Consider including once again the questions on communication on the pandemic response and on development requirements 3. Agrees to the questionnaire being issued to Board members and the results reported to the August meeting of the Board
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required
Resource/ Finance/ Staffing	No implications foreseen
Policy/Legal	Joint Working (Scotland) Act 2014 "Delivering Good Governance in Local Government - Framework (CIPFA/SOLACE, 2016)

	"Delivering Good Governance in Local Government - Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)
Risk	No new risks are anticipated
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty and no environmental impacts have been identified. As a result, an Integrated Impact Assessment has not been conducted.
Strategic Planning and Commissioning	There is no direct relevance to the Strategic Plan, but good governance leads ultimately to good outcomes
Locality Planning	There is no direct relevance to Localities, but good governance leads ultimately to good outcomes
Engagement	The annual questionnaire has evolved each year with the input and feedback from Board Members and the Audit Risk and Governance Committee

Terms of Report

1. The CIPFA Framework under which the Board's Code of Corporate Governance was developed suggests that committees involved in scrutiny and internal control should periodically conduct a self-assessment of their effectiveness and operation. The aim is to involve members in close consideration of the role of the committee and its members, its administrative arrangements and the context in which it operates.

2. A questionnaire was originally developed for the Board's Audit Risk and Governance Committee (ARGC). It is based on examples used in other public bodies and councils and was first approved for circulation on 28 March 2018 It has been conducted annually since with a similar self-assessment being developed for the IJB on the recommendation of the External Auditor as part of the Annual Governance Statement approved for signature and publication by the Board on 24 September 2018.

3. The questions were changed slightly in 2020 following feedback from the IJB that the questions lacked some clarity or were difficult to answer in their current format. Additional questions were also included on communication to Board members in relation to the pandemic response and development requirements. It is proposed that questions on these subjects remain in the questionnaire.

4. The draft questionnaire is attached at Appendix 1 for the Board's approval.

5. It is proposed that the finalised questionnaire will be circulated to Board members electronically for completion. The results will be anonymous and will be summarised and reported to the September meeting of the Board.

Appendices	1. Draft self-assessment questionnaire
References	Audit, Risk & Governance Committee meetings of 27 June, 12 September 2018 Integration Joint Board meeting of 20 June 2020 “Delivering Good Governance in Local Government - Framework (CIPFA/SOLACE, 2016) “Delivering Good Governance in Local Government - Guidance Notes for Scottish Authorities (CIPFA/SOLACE, 2016)
Contact	Kerry Taylor, Project Officer – IJB kerry.taylor@westlothian.gov.uk 07423702674

APPENDIX 1

INTEGRATION JOINT BOARD – SELF-ASSESSMENT QUESTIONS

The first four sections are in generic terms and may be used for other committees. The fifth section is relevant to this Board. The sixth (last) section is relevant to current and upcoming events or activities.

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Comments
A	**Purpose and status**							
1	I am aware that the Board's role and powers are set out in Standing Orders							
2	I consider that the Board's role and powers are clear and understood							
3	I consider that the Board is regarded by stakeholders as a positive influence							
4	I consider that the Board's decisions are respected and acted upon by the partners							
5	I consider that there is adequate communication amongst officers and Board members							
B	**Administrative arrangements & support**							
1	I consider that the Board is of an appropriate size and composition							
2	I consider that the Board is provided with adequate officer support (professional and administrative)							
3	I consider that meetings are sufficiently frequent and at appropriate times of the year							
4	I consider that the Board maintains a work plan balancing forward planning with flexibility for reactive work							

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Comments
5	I consider that meeting papers are distributed appropriately (timeliness and format) to enable me to properly prepare							
6	I consider that reports and minutes provide relevant, appropriate and sufficient information							
7	I consider that start times and time allowed for meetings provide sufficient time for business to be done							
8	I consider that public access to reports and meetings is maximised and excluded only where legally justified							
9	I consider that the Board is able to secure the attendance and assistance of appropriate senior officers							
10	I consider that the Board is able to secure appropriate professional advice when required							
C	**Members**							
1	I consider that my role on the Board is clear							
2	I consider that the Board has an appropriate mix of knowledge, expertise, experience and skills							
3	I receive sufficient and appropriate training and briefings to be effective in my role as a Board member							
4	I undertake personal development relevant to my role and responsibilities as a Board member							
5	I consider that the Chair promotes and encourages effective and efficient meetings including input from officers and members							

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Comments
6	I consider that members prepare, attend meetings and actively contribute							
D	**Effectiveness**							
1	I consider that the Board functions in a positive and constructive manner, including interaction amongst members and with officers							
2	I consider that scrutiny is encouraged and accepted as a means to improve							
3	I consider that the Board provides constructive challenge to officers							
4	I consider that the Board receives adequate responses from officers to questions							
5	I feel comfortable asking candid questions and pursuing full answers							
6	I consider that decisions and recommendations are captured to enable them to be recorded accurately							
7	I consider that decisions are executed properly and in a timely manner and are followed up by Board							
8	I consider that there is evidence from meeting papers and minutes of impacts or improvements from Board activity							
9	I consider that the Board has good working relations with key officers, members and organisations							
10	I consider that stakeholders (including other members and the public) are engaged with the Board's activity and are encouraged to participate in the Board's activity							

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Comments
E	**Matters specific to Board remit and activities**							
1	I consider that interaction with Board's committees and groups is defined and understood							
2	I consider that meetings are attended by external representatives where appropriate							
3	I consider that the Board's role in relation to the Board's annual accounts and audit of those accounts is defined and understood							
4	I consider that the Board's role in relation to performance monitoring is defined and understood							
5	I consider that the Board's role in relation to risk management is defined and understood							
6	I consider that members consider fully the contents and conclusions of the Strategic Plan or associated Commissioning Plans before its approval							
7	I consider that strategic planning arrangements are defined and appropriate controls are in place							
8	I consider that the Board contributes to effective accountability to the public through challenge of strategic planning process and controls							
9	I consider Locality Planning arrangements to be defined and appropriate controls are in place							
10	I consider that the Board contributes to effective accountability to the public through challenge of locality planning process and controls							

APPENDIX 1

	Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know	Comments
F	**Additional Matters Arising**							
1	I have been kept well informed of the response to COVID-19							
2	I have been kept well informed of changes to meeting arrangements as a result of COVID-19							
3	I feel comfortable asking questions or challenging officers in relation to the COVID-19 response							
4	Please list here, any particular support or development topics you think would be of benefit to you and/or the Board.	N/A						

