



West Lothian
Council



West Lothian Integration Strategic Planning Group

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

28 January 2016

A meeting of the **West Lothian Integration Strategic Planning Group** of West Lothian Council will be held within the **Strathbrock Partnership Centre, 189(a) West Main Street, Broxburn EH52 5LH** on **Thursday 4 February 2016 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Confirm Draft Minutes of Meeting of West Lothian Integration Strategic Planning Group held on Thursday 03 December 2015 (herewith).
5. Needs Assessment - Presentation by Carol Bebbington, NHS Lothian
6. Strategic Plan Update - Report by Director (to follow)
7. Equality Impact Assessment - Report by Director (herewith)
8. IJB Directions - Report by Director (herewith)
9. Welfare Advice in GP Practice - Report by Director (herewith)

DATA LABEL: Public

10. Workplan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.01506 281604 or email val.johnston@westlothian.gov.uk**

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN, EH52 5LH, on 3 DECEMBER 2015.

Present – Jim Forrest (Chair, Health Professional), Alan Bell (Social Care Professional), Jackie Campbell (Non Commercial provider of health care), Marion Christie (Health Professional), Margaret Douglas (Health Professional), Mairead Hughes (Health Professional), Jane Houston (Unison Health), Jane Kellock (Social Care Professional), Mary-Denise McKernan (carer of users of health care), Carol Mitchell (NHS Lothian), Robert Naysmith (Health Professional), Alistair Shaw (Non Commercial provider of social housing), Robert Telfer (commercial provider of social care)

Apologies – Alex McMahon (NHS Lothian) and Elaine Duncan (NHS Lothian)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of the meeting held on 8 October 2015. The Minute was thereafter signed by the Chair.

3. MEMBERSHIP UPDATE

A report had been circulated by the Director providing an update with regards to membership of the Strategic Planning Group (SPG).

At its meeting on 8 October 2015 the SPG noted the proposed and current membership of the SPG which was then submitted for approval to the first formal meeting of the West Lothian Integrated joint Board (IJB). At that meeting the IJB authorised officers to continue to work to identify individuals to fill the remaining vacancies.

Since that time the following members had been proposed for inclusion in the SPG :-

- Jackie Campbell, Site Director, St John's Hospital
- Robin Strang, West Lothian Leisure
- Jane Houston, Unison Health
- Martin Murray, Unison Council

A list of the current membership as at 24 November 2015 was attached to the report at Appendix 1 noting that officers would continue to progress the remaining vacant positions

The Director then explained that since the report had been prepared there had been a further appointment in that Ian Buchanan had been appointed as the representative for the Public Partnership Forum to both the SPG and IJB with immediate effect.

Decision

Noted the contents of the report.

4. STRATEGIC COMMISSIONING UPDATE

A report had been circulated by the Director providing an update on strategic commissioning in respect of the development of care group specific plans.

The Director explained that in August 2011 the West Lothian Community Health and Care (CHCP) Board noted the development of an overarching strategy a copy of which was attached to the report at Appendix 1, for the joint commissioning of health and care services within West Lothian. The strategy also outlined the approach to be taken in the subsequent development of a series of care group commissioning plans.

Since then strategic commissioning had become central to Scottish Government thinking in respect of the integration of health and social care services. More significantly guidance in respect of the Public Bodies (Joint Working) (Scotland) Act 2014 had made it a requirement of the new partnerships to produce strategic commissioning plans covering all activities within the scope of the partnership.

As a result of the CHCP decision back in August 2011, West Lothian IJB was well placed to meet the requirements for strategic commissioning under new legislation. Also much experience had been gained since the initial work had commenced and in addition the external support of agencies such as the Joint Improvement Team had helped develop expertise within the CHCP. However given the passage of time the quality of the various plans varied with those more recently produced or reviewed being closer to the standard that would be expected of the Scottish Government for the integrated partnerships.

The report then provided a summary of the various plans including Substance Misuse, Learning Disabilities, Physical Disabilities, Mental Health and Older People, noting that a number of the plans now required refreshing with a more rigorous needs assessment carried out. It was then intended to present revised commissioning plans to the IJB by March 2016

Decision

1. Noted the contents of the report
2. Agreed to commission a needs assessment for the various care group plans;

3. Agreed that Public Health would be involved in the needs assessment process but there would still be a need to secure outside assistance; and
4. Agreed to return the care group plans to the SPG once finalised for formal sign-off.

5. DRAFT STRATEGIC PLAN CONSULTATION UPDATE

A report had been circulated by the Director providing an update on the consultation on the draft Strategic Plan.

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 the Integration Joint Board (IJB) must establish a strategic planning group which would be involved throughout the process of developing, consulting on and finalising a strategic plan.

A draft strategic plan was prepared in conjunction with the Strategic Planning group and presented to the IJB at its meeting on 20 October 2015. The IJB agreed that consultation could thereafter commence in respect of the draft plan.

Consultation was being carried out between 13 November and 31 December 2015. The consultation included a wide range of stakeholders as well as users of the services commissioned by the Integration Joint Board. Copies of the draft plan had also been distributed to a range of locations throughout West Lothian and had also been made available on line.

Following submission of any responses a revised version of the Strategic Plan would be prepared in conjunction with the Strategic Planning Group and would be presented to the Integration Joint Board at its meeting on 16 February 2016 for approval.

Decision

1. Noted the contents of the report;
2. Noted that the Strategic Plan was now out for consultation;
3. Agreed that officers would ensure that the Registered Social Landlord sector were included in the consultation process;
4. Agreed that Public Health would take forward the Equality Impact Assessment for the Strategic Plan;
5. Agreed that consideration would have to be given to how commissioning of services would work for primary care services; and
6. Agreed that a workplan for the SPG would be developed and included on future SPG agenda's.

West Lothian Strategic Planning Group

Date: 4th February 2016

Agenda Item: 7

STRATEGIC PLAN IMPACT ASSESSMENT

REPORT BY CONSULTANT IN PUBLIC HEALTH

A PURPOSE OF REPORT

The purpose of this report is to present the Integrated Impact Assessment carried out on the Strategic Plan.

B RECOMMENDATION

The Strategic Planning Group is recommended to :

1. Approve the recommendations of the Impact Assessment on the Strategic Plan
2. Approve the use of the Integrated Impact Assessment process for subsequent commissioning and other plans.

C TERMS OF REPORT

Members of the Strategic Planning Group met on 18th January 2016 to carry out an impact assessment of the draft Strategic Plan.

The process used the guidance for Integrated Impact Assessment (IIA) that has been developed as a partnership with NHS Lothian and the four Lothian councils, including West Lothian Council. This assessment meets the requirements for Equality Impact Assessment and therefore includes explicit consideration of the needs of people with protected characteristics as defined in the Equality Act (2010). It also considers the potential for wider impacts on other vulnerable population groups and determinants of health.

The completed assessment template is included in Appendix 1. It includes recommendations arising for this exercise, which will be incorporated into an action plan once approved by the Strategic Planning Group.

D CONSULTATION

The IIA report details those present at the impact assessment meeting.

E REFERENCES/BACKGROUND

Guidance for integrated impact assessment is available at:

<http://www.nhsllothian.scot.nhs.uk/YourRights/EqualityDiversity/ImpactAssessment/Pages/default.aspx>

F APPENDICES

Draft Integrated Impact Assessment report

G SUMMARY OF IMPLICATIONS

Equality/Health	The report concerns the equality impact assessment of the Strategic Plan.
National Health and Wellbeing Outcomes	The Strategic Plan requires to contribute to these outcomes.
Strategic Plan Outcomes	
Single Outcome Agreement	
Impact on other Lothian IJBs	None.
Resource/finance	None.
Policy/Legal	The Equality Act requires completion of an impact assessment.
Risk	The risk is the potential legal implications of failing to carry out and give due regard to the impact assessment.

H CONTACT

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4th February 2016

Section 4 Integrated Impact Assessment

Summary Report Template

Audit Risk level

(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report	√	(Tick as appropriate)
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1. Title of plan, policy or strategy being assessed

West Lothian draft Health and Social Care Strategic Plan

2. What will change as a result of this proposal?

The Strategic Plan aims to increase wellbeing and reduce health inequalities across all communities in West Lothian. The draft plan focuses on prevention, early intervention and collaborative working. It aims to target resources on those most in need. The group recognised that the Strategic Plan itself is a high level document setting out the overall approach to Strategic Commissioning and key outcomes to be achieved. The detail of delivery plans will be expressed in more detailed commissioning plans for client groups.

There will be more consideration of acute services in commissioning plans than previously; this may involve development of a commissioning plan for acute services or embedding acute services within each of the care group plans.