Date	17 August 2022
Agenda Item	16

INTEGRATED HEALTH AND SOCIAL CARE
WEST LOTHIAN
WORKING FOR WELLBEING

Report to West Lothian Integration Joint Board

Report Title: Annual Review of Records Management Plan

Report By: Project Officer

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision ☑
	- is to provide assurance ☑
	- is for information ☑
	- is for discussion ☐
	The purpose of this report is to seek the Board's approval of the recommended changes to the Records Management Plan following its annual review; and to assure the Board that its Publication Scheme has been reviewed and updated
Recommendations	It is recommended that the Board: 1. Note that the Records Management Plan is required to be reviewed annually 2. Note that a new element is included in the revised model records management plan and that guidance for IJBs is still awaited 3. Note that a review has been carried out and agree the recommended changes to the Plan 4. Note that a Progress Update Review will be submitted to National Records Scotland on approval of the changes 5. Note that the Board's Publication Scheme has been reviewed and updated.
Directions to NHS Lothian and/or West Lothian Council	A direction(s) is not required.
Resource/ Finance/ Staffing	Note of change to the IJB Project Officer
Policy/Legal	Public Records (Scotland) Act 2011

West Lothian Council NHS Lothian

	Freedom of Information (Scotland) Act 2002
Risk	Risk is minimal if compliance with legislation is regularly reviewed. No new risks have been identified.
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having little or no direct relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted. No environmental impacts have been identified.
Strategic Planning and Commissioning	N/A
Locality Planning	N/A
Engagement	This report was co-produced with the council's Records Manager and has some relevance to how we engage with our communities by publicising what information we make available to the public.

Terms of Report	
1.	**Legislative Context**
1.1	The Integration Joint Board (IJB) creates new information and records as a consequence of strategic planning, decision-making and reporting processes. Effective management of this information ensures that the IJB meets its statutory requirements in relation to managing and sharing information under the Public Records (Scotland) Act 2011, as well as maintaining public confidence and best practice.
1.2	All bodies named under the Schedule to the PRSA must on invitation provide the Keeper with a Records Management Plan (RMP) for his agreement that provides clear evidence that the authority is complying with its statutory records management obligations.
1.3	The IJB agreed its RMP on 24 September 2018, which was subsequently approved by the Keeper of Records on 21 May 2019. The RMP states that it should be reviewed annually by the IJB. Should any notifiable changes be agreed, the Keeper should be informed. Submitting a revised RMP to the Keeper can be done at any time.
2.	**Records Management Support**
2.1	The council provides support to the Board by way of Committee Services, the Standards Officer and the Project Officer, therefore, most new information and records are held on council systems. In line with guidance from the Keeper, this information is managed in accordance with the records and information management policies and procedures of the council. At its meeting of 26 September 2017, the Board agreed to adopt West Lothian Council's information management policies.
3.	**Review of Records Management Plan**
3.1	

3.2 The RMP has been reviewed and it is recommended that several amendments are made and that the Keeper be notified of these. A draft revised RMP is attached as Appendix 1 for the Board's approval.

3.3 The IJB received an invitation to submit an optional Progress Update Review (PUR) by 31 July 2022. Due to change in staffing and the date of the August IJB, it has been agreed for the PUR to be submitted after the IJB. The PUR mechanism was announced in the Keeper's 2016 Annual Report and has been developed in partnership with a Stakeholder Forum. The PUR mechanism is intended to help authorities demonstrate their continuing compliance with s.5(1)(a) of the Public Records (Scotland) Act 2011 and to keep their RMPs under review. It is also an opportunity for authorities to receive impartial feedback and advice on any advances by the Assessment Team.

3.4 It is a wholly voluntary scheme; there is no obligation under the Act for authorities to submit a PUR and the assessment provides an informal indication to officers of what marking an authority might expect should it submit a revised RMP to the Keeper under the Act.

A Progress Update Report has been completed and is attached as Appendix 2. It sets out the notifiable changes to the RMP and will be submitted to the Keeper's office on approval of the changes by the Board.

4. New Model Records Management Plan

4.1 In 2018 the Keeper established a new Stakeholder Forum to develop and produce a revised version of the Model Plan. The most significant change to the plan came from the forum recommendation to include an additional element, Element 15: Public records created or held by third parties.

4.2 Element 15 covers "public records created by third parties" but does not add to the existing requirements of authorities under the Act. It merely emphasises the importance of this responsibility.

4.3 An authority's plan must include reference as to what public records are being created and held by a third party carrying out a function of the authority and how these are being managed to the satisfaction of the authority. This does not mean the authority must impose its own arrangements on the third party.

4.4 As reported to the Board in June 2020, the guidance on incorporating Element 15 into RMPs has yet to be published and a surgery for IJBs scheduled for April 2020 was cancelled due to Covid-19.

5. Review of Publication Scheme

5.1 The Freedom of Information (Scotland) Act 2002 (FOISA) requires every public authority to have a publication scheme, approved by the Information Commissioner's Office (ICO), and to publish information covered by the scheme. The scheme sets out a commitment to make certain classes of information routinely available, such as policies and procedures, minutes of meetings, annual reports and financial information. Authorities must have regard to the public interest in the information they hold and make information available so it can be accessed without having to make a request for it under section 1 of FOISA. The duty to publish is in addition to the obligation to respond to requests for information.

5.2 Authorities must keep their Publication Scheme up to date and review it from time to time. An up to date copy of the Board's Publication Scheme is attached as Appendix 3 to provide assurance to the Board.

Appendices	1. Draft Records Management Plan 2. Progress Update Report 3. Publication Scheme at 17 August 2022
References	None
Contact	Kerry Taylor, Project Officer – IJB kerry.taylor@westlothian.gov.uk 07423702674

West Lothian Integration Joint Board

Records Management Plan

Document Control Sheet

DOCUMENT CONTROL SHEET

AUTHOR(S): Carol Dunn (Records Manager)
Kerry Taylor (Project Officer)

DOCUMENT TITLE: West Lothian Integration Joint Board Records Management Plan 2022

Review/Approval History

Date	Name	Position	Version Approved
24/09/2018	Integration Joint Board	N/A	2.0
21/05/2019	The Keeper of Records	N/A	2.0
30/06/2020	Integration Joint Board	N/A	3.0
10/08/2021	Integration Joint Board	N/A	4.0

Change Record Table

Date	Author	Version	Status	Reason
12/05/2017	Roberto Riaviz	1.0	Draft	Initial draft
30/03/2018	Carol Dunn	1.1	Draft	Minor updates
03/09/2018	Lorna Kemp	2.0	Final	Minor updates
15/06/2020	Lorna Kemp	3.0	Final	Updates to references to council policy and providers
27/07/2021	Carol Dunn	4.0	Final	Minor updates - links and other arrangements
01/08/2022	Carol Dunn / Kerry Taylor	5.0	Final	Minor updates – staff update (project officer), and links

Status Description:

Draft - These are documents for review and liable to significant change.
Final - The document is complete and is not expected to change significantly. All changes will be listed in the change record table.

Contents

1. Overview

1.1. Background

The Public Records (Scotland) Act 2011 (hereafter referred to as 'the Act') came fully into force in January 2013. The Act obliges West Lothian Integration Joint Board (hereafter referred to as 'the Board') and other public authorities to prepare and implement a records management plan (RMP). The RMP sets out proper arrangements for the management of records within the Board.

The Board is fully committed to compliance with the requirements of the Act. The Board will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the board, or manage public records held by the board, are fully aware of and abide by this plan's arrangements.

1.2. About the Public Records (Scotland) Act 2011

The Act came into force on the 1st January 2013, and requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of West Lothian Integration Joint Board.

The Records Management Plan has 14 Elements.

1. Senior management responsibility
2. Records manager responsibility
3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Competency framework for records management staff
13. Assessment and review
14. Shared information

1.3. About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

1.4. About West Lothian Integration Joint Board

West Lothian Integration Joint Board is responsible for the planning and oversight of delivery of health and social care integrated functions for West Lothian.

The West Lothian Integration Joint Board Integration Scheme sets out the functions which are delegated by NHS Lothian and West Lothian Council to the Board.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Lothian and West Lothian Council. The Board consists of six voting members appointed in equal number by the NHS Lothian and West Lothian Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The key functions of the Board are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles.
- Allocate the integrated budget in accordance with the Plan.
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Board make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

1.5. Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose. The plan is agreed with the Keeper of the Records of Scotland (the Keeper) and reviewed by the Board on an annual basis.

1.6. Records Management in West Lothian Integration Joint Board

West Lothian Integration Joint Board has provided the Keeper with evidence of policies, procedures, guidance and operational activity on all elements of the plan.

The plan was agreed with the Keeper 21/05/2019 and will be reviewed annually.

The Board's Records Management Plan relates to records throughout their lifecycle, from creation and acquisition to archive and destruction. It encompasses all records across all Board service areas.

For more information about the Public Records (Scotland) Act 2011, visit the website of the National Records of Scotland:
http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp

A copy of the Act can be viewed online via the National Archives website:
http://www.legislation.gov.uk/asp/2011/12/part/1/enacted

The records of the Board constitute an auditable account of the Board's activities, and provide evidence of the business, actions, decisions and resulting policies formed by the board.

Records represent a vital asset, which support the daily functions of the Board and protect the interests and rights of staff, and members of the public, who have dealings with the board. Effective record keeping supports efficiency, consistency and continuity of work and enables the Board to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

1.7. Records management principles

The following principles drive activities relating to effective information governance within the Board:

- Information is a **valuable asset** and is managed as such;
- Information governance is the **responsibility of all** who handle or manage Board information;
- Information is acquired, created, maintained, shared and disposed of in **accordance with legislation**, **regulations**, **guidance**, **standards** and **best practice**;
- The **rights of data subjects are recognised and respected** in all aspects of information governance;
- Information is appropriately **secured** and **protected**;
- Information is **shared** appropriately and **not duplicated** unnecessarily;
- Information is **stored within approved systems** not in personal filing;
- Information is **accessible** and **preserved** for as long as required;
- Staff are **trained** in information governance procedures;
- Risks are **identified** and **mitigated**;
- Information governance **supports the Board values** and making best use of resources;
  Information governance practice is **compliant with duties** under the Equality Act 2010.

1.8. Records covered by this plan

In line with the Act, **all** records created in the carrying out of the Board's functions (whether directly or by third parties) are public records. Part 1, section 3.1 of the Act states that:

> *"… "public records", in relation to an authority, means—*
> *(a) records created by or on behalf of the authority in carrying out its functions,*
> *(b) records created by or on behalf of a contractor in carrying out the authority's functions,*
> *(c) records created by any other person that have come into the possession of the authority or a contractor in carrying out the authority's functions."*

1.9. Records Management systems in the Board

The Board primarily utilise West Lothian Council's Electronic Content Management system (ECM). Other information relating to the Board is managed within West Lothian Council's Committee Information System.

All records of the Board are identified within the business classification scheme and are subject to West Lothian Council's Information Governance Policy, procedures and guidelines.

2. Elements of the Plan

2.1. Element 1: Senior Management Responsibility

Senior Management responsibility for the Records Management Plan lies with Alison White**, Chief Officer of the West Lothian Integration Joint Board and Director of West Lothian Health and Social Care Partnership**. For enquiries relating to the Records Management Plan please contact:

Chief Officer, West Lothian Integration Joint Board
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian EH54 6FF
Tel: 01506 281002
Email: Alison.White@westlothian.gov.uk

2.2. Element 2: Records Management Responsibility

The point of contact for the operation of records management for the Integration Joint Board is **Carol Dunn, Records Manager.** For enquiries relating to the operational aspects of Records Management please contact:

The Customer Service Centre
West Lothian Council
West Lothian Civic Centre
Howden South Road
Livingston
West Lothian EH54 6FF
Tel: 01506 280000
Email: customer.service@westlothian.gov.uk

2.3. Element 3: Records Management Policy Statement

The Board has committed to the effective management of records and has adopted West Lothian Council's Information Governance Policy as the basis to its records management policy arrangements. This is subject to ongoing monitoring and annual review.

West Lothian Council's guidelines and procedures are adopted as the standard for the management of Board records and are made readily available to all staff. This is supported by online training in the management and handling of records.

2.4. Element 4: Business Classification

The Board have adapted the Local Government Functional Classification Scheme (LGFCS) as a basis to its business classification scheme. The LGFCS is developed in a structure that supports the business activities of the authority. The LGFCS hierarchy is structured in three tiers:

- Level 1: functions
- Level 2: activities
- Level 3: transactions

This has been expanded to include further levels (levels 4-6) detailing sub-groupings of records types and years. The deployment of an Electronic Content Management system (ECM) has required that file plans are developed to accommodate strict security models, whilst facilitating information sharing and the application of disposal schedules. The Board have implemented a file plan for the capture and management of electronic records in West Lothian

Councils ECM. The ECM is compliant with the European MoReq2 standard for the collection of information within records management systems. Read more about MoReq2 at https://www.moreq.info

The Board is supported by a 'Project Officer', who manages and maintains the Board's local file plan.

2.5. Element 5: Retention Schedules

The Board have adopted the Scottish Council for Archives Records Retention Schedule (SCARRS) model as the basis to their approved retention schedules. These retention schedules are endorsed by the Board and applied to all records.

More information on SCARRS can be found on the Scottish Archives website:
http://www.scottisharchives.org.uk/scarrs

The Archives service of West Lothian Council provides a centralised resource for long-term storage of both operational records (non-current) and preservation of historical records. This resource manages the retention and disposal of these records and works with the Board to identify records for archival, preservation or destruction.

Standards for records retention are built into contracts and agreements with third parties who share or process information on the Board's behalf.

2.6. Element 6: Destruction Arrangements

Where required, the Board use the contracts of West Lothian Council for the bulk destruction of paper records and IT equipment containing electronic records:

- Restore Data Shred - Provides a confidential shredding service for paper records. Company website: https://www.restore.co.uk/datashred

- CCL North Ltd – Provides a secure hardware destruction service (to UK Government standards). Company website: http://www.cclnorth.com

In addition, the Board use on site shredders which ensure that paper and optical media is destroyed to European security standards (2 x 15 mm particles).