The Plan identifies two localities within West Lothian, which provides an opportunity to ensure services are appropriate for specific local needs.

3. Briefly describe public involvement in this proposal to date and planned

A public consultation on the Strategic Plan has just ended. An engagement plan for future engagement is being developed.

4. Date of IIA

18 January 2016

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training	Email
Margaret Douglas	Consultant in Public Health (facilitator)	Member of IIA steering group	Margaret.j.douglas@nhslothian.scot.nhs.uk
Robert Naysmith	Clinical Director Public Dental Service		
Ian Buchanan	Chair, Public Partnership Forum		
Martin Murray	Staff side representative		
Robert Telfer	Scottish Care		
Charles Swan	Group Manager, Older People		
Pamela Main	Senior Manager, Community Care		
Marion Christie	Head of Health		
Carol Bebbington	Senior Manager, Primary Care & Business Support		
Alan Bell	Senior Manager, Community Care		
Jane Kellock	Interim Head of Social Policy		
Gillian Amos	Senior Health Promotion Specialist		
Linda Middlemist	Team Manager - Health Improvement		

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need		<ul style="list-style-type: none"> Life expectancy has increased steadily in the last ten years in West Lothian and is now 77.5 year for men and 80.2 years for women. However there are differences between geographical

Evidence	Available?	Comments: what does the evidence tell you?
		<p>areas. Life expectancy for women ranges from 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These reflect wider socio-economic inequalities. It will be important for the Health and Social Care Partnership to engage with other partners to address these.</p> <ul style="list-style-type: none"> • Overall, mortality in West Lothian is higher than Lothian and Scotland. • West Lothian is less affluent than many other parts of Lothian and has a higher proportion of people in the most deprived areas. The health of its population reflects the social and economic circumstances of residents. • Health is generally poorer in the West locality, but mortality rates have converged over recent years. • West Lothian's population is increasing in all age groups. • Projections to 2037 show that within Lothian, West Lothian has the highest rate of increase of older people. This is very likely to mean an increase in demand for health and care. Preventive interventions are important to reduce the impact of increasing multi-morbidity on health and service utilisation. • The proportion of single adult households is increasing and will be more than a third of households by

Evidence	Available?	Comments: what does the evidence tell you?
		<p>2037. This has potential implications for health and for the provision of care services.</p> <ul style="list-style-type: none"> Currently 44% of working people in West Lothian commute to work in other local authority areas. Some further information is presented below.
Data on service uptake/access		West Lothian has high unplanned admission rates compared with the rest of Lothian. Further analysis is required to understand the reasons for this.
Data on equality outcomes		
Research/literature evidence		
Public/patient/client experience information		
Evidence of inclusive engagement of service users and involvement findings		An engagement plan is being developed
Evidence of unmet need		
Good practice guidelines		The Strategic Plan has been developed in line with SG guidance for IJBs.
Environmental data		
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

7. In summary, what impacts were identified and which groups will they affect?

<p>Equality, Health and Wellbeing and Human Rights</p> <p>Positive</p> <p>The detailed commissioning plans will ensure high quality services for client groups, based on evidence of needs.</p> <p>Differential needs of men and women as they age will need to be taken into account.</p> <p>The locality and client group needs assessments will enable local intelligence to be used to improve outcomes for vulnerable groups</p> <p>The focus on prevention and health inequalities will support continuing improvements in health</p> <p>Self directed support will increase individuals' control over their own care.</p> <p>Negative</p> <p>There may be a perceived gap between children's and adult services as the governance for adult services and children's services will be through different structures.</p> <p>Specific consideration may be required for refugees.</p>	<p>Affected populations</p> <p>Identified client groups - include older people, people with disabilities, people with mental health problems and people with substance misuse, carers</p> <p>People in localities/client groups</p> <p>Whole population</p> <p>People receiving SDS</p> <p>Children and young people & families</p> <p>Refugees</p>
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Environment and Sustainability	Affected populations
<p>Positive</p> <p>There may be opportunities for co-location of services which could reduce the need to travel, increase access to services and improve public space.</p> <p>The Plan will include a Housing Contribution Statement,</p>	<p>Staff/clients of co-located services</p>

<p>which could strengthen links between housing, health and social care and support housing provision for vulnerable individuals. In addition, high quality services for some vulnerable clients can help them gain and maintain security of tenure and high quality support services will help to prevent homelessness.</p> <p>Negative</p> <p>None identified</p>	<p>People at risk of homelessness</p>
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<p>Economic</p> <p>Positive</p> <p>There will be development opportunities for staff due to further integration, and the development of the workforce plan.</p> <p>There will be further volunteering opportunities</p> <p>There is potential for greater links between health and social care services and services such as welfare advice, adult education and employability</p> <p>Negative</p> <p>Redesign may result in changes in roles, which some staff may find challenging.</p>	<p>Affected populations</p> <p>Staff</p> <p>New volunteers</p> <p>Whole population, particularly those vulnerable to falling into poverty</p> <p>Staff</p>
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8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

These will be addressed through the procurement process

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

An engagement plan is being developed.

In addition there may be opportunities to enhance communications with individual patients and clients through use of programmes e.g. 'teachback'.

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence is thought to be needed for this impact assessment. Further evidence will be collated for commissioning plans and locality plans.

12. Recommendations (these should be drawn from 6 – 11 above)

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.
- There should be clear strategic links made with corresponding plans and governance structures for children's services.
- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.
- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.
- There should be training in the use of 'teachback' for health and social care staff.
- The relevant needs assessment should consider differing needs of men and women as they age.
- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

The Strategic Plan outlines a performance management framework with high level indicators. This impact assessment has not identified any suggested amendments to these indicators.

15. Sign off by Head of Service

Name

Date

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

West Lothian Strategic Planning Group

Date: 4 February 2016

Agenda Item: 8

IJB DIRECTIONS

REPORT BY DIRECTOR

A PURPOSE OF REPORT

The purpose of this report is to inform the Strategic Planning Group of progress in developing directions required for the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.

B RECOMMENDATION

The Strategic Planning Group is asked to note progress in developing directions in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

C TERMS OF REPORT

Under the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 25 of the Act.

IJBs are required to issue directions to local authorities and health boards in relation to how integration functions are to be carried out. Sections 26 and 27 of the Act give further detail about this.

The West Lothian Integration Scheme states
“Each direction from the Board to the Parties will take the form of a letter from the Director referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- the delegated function(s) that are to be carried out
- the outcomes to be delivered for those delegated functions
- the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, directions can be amended by a subsequent direction by the Board”.

Under the Act the IJB is required to make directions to the Council and NHS Lothian for the carrying out of the delegated functions, including those managed within St John's Hospital (funded by set-aside funds) and those managed on a pan Lothian basis (hosted services).

The key legislative requirements are

- The IJB must make directions to the Council and/ or NHS Lothian to action the Strategic Plan;
- The directions flow from the Strategic Plan, must be in writing, and can be varied or revoked by another direction from the IJB at a later date;
- The directions can require functions to be carried out jointly by NHS Lothian and the Council, in relation to a particular area and can even require 'a person' to do particular things;
- The IJB must make payments (the specified amount) to the Council or NHS Lothian in line with the directions;
- The directions also cover 'set-aside' funds. The IJB can require NHS Lothian to pay back any money it does not spend in relation to directions for set aside; however it can also be required to reimburse NHS Lothian should NHS Lothian be required to use more than the amount specified. It will therefore be important that the IJB is able to oversee the appropriate set-aside spend and be sighted early on any circumstances where more than the amount allocated is required.

Appendix 1 provides a draft template for directions, outlining what is legally required and other optional areas.

Appendix 2 lists the services which will be delegated in West Lothian.

Appendix 3 provides an example of what a direction might look like.

D CONSULTATION

HSCP Senior Management Team

E REFERENCES/BACKGROUND

Public Bodies (Joint Working) (Scotland) Act 2014

West Lothian IJB Integration Scheme

F APPENDICES

- 1 Template Direction for IJBs
- 2 Services to be delegated in West Lothian
- 3 Draft Example of a Direction

G SUMMARY OF IMPLICATIONS

Equality/Health	The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. As a result, an equality impact assessment has not been conducted.
National Health and Wellbeing Outcomes	Addresses all National Health and Wellbeing Outcomes
Strategic Plan Outcomes	Responsible for the delivery of outcomes in the Strategic Plan.
Single Outcome Agreement	We live longer healthier lives and have reduced health inequalities Older people are able to live independently in the community with an improved quality of life
Impact on other Lothian IJBs	Pan Lothian approach is being developed to ensure consistency across Lothian.
Resource/finance	None.
Policy/Legal	Compliance with Public Bodies (Joint Working) (Scotland) Act 2014
Risk	None.