Standards for records destruction arrangements are built into contracts and agreements with third parties who handle or process records on the Board's behalf.

2.7. Element 7: Archiving and Transfer Arrangements

The Board utilise West Lothian Council's in-house archive facility that provides for preservation of both historical and long-term operational records. Archiving and transfer arrangements are detailed within Council policies, procedures and guidelines and within the Boards approved records retention schedules.

More information on the council's Archives service is available on the council's website: https://www.westlothian.gov.uk/archives

Archives arrangements are also included in the Information Governance Policy.

2.8. Element 8: Information Security

The Board have adopted West Lothian Council's Information Governance Policy, procedures and processes. These are in place to deal with threats, risks and breaches of security.

The council operate an Information Security Management System (ISMS) in accordance with the international standard ISO27001. The council's Information Governance Policy complies with this standard and provides a framework for all services.

All staff receive information security awareness training and are reminded of the importance of security via direct emails and local awareness sessions.

Compliance with security requirements is assessed and reviewed as per the governance model described in Element 13.

More information on ISO27001 can be found on the British Standards Institute website. http://www.bsigroup.co.uk/en-GB/iso-27001-information-security/

2.9. Element 9: Data Protection

Data Protection law regulates the processing of personal data by the Board. Data Protection law gives individuals the right to be advised of and receive copies of any personal data relating to them which is held by the Board.

Data Protection law is enforced and promoted by the Information Commissioner's Office. The ICO provide guidance and advice on complying with the terms of the law and investigate complaints regarding possible breaches of the obligations contained within the law.

The Information Commissioner maintains a register of fee payers listing all Data Controllers in the UK. Every organisation that processes personal information are required to pay a fee to the ICO, unless they are exempt. The Board's registration can be viewed on the Information Commissioner's Office website, registration number ZA256125.

Data Protection law sets out data protection principles which must be complied with when the council is processing personal data. The principles require that personal data is:

- processed lawfully, fairly, and in a transparent manner;
- collected for specified, explicit and legitimate purposes;
- adequate, relevant and limited to only what is necessary;
- accurate and, where necessary, kept up to date;
- kept for no longer than is necessary;
- processed in a manner that ensures appropriate security, including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures.

The Board has adopted West Lothian Council's Information Governance Policy and associated procedures and guidance for the management and handling of personal data. The Policy is subject to regular review. All officers are required to undertake data protection and information security training to ensure that personal data is processed in accordance with the data protection principles.

Kerry Taylor, Project Officer, acts as the Board's interim Data Protection Officer and has responsibility for data protection compliance.

2.10. Element 10: Business Continuity and Vital Records

The Board have identified their vital records through the business classification schemes (file plans) and, where required, the paper inventory. West Lothian Council's business continuity arrangements apply to records of the Board.

Business Continuity arrangements are in place in both parent organisations, West Lothian Council and NHS Lothian.

2.11. Element 11: Audit Trail

West Lothian Council's ECM (Electronic Content Management system) provides electronic audit trails as evidence of viewing, modifying, and deletion of records.

IT systems and databases provide audit logs that record usage and updates to records.

Where paper records of an operational nature are maintained on site these are identified within the paper records inventories. Movement of these paper records are controlled through a method of check-out/in deployed by the Board.

In addition, archiving procedures ensure that paper records are tracked from local storage to long term archive/preservation.

2.12. Element 12: Competency framework for Records Mgt Staff

The Board is supported by staff who have specific responsibilities for Information Management and Records Management. Role descriptions are available for West Lothian Council's Records Manager and Archivist and Records Manager(s), and the Board's Project Officer.

All council staff supporting the Board must complete the council's mandatory online training in Information Security Awareness, Data Protection, Freedom of Information and Records Management. Access to record keeping systems is revoked for staff who do not complete this training.

2.13. Element 13: Assessment and Review

The Boards Records Management Plan is subject to standard governance, monitoring and review processes. The plan is formally audited and reviewed on an annual basis.

Formal governance over this plan is set out in the table below.

Governance		
Group	**Governance/Scrutiny Role**	**Reporting Frequency**
West Lothian Integration Joint Board	The Board will review the Plan annually. Integration Scheme	Annually

The Board monitor, audit and, where required, make improvements on an ongoing basis. Plans are put in place for the continued development and improvement of records management practice in each area.

2.14. Element 14: Shared Information

The Board have identified all instances of information sharing requirements and where information is shared with or processed by a third party. This is governed by agreements with third parties such as Data Sharing Agreements, Data Processing Agreements and Data Processing Information Handling Standards.

Progress Update Review (PUR) Template: West Lothian Integration Joint Board

Element	Status of elements under agreed Plan 21MAY19	Progress assessment status 16DEC21	Progress assessment status 27JUL22	Keeper's Report Comments on Authority's Plan 21MAY19	Self-assessment Update as submitted by the Authority since 16 DEC21 (27JUL22)	Progress Review Comment
1. Senior Officer	G	G	G	Update required on any change.	There are no notifiable changes to arrangements since last review.	
2. Records Manager	G	G	G	Update required on any change.	There are no notifiable changes to arrangements since last review.	
3. Policy	G	G	G	Update required on any change.	The IJB have adopted West Lothian Council's policies as the basis to records management arrangements. The Policy adopted by the IJB has been regularly reviewed. An updated link is provided below: Information Governance Policy There are no other notifiable changes to arrangements since last review.	
4. Business Classification	G	G	G	Update required on any change.	There are no notifiable changes to arrangements since last review.	
5. Retention Schedule	G	G	G	Update required on any change.	There are no notifiable changes to arrangements.	
6. Destruction Arrangements	G	G	G	Update required on any change.	There are no notifiable changes to arrangements since last review.	

7. Archiving and Transfer	**A**	**G**	**G**	The IJB notes that a formal agreement is required between the authority and the archive service and will pursue this. The Keeper agrees that West Lothian Integration Joint Board have identified a suitable repository for the permanent preservation of public records. He agrees this element of the Records Management Plan under an improvement model awaiting sight of a formal agreement between the authority and the archive.	There are no notifiable changes to arrangements since last review.	
8. Information Security	**G**	**G**	**G**	Update required on any change.	There are no notifiable changes to arrangements since last review.	
9. Data Protection	**G**	**G**	**G**	Update required on any change.	As a notifiable change, Kerry Taylor has taken up the role of Project Officer within the Integration Joint Board. Kerry Taylor will also act as the Board's interim Data Protection Officer in place of Lorna Kemp. There are no other notifiable changes to arrangements since last review.	