H CONTACT

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4 February 2016

TEMPLATE DIRECTION FOR IJBs

The entries **in bold** are those which are required by legislation, the others are either optional in terms of the legislation, or suggested as good practice and common sense.

1	Date	
2	Reference number	
3	Date of IJB meeting at which Direction was authorised	
4	To whom? (council, health board, both)	
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	
6	Does it supersede or amend or cancel a previous Direction? If so, specify	
7	Is it considered to be significant and outside the SP, or within?	
8	Type of function (integrated function or hospital set-aside)	
9	Function(s) concerned, including statutory reference(s)	

10	For integrated functions, who is to do it (council, health board, both)?	
11	If given to both, who does what? Singly or together?	
12	For integrated functions, the money being paid by the IJB to either or both to do it (either a specific amount or how the amount is to be calculated)	
13	For integrated functions, how the money is to be used	
14	For hospital set-aside function, the amount allocated from the set-aside budget	
15	For hospital set-aside function, how much of that budget allocation is to be used	
16	Relevant National Health & Well Being Outcomes	
17	Relevant Integration Delivery Principles	
18	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	
19	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	

DATA LABEL: PROTECT

20	The information to be provided back and when	
21	Anything else considered necessary or desirable	
22	Principles of Following the Public Pound	
23	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	

APPENDIX 2

Services currently provided by the Health Board which are to be delegated

- accident and emergency services provided in a hospital
- inpatient hospital services relating to the following branches of medicine—
 - general medicine
 - geriatric medicine
 - rehabilitation medicine
 - respiratory medicine
 - psychiatry of learning disability,
- palliative care services provided in a hospital
- inpatient hospital services provided by general medical practitioners
- services provided in a hospital in relation to an addiction or dependence on any substance
- mental health services provided in a hospital, except secure forensic mental health services
- district nursing services
- services provided outwith a hospital in relation to an addiction or dependence on any substance
- services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital
- the public dental service
- primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- services providing primary medical services to patients during the out-of-hours period
- services provided outwith a hospital in relation to geriatric medicine
- palliative care services provided outwith a hospital
- community learning disability services
- mental health services provided outwith a hospital
- continence services provided outwith a hospital
- kidney dialysis services provided outwith a hospital
- services provided by health professionals that aim to promote public health.

Services currently provided by the Local Authority which are to be delegated

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

APPENDIX 3

Direction to West Lothian Council for Adult and Elderly Social Care Services

West Lothian Council is directed to provide the following adult social care functions on behalf of the West Lothian Integration Joint Board over the period 1 April 2016 to 31 March 2017.

Functions and Associated Resources:

- Learning Disabilities - £12.518 million
- Physical Disabilities - £5.956 million
- Mental Health - £2.963 million
- Older People Assessment and Care - £25.501 million
- Care Homes and Housing with Care - £6.978 million
- Contracts, Commissioning and Support – £8.732 million
- Total Resources - £62.648 million**

These functions are to be provided to the population of West Lothian to meet the assessed eligible social care needs of adult and elderly clients. The delivery of these functions is further informed through the approved West Lothian IJB joint Strategic Plan and Strategic Commissioning Plan.

The payments relating to the directions for the delivery of functions take full account of budget resources delegated to the IJB by West Lothian Council.

National Integration Outcomes

The key objective associated with the delivery of functions will be to improve performance against the Scottish Government's national integration outcomes shown below:

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

The West Lothian IJB Strategic Plan and Strategic Commissioning Plan sets out a core suite of national performance indicators in relation to integration which will be used to report on performance against the agreed national outcomes.

Signed by :

Date

West Lothian Strategic Planning Group

Date: 4th February
2016

Agenda Item: 9

WELFARE ADVICE IN GENERAL PRACTICE

CONSULTANT IN PUBLIC HEALTH

A PURPOSE OF REPORT

The purpose of this paper is to update the Strategic Planning Group on the provision of welfare advice services in West Lothian General Practices funded by the Big Lottery, the outcomes of this service and attempts to secure alternative funding when the current funding ends.

B RECOMMENDATION

The Strategic Planning Group is recommended to:

1. Note the outcomes gained by the provision of welfare advisers in General Practice settings in West Lothian
2. Support attempts by Citizens Advice Bureau to secure alternative funding to sustain the service

C TERMS OF REPORT

Ashgrove practice in Blackburn has had the service of a Citizens Advice Bureau advice worker, funded by NHS Lothian, for several years. In October 2013, Big Lottery funding was secured to extend this to further practices. The project employed two full time workers across five practices until March 2015. At that point the level of funding reduced and it has employed one part time worker for the past year.