10. Business Continuity and Vital Records	**G**	**G**	**G**	Update required on any change.	There are no notifiable changes to arrangements since last review.	
11. Audit Trail	**G**	**G**	**G**	Update required on any change.	There are no notifiable changes to arrangements since last review.	
12. Competency Framework	**G**	**G**	**G**	Update required on any change.	The mandatory training for council staff that support the Board have been reviewed and updated. The updated storyboards are provided as evidence of arrangements in the following: • Appendix 1 – Storyboard Records Management Training 2021/22 • Appendix 2 – Storyboard Data Protection Training 2021/22 • Appendix 3 – Storyboard User Security Awareness Module 1 2021/22 • Appendix 4 – Storyboard User Security Awareness Module 2 2021/22 There are no notifiable changes to arrangements.	
13. Assessment and Review	**G**	**G**	**G**	Update required on any change.	There are no notifiable changes to arrangements.	
14. Shared Information	**G**	**G**	**G**	Update required on any change.	There are no notifiable changes to arrangements.	

West Lothian Integration Joint Board
Publication Scheme at 17 August 2022

1: ABOUT WEST LOTHIAN INTEGRATION JOINT BOARD

Class description: *Information about the IJB, who we are, where to find us, how to contact us, how we are managed and our external relations:*

Chief Officer: Alison White
Email: Alison.White@westlothian.gov.uk , Address: West Lothian Civic Centre, Howden South Road, Livingston, West Lothian EH54 6FF, Tel: 01506 281002

IJB Membership
IJB Terms Of Reference: Integration Scheme Between West Lothian Council and NHS Lothian
West Lothian IJB Standing Orders
West Lothian IJB Scheme of Delegations
West Lothian Integration Joint Board Register of Interests

Integration Joint Board Meetings:
Meeting Dates 2022/23
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2015
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2016
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2017
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2018
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2019
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2020
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2021
West Lothian Integration Joint Board Agenda, Minutes and Papers for 2022

Integration Joint Board Audit Risk and Governance Committee:
IJB Audit Risk and Governance Committee Remit
Meeting Dates 2022/23
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2016
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2017
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2018
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2019
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2020
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2021
West Lothian IJB Audit Risk and Governance Committee Agenda, Minutes and Papers for 2022

Integration Joint Board Appointments Committee Meetings:
IJB Appointments Committee Remit
West Lothian IJB Appointments Committee Agenda and Minutes for 2016
West Lothian IJB Appointments Committee Agenda and Minutes for 2019
West Lothian IJB Appointments Committee Agenda and Minutes for 2021

Integration Strategic Planning Group:
Terms of Reference
Strategic Planning Group Agenda, Minutes and Papers for 2015
Strategic Planning Group Agenda, Minutes and Papers for 2016
Strategic Planning Group Agenda, Minutes and Papers for 2017
Strategic Planning Group Agenda, Minutes and Papers for 2018
Strategic Planning Group Agenda, Minutes and Papers for 2019

2: HOW WE DELIVER OUR FUNCTIONS AND SERVICES

Class description: Information about our work, our strategy and policies for delivering functions and services and information for our service users.

West Lothian IJB Strategic Plan 2019-23
West Lothian IJB Interim Workforce Plan 2021-22
Older People Commissioning Plan 2019 to 2023
Mental Health Commissioning Plan 2019 to 2023
Learning Disability Commissioning Plan 2019 to 2023
Physical Disability Commissioning Plan 2019 to 2023
Alcohol and Drugs Services Commissioning Plan 2019 to 2023
East Locality Plan 2019-22
West Locality Plan 2019-22
Integration Scheme Between West Lothian Council and NHS Lothian

IJB Directions – 2016/17
IJB Directions – 2017/18
IJB Directions – 2018/19
IJB Directions – 2019/20
IJB Directions - 2020/21
IJB Directions – 2021/22
Equality Mainstreaming and Outcomes
Communication and Engagement Strategy
Market Facilitation Plan 2019 to 2023

3: HOW WE TAKE DECISIONS AND WHAT WE HAVE DECIDED

Class description: *Information about the decisions we take, how we make decisions and how we involve others*

The information relating to this class is published online and available on the West Lothian Health and Social Care Partnership website at https://westlothianhscp.org.uk/hsci You can navigate to information relating to relevant committees by following this link, COINS, and selecting 'Council Bodies' and "Committees etc." from the menu. The three committees relevant to the IJB are on page 6 :

- West Lothian Integration Joint Board;
- West Lothian Integration Joint Board Appointments Committee;
- West Lothian IJB Audit Risk and Governance Committee;
- West Lothian Integration Strategic Planning Group.

Here you can find Committee Membership, Meeting Schedules, Reports, Minutes, and Terms of Reference etc.

Roles and Responsibilities, Community Planning & Localities, Corporate Governance, Clinical & Care Governance
Integration Scheme Between West Lothian Council and NHS Lothian

4: WHAT WE SPEND AND HOW WE SPEND IT

Class description: *Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)*

Financial Regulations Report 23/03/2016
Financial Assurance and Directions Report 2016
Financial Assurance and Directions Report 2017
Financial Assurance and Directions Report 2018
Financial Assurance and Directions Report 2019
Financial Assurance and Directions Report 2020
Financial Assurance and Directions Report 2021
Financial Assurance and Directions Report 2022
West Lothian IJB Unaudited Annual Accounts 2021/22
West Lothian IJB Audited Annual Accounts 2020/21
West Lothian IJB Audited Annual Accounts 2019/20
West Lothian IJB Audited Annual Accounts 2018/19
West Lothian IJB Audited Annual Accounts 2017-18
West Lothian IJB Audited Annual Accounts 2016/2017
West Lothian IJB Audited Annual Accounts 2015/2016

5: HOW WE MANAGE OUR HUMAN, PHYSICAL AND INFORMATION RESOURCES

Class description: *Information about how we manage the human, physical and information resources of West Lothian Integration Joint Board*

Integration Scheme Between West Lothian Council and NHS Lothian
West Lothian IJB Strategic Plan 2019-23
West Lothian IJB Interim Workforce Plan 2021-22
Older People Commissioning Plan 2019 to 2023
Mental Health Commissioning Plan 2019 to 2023
Learning Disability Commissioning Plan 2019 to 2023
Physical Disability Commissioning Plan 2019 to 2023
Alcohol and Drugs Services Commissioning Plan 2019 to 2023

6: HOW WE PROCURE GOODS & SERVICES FROM EXTERNAL PROVIDERS

Class description: *Information about how we procure goods and services, and our contracts with external providers*

Procurement & Contracts: Integration Scheme Between West Lothian Council and NHS Lothian (Page 8)

7: HOW WE ARE PERFORMING
Class description: *Information about how we perform as an organisation, and how well we deliver our functions and services* **Audit:** Audit Reports **Performance Management:** Integration Scheme Between West Lothian Council and NHS Lothian (Page 17): West Lothian IJB National Indicators Performance at a Glance 2020/2021 West Lothian IJB Annual Performance Report 2020/2021 West Lothian IJB Performance at a Glance 2019/20 West Lothian IJB Annual Performance Report 2019/20 West Lothian IJB Annual Performance Report 2018/19 West Lothian IJB Annual Performance Report 2017/18 West Lothian IJB Annual Performance Report 2016_17
8: OUR COMMERCIAL PUBLICATIONS
Class description: *Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g. bookshop, museum or research journal.* The IJB does not currently have any commercial publications.
9: OPEN DATA
Class description: *Open data made available by the authority as described by the Scottish Government's Open Data Strategy and Resource Pack, available under an open licence* The IJB will adopt the UK government's approach to Open Data Standards in that data will be published to a minimum of 3 stars in the Government's 5 star rating scheme. Data will be easily accessible and available to re-use as required under the Open Government Licence . Throughout the website all text documents are presented and downloadable in pdf/odf format and spreadsheets are in .csv format.

Last updated – 17 August 2022

Date	17 August 2022
Agenda Item	17

Report to West Lothian Integration Joint Board

Report Title: Members' Code of Conduct

Report By: Standards Officer

Summary of Report and Implications		
Purpose	This report: (tick any that apply).	
	- seeks a decision	X
	- is to provide assurance	
	- is for information	X
	- is for discussion	
	To finalise the process for adoption of a revised Members' Code of Conduct	
Recommendations	1. To note that the Scottish Ministers have approved the Board's Members' Code of Conduct (Appendix 1) which became effective on its publication on 15 July 2022 2. To note that arrangements are in hand to have Board members comply with their duty to submit a register of interests return under the new Code 3. To agree that the Code should be kept under review through the existing arrangements for an annual report to the Board on the Code and related ethical standards matters 4. To agree arrangements for a training or briefing session for Board members on the new Code and related revised Standards Commission guidance and advice	
Directions to NHS Lothian and/or West Lothian Council	A direction is not required.	
Resource/ Finance/ Staffing	N/A	

0

Policy/Legal	Ethical Standards in Public Life etc. (Scotland) Act 2000; The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003
Risk	IJB001, Governance Failure
Equality, Health Inequalities, Environmental and Sustainability Issues	The report has been assessed as having no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
Strategic Planning and Commissioning	N/A
Locality Planning	N/A
Engagement	N/A

1 Background

1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 established a statutory regime for promoting and enforcing ethical standards in public life in Scotland. The regime applies to councils and councillors and to devolved public bodies and their members. The Board is a devolved public body for the purposes of the Act. Statutory guidance contains additional requirements and expectations for both types of body and their members. Additional advice is issued from time to time by the Standards Commission.

1.2 The regime is built around a code of conduct and the statutory duty on members to comply with it. The Board's first Code was adopted on 31 May 2016 and approved by the Scottish Ministers on 21 June 2016. It was based on the national Model Code for devolved public bodies which was in place when the Board was established. After a prolonged consultation and legislative process, the Scottish Ministers submitted a proposed new Model Code for parliamentary approval. That was given in November 2021. The Ministers ordered that the Model Code should become effective on 7 December 2021. The legislation then requires devolved public bodies to prepare their own Members' Code of Conduct. It has to be based on the Model Code but can have departures from it to suit local circumstances. The draft Members' Code requires to be submitted to the Ministers for approval. The Ministers set 6 June 2022 as the deadline for that.

2 Revised Members' Code

2.1 The Board considered a draft Members' code at its meeting on 17 March 2022. As required, it was based on the Model Code but with alterations proposed to reflect both the legal nature of the Board and local preferences. Two particular departures from the Model Code were in relation to the obligation of collective responsibility (deleting it, but with some guidelines included) and the need for members to declare at every meeting the way in which they were appointed (for example, as a councillor or employed professional adviser) or the group or organisation they represent (for example, carers, voluntary sector).

2.2 The draft Code was approved for submission to the Ministers. The Code was approved by them on 21 June 2022. They corrected two errors in paragraph numbering but otherwise approved it as it had been agreed by the Board, including the two issues highlighted in the last paragraph. They indicated that the Code should become effective on the date of its publication. That was done on 15 July and so Board members are bound by the new Code from that date. The new Code is in Appendix 1.

2.3 The legislation requires Board members to complete a "first return" under the new Code for their register of interests. That must be done within one month of the Code becoming effective. Failure to do so is itself a breach of the statutory regulations and of the Code. On the date the Code became effective, members were sent a blank form for completion and return. Reminders have been sent. The information in the forms will be compiled into a register for all Board members and published in due course. Members must keep their interests under review and notify any changes within one month of their occurrence.

3 Review and training

3.1 Legislation allows the Board to review and submit a revised Code for approval at any time. Normally that would trigger a recommendation to the Board to carry out a periodic review every three or five years. In light of the move towards a national care service and the impact that will have on the Board it is recommended that the Code is kept under review in a less formal way. That would be done through the annual report the Board receives about the ethical standards regime. Any problems can be raised as part of that process and consideration given to the need for change.

3.2 As well as operating under a new Code, members also have to have regard to guidance and advice issued by the Standards Commission. The Commission has issued revised versions to accompany the new Codes being adopted by all devolved public bodies. The Board has previously agreed that there should be an annual training session for its members on the Code. That has not taken place since before the pandemic. Members are asked to consider suitable arrangements to ensure that members are made aware of the Code, guidance and advice and to ensure the Board fulfils its statutory duties to promote the observance by its members of high standards of conduct, and assist them to observe the Members' Code.

Appendices	1. Members' Code of Conduct
References	Board meetings on 13 January 2022 and 17 March 2022
	Standards Commission Guidance
	Standards Commission Advice Notes
Contact	James Millar, Standards Officer 01506 281613, james.millar@westlothian.gov.uk

APPENDIX 1

WEST LOTHIAN INTEGRATION JOINT BOARD

MEMBERS' CODE OF CONDUCT

(JULY 2022)

With effect from 15 July 2022

CONTENTS

SECTION 1: INTRODUCTION TO THE MEMBERS' CODE OF CONDUCT

1.1 This is the Members' Code of Conduct for the West Lothian Integration Joint Board. The Code has been prepared on the basis of the Model Code of Conduct (7 December 2021) issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act"). It was approved by the Board for submission to the Scottish Ministers on 17 March 2022. It was approved by them on 21 June 2022 and became effective on 15 July 2022.

1.2 I acknowledge that the purpose of the Code is to set out the conduct expected of those who serve on the Board.

1.3 I understand that the Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a Board member , have referred to myself as a Board member or could objectively be considered to be acting as a Board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, officers and fellow Board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of the Code and that I must also comply with the law and the Board's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and the Board, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to the Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Board's Standards Officer, failing whom the Board's Chair or Chief Officer. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the Board and in accordance with its core functions and duties.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the Board's functions when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the Board uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the Board and its members in conducting public business.

Respect

I must respect all other Board members and all officers of the Board and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a Board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of the Code.

3.4 I accept that disrespect, bullying and harassment can be:

a) a one-off incident,
b) part of a cumulative course of conduct; or
c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the Board's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and/or at the invitation of the Chief Officer, I will not become involved in operational management of the Board. I acknowledge and understand that operational management is the responsibility of the Chief Officer and the other officers.

3.8 Whilst I am entitled to scrutinise and constructively challenge officers on the Board's compliance and performance, I will not undermine any individual officer or group of officers, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with the Chief Officer or the Chair.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with officers or bring any undue influence to bear on officers to take a certain action. I will not ask or direct officers to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

a) the Board, its committees and other internal boards or working groups; and
b) any outside organisations that I have been appointed or nominated to by the Board or

on which I represent it.

3.11 I understand that Board members are appointed by other organisations, or to represent specified groups such as service users, or to provide professional expertise and advice. I am therefore entitled to bring my own perspective and expertise in a constructive way to discussion, decision-making and scrutiny at and by the Board, its committees and other internal boards and working groups. If I disagree with a decision then I am entitled to ask to have my dissent recorded.

I will respect the Board's decisions, explain them when asked, and shall be entitled to express my opposition to them. I shall do so in a constructive and respectful way and I shall not actively undermine them in public, for example, by proactive press briefings or use of social media.

I understand that, where I am a Board member as a representative of an organisation or a group, I may express my reservations and disagreement in discussions with the organisation or group I represent. I also understand that I am not prevented from seeking in a respectful and constructive way to change decisions in accordance with the Board's Standing Orders and other procedures.

I understand that, where I am a Board member as an officer or professional adviser, I may express my reservations and disagreement as required and permitted by my contract of employment and the duties, standards and conduct rules of my profession. I also understand that I am not prevented from seeking in a respectful and constructive way to change decisions in accordance with the Board's Standing Orders and other procedures.

I recognise that if such disagreements arise frequently or on an issue of fundamental importance then I must consider if my continued membership of the Board is appropriate.

Remuneration, Allowances and Expenses

3.12 I will comply with the Board's rules and policies and procedures on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gifts or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgment.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;
b) a gift being offered to the Board ;
c) hospitality which would reasonably be associated with my duties as a Board member; or
d) hospitality which has been approved in advance by the Board .

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my participation or judgment.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a Board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others,

including community groups, charities and voluntary organisations, may amount to bribery, if the intention or effect is to induce me to improperly perform a function as a Board member.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the Board.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the Board at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the Board's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and/or if I am offered any gift or hospitality from the same source on a repeated basis, so that the Board can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body (including the Board where relevant) authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, information deemed by the Board to be confidential, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a Board member. I will not use it in any way for personal advantage or to discredit the Board (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected ("whistleblowing") disclosures made to the prescribed persons and bodies as identified in statute.

Use of Board Resources

3.26 I will only use the Board's resources, including officer assistance, facilities, stationery and IT systems and equipment, for carrying out duties on behalf of the Board, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the Board's resources:

a) imprudently (without thinking about the implications or consequences);
b) unlawfully;
c) for any political activities or matters relating to these; or
d) improperly

Dealing with the Board and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a Board member to:

a) improperly confer on or secure for myself, or others, an advantage;
b) avoid a disadvantage for myself or others, or create a disadvantage for others; or
c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe, by application of the objective test, that preferential treatment or access is being sought.

3.30 I will advise officers of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed or nominated by the Board, to be a member of another body or organisation, I will abide by its rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of the Code when carrying out the duties of that body or organisation. I will resolve any conflict that may arise in a way that protects the public interest.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the Board. I will resolve any conflict that may arise in a way that protects the public interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a Board member must register their registrable interests within one month of becoming a Board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of anyone other than me.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

a) employed;
b) self-employed;
c) the holder of an office (including councillor or health board member);
d) a director of an undertaking;
e) a partner in a firm;
f) appointed or nominated by the Board to another body; or
g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a member of the Board does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this

category. However, I understand that unremunerated directorships may need to be registered under Category Two, "Other Roles", and that non-financial interests may need to be registered under Category Eight.

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments and remunerated positions may be incompatible with my role as a Board member in terms of paragraph 6.8 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, I must provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with the Board or the council or health board :

a) under which goods or services are to be provided, or works are to be executed; and
b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but may exclude the value.

Category Four: Election Expenses

4.17 If I have been elected to the Board rather than having been appointed to it, then I will register a description of, and statement of, any assistance towards election expenses relating to my election.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the Board.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the Board and to the public, or could influence my actions, speeches or decision-making. I understand that I must disclose the address of any such property to the Board's Standards Officer but that it will not be published as part of my Register.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no need to register any, or the offer of any, except where required by paragraphs 3.19 or 3.20.

Category Eight: Non–Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my activities as a Board member (this includes its committees and other internal boards or working groups, and memberships of other organisations to which I have been appointed or nominated by the Board).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with the Board or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a Board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social, business or professional contact or contract.

5.3 A connection includes anything that I have registered as an interest, unless it is within the terms of paragraph 5.4.

5.4 A connection does not include being a member of a body which has appointed me or nominated me to be a Board member, or a member of a body to which I have been appointed or nominated by the Board as its representative, unless:

a) The matter being considered by the Board is quasi-judicial or regulatory; or
b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence my participation, discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings of the Board, its committees and other internal boards or working groups. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection but which, by the application of the objective test, I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in the Board is damaged by the perception that decisions taken by it are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a Board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people may seek access to me as a Board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;
b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
c) lobbying, which is where I am approached by any individual or organisation seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the Board (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the Board's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the Board or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the Board .

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Board's Standards Officer, whom failing the Chair or Chief Officer.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation which lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying the Board, the council or the health board on behalf of any person or organisation or any clients of a person or organisation

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the Board and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the Board, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland ("Standards Commission") and the post of Commissioner for Ethical Standards in Public Life in Scotland ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

   - Do nothing;
   - Direct the ESC to carry out further investigations; or
   - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

"Board" means the West Lothian Integration Joint Board, established on 15 September 2015 under section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Chief Officer" means the chief operating officer or manager of the Board, appointed under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014

"Code" is the code of conduct for members of the West Lothian Integration Joint Board , which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:

- any information passed on to the Board by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the Board; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Council" means West Lothian Council.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

"Health board" means Lothian NHS Board.

"Hospitality" includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

"Officer" means an individual who is:-

- A member of staff or employee of the Board
- A member of staff or employee of West Lothian Council or NHS Lothian supporting the Board
- Engaged as a contractor by the Board or West Lothian Council or NHS Lothian to support the Board
- Employed by a contractor to work on the Board's premises

"Public body" means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Relevant Date" Where a Board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

"Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

"Securities" a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

"Standards Officer" means the officer appointed by the Board and whose appointment is approved by the Standards Commission, under the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003

"Undertaking" means:

a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

WEST LOTHIAN INTEGRATION JOINT BOARD

WORKPLAN

MEETING DATE: 17 August 2022

Item	Lead Officer	Meeting Date	Recurrence	Reason
August 2022				
Chief Officer Report	Chief Officer	17 August 2022	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	17 August 2022	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	17 August 2022	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting Minutes of June IJB Development session	Committee Services	17 August 2022	Standing item	
Self-assessment questionnaire	Project Officer	17 August 2022	Annually in June	Delayed from June 2022
Carer Strategy Update	Senior Manager Adult Services	17 August 2022	Approved by IJB 11 August 2020	Annually report on implementation
MAT Standards Report	General Manager Mental Health	17 August 2022	Implementation Report	To update the IJB
Mental Health Renewal and Recovery Funds	General Manager Mental Health	17 August 2022	Commissioning Report	New funding

National Mental Health and Wellbeing - West Lothian HSCP consultation response	General Manager Mental Health	17 August 2022		To update the IJB and seek approval
National Suicide Prevention Programme	General Manager Mental Health	17 August 2022		To update the IJB and seek approval
National Care Service Bill	Head of Strategic Planning and Performance	17 August 2022		To update the IJB and seek approval
Records Management Report	Project Officer	17 August 2022	Annual Update	To update the IJB
September 2022				
Chief Officer Report	Chief Officer	20 September 2022	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	20 September 2022	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	20 September 2022	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	20 September 2022	Standing item	
Commissioning Plans Update	Head of Strategic Planning and Performance	20 September 2022	Commissioning Plans Update	Biannual Reports – March and September
Annual Accounts	Chief Finance Officer	20 September 2022	Annually by 30 Sept each year	Required by Local Authority Accounts (Scotland) Regulations 2014
Civil Contingencies Civil Contingencies (Scotland) Act 2004 – IJBs as first responders	Chief Officer	20 September 2022	Annual Update	
Public Health Update	Consultant in Public Health	20 September 2022	Annual Update	Annual update after 6 months update from September 2022

Complaints and Information Requests	Project Officer	20 September 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Self-assessment results	Project Officer	20 September 2022	Annually in August	Moved to September due to self-assessment questionnaire being moved to August 2022.
Quarterly Performance report	Head of Strategic Planning and Performance	20 September 2022	Quarterly Report	As requested by Board – Moved to September from August 2022.
Progress Update on actions from MWC Report on legality of moving patients form hospital to care homes without consent	General Manager Mental Health	20 September 2022	Annual Update	Annual progress report until board satisfied with progress. – Moved to September from August 2022.
November 2022				
Chief Officer Report	Chief Officer	8 November 2022	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	8 November 2022	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	8 November 2022	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	8 November 2022	Standing item	
Public Protection Biennial Report	Head of Social Policy	8 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
Members' Code of Conduct Annual Report & review	Standards Officer	8 November 2022	Annual report – November each year. Review biennially –	Annual report and separate presentation agreed by IJB on 31 January 2017. Biennial review

			next review November 2023.	covered in Local Code of Corporate Governance
Public Bodies Climate Change Duties	Project Officer	8 November 2022	Annually – by 30 November each year	Required by Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
Risk Register	Governance and Risk Manager	8 November 2022	To be reviewed annually – December each year	Required by Risk Management Strategy, approved by IJB on 14 March 2017
Workforce Plan	Head of Strategic Planning and Performance	8 November 2022	Update	Annual Update thereafter- review following approval of new Workforce Plan by SG
Community Wellbeing Hub Report	Senior Manager Adult Services	8 November 2022		Summary update provided on 29 June 2022 with full report requested at a future meeting
Complaints and Information Requests	Project Officer	8 November 2022	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
January 2023				
Chief Officer Report	Chief Officer	10 January 2023	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	10 January 2023	Standing item	
Minutes: • Minutes of previous meeting for approval • Minutes of: - Audit, Risk and Governance Committee - Strategic Planning Group - Health and Care Governance Group	Committee Services	10 January 2023	Standing item	Minutes for approval following meetings for noting
Chief Financial Officer Budget Update	Chief Finance Officer	10 January 2023	Standing item	

Chief Social Work Officer's Annual Report	Jo Macpherson	10 January 2023	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
Update on implementation of CIPFA Financial Management Code (2019)	Chief Finance Officer	10 January 2023	Annual Update	
Digital Strategy Update	Head of Strategic Planning and Performance	10 January 2023		As agreed at the IJB meeting of 29 June 2021 to provide a future update
Quarterly Performance Report	Head of Strategic Planning and Performance	10 January 2023		
March 2023				
Chief Officer Report	Chief Officer	21 March 2023	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	21 March 2023	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	21 March 2023	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	21 March 2023	Standing item	
Role Descriptions for Members	Standards Officer	21 March 2023	Annually in March	

Commissioning Plans Update	Head of Strategic Planning and Performance	21 March 2023	Biannual Reports – March and September	
Quarterly Performance Report	Head of Strategic Planning and Performance	21 March 2023	Quarterly – including Annual Performance Report in June	Agreed 10 November 2020
Timetable of meetings for IJB and SPG	Committee Services		Annually in March	
April 2023				
Chief Officer Report	Chief Officer	18 April 2023	Standing item	
Chief Officer Report	Chief Officer	18 April 2023	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	18 April 2023	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	18 April 2023	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	18 April 2023	Standing item	
Coming Home Report Update	Senior Manager Adult Services	18 April 2023	Update requested by Board	
Quarterly Performance Report	Head of Strategic Planning and Performance	18 April 2023	Quarterly update	As requested by the Board
Self-assessment Questionnaire				

Communication and Engagement Strategy Update	Head of Strategic Planning and Performance	18 April 2023	Annually in April (Full review in 2023) –	
June 2023				
Chief Officer Report	Chief Officer	27 June 2023	Standing item	
Covid-19 Update (part of CO report or standalone as appropriate)	Chief Officer	27 June 2023	Standing item, either as part of Chief Officer Report or standalone	
Chief Financial Officer Budget Update	Chief Finance Officer	27 June 2023	Standing item	
Minutes • Minutes of previous meeting for approval • Minutes of Audit, Risk and Governance Committee, Strategic Planning Group and Health and Care Governance Group for noting	Committee Services	27 June 2023	Standing item	
Chief Financial Officer Budget Update	Chief Finance Officer	27 June 2023	Standing item	
Annual Performance Report	Head of Strategic Planning and Performance	27 June 2023	Before 30 June each year	Agreed by Board on 21 November 2018 Include impact of Covid-19 on PIs including Primary Care
Clinical Governance Report	Clinical Director	27 June 2023	To be presented annually – June each year	Requirement of Integration Scheme and Local Code of Corporate Governance
Complaints and Information Requests	Project Officer	27 June 2023	Quarterly – Aug, Nov, Feb and May	Quarterly reporting of complaints required by Scottish Public Services Ombudsman (SPSO)
Self-assessment Questionnaire Results	Project Officer	27 June 2023	Annually in June	
Workforce Plan Update (including Staff Engagement Strategy)	Head of Strategic Planning and performance	27 June 2023	Draft report for submission	As requested at meeting on 29 June 2022

Vision for Integration Update	Chief Officer	TBC		Agreed 29 June 2022 – action arising from strategic inspection
Outcomes Reporting Update	Chief Officer	TBC		Agreed 29 June 2022 – action arising from strategic inspection

Integration Joint Board Development Sessions	**Dates**
	21 June 2022
	29 September 2022
	13 December 2022
	16 May 2023
	15 August 2023
	5 December 2023