The practices that have benefited from this service were selected to be those serving populations with a high level of need. In the past year, the Big Lottery funding provided additional time in Ashgrove and sessions in Whitburn, Blackridge, West Calder and Dedridge practices.

The rationale for providing advice services in primary care is well established and includes:

- Greater accessibility means the service reaches people who otherwise do not access advice services
- Reduction in perceived stigma
- Increased local knowledge of advice services
- The service raises healthcare workers' knowledge and enables them to address patients' socio-economic needs
- The advice worker is a resource for health professionals and can reduce workload associated with health-related benefit claims
- Support to maximise income and reduce debt is shown to improve patients' health and wellbeing

Outputs and outcomes

The service assisted a total of 410 clients with 789 issues in one year. Most of the cases related to welfare rights and money advice. Many clients had multiple complex issues. Table 1 shows the breakdown of issues addressed over the year.

Table 1: Breakdown of issues, October 2014-October 2015

	Total
Benefits, Tax Credit and National Insurance	500
Debt	133
Education	2
Employment	40
Financial Products and Services	10
Health and Community Care	5
Housing	24
Immigration, Asylum and Nationality	1
Relationship	22
Tax	23
Travel, Transport and Holidays	15
Utilities and Communication	5
Legal	9
Total	789

The service achieved a total financial gain of **£312,918** in one year. Table 2 shows the breakdown by practice.

Table 2: Number of clients and financial gain by practice, October 2014 - October 2015

Practice	Number of Clients	Number of Issues	Client Financial Gain
Ashgrove	140	272	£58,777
Blackridge	20	52	£18,017
Dedridge	94	211	£144,714
West Calder	108	182	£69,003
Whitburn	48	72	£23,107
Total	410	789	£312,918

Future needs

The changes associated with Welfare Reform are likely to increase the need for this form of support over the next few years. Changes include:

- Continuing rollout of Universal Credit will increase demand from clients.
- Rollout of Personal Independence Payments to all Disability Living Allowance clients will increase requests to practices for information, which an adviser can help to address.
- Cuts to Tax Credits and lowering of the Benefits Cap will increase the need and demand from in-work low income people, lone parents and large families.
- Changes following devolution of powers to Scottish Government may also increase demand.

The Big Lottery funding runs out in March 2016. The funding from NHS Lothian will continue to support one session in Ashgrove but the service in other practices will cease without additional funding of £40,000 per year. The manager of CAB West Lothian is actively seeking alternative sources of this funding to continue the service.

D CONSULTATION

Both clients and General Practices were asked to complete a survey about the current service.

95% of the clients reported that they were satisfied with the advice and felt that their issues were resolved

58% of clients reported that they were financially better off after engaging with the service.

All of the General Practices who responded reported that they thought the service made a positive difference to patients and 75% said it had reduced their own workload.

E REFERENCES/BACKGROUND

West Lothian anti-poverty strategy:

http://www.westlothian.gov.uk/media/3354/Better-Off-Anti-Poverty-Strategy/pdf/Anti_Poverty_Strategy.pdf

F APPENDICES

None.

G SUMMARY OF IMPLICATIONS

Equality/Health

The report has been assessed as having little or no relevance with regard to equality or the Public Sector Equality Duty. The current report is providing an update on performance. Any proposal for a revised service should be subjected to impact assessment to ensure it best meets the diverse needs of the West Lothian community.

National Health and Wellbeing Outcomes

Provision of accessible welfare advice directly contributes to all National Health and Wellbeing Outcomes and Strategic Plan priorities, particularly the following:

Strategic Plan Outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
- Resources are used effectively and efficiently in the provision of health and social care services

Single Outcome Agreement	<p>Provision of accessible welfare advice directly contributes to all SOA priorities, particularly the following:</p> <ul style="list-style-type: none"> • Our children have the best start in life and are ready to succeed. • We live in resilient, cohesive and safe communities. • People most at risk are protected and supported to achieve positive life chances. • Older people are able to live independently in the community with an improved quality of life. • We live longer, healthier lives and have reduced health inequalities.
Impact on other Lothian IJBs	None.
Resource/finance	<p>The cost of continuing the service is £40,000 per year.</p> <p>The gain to the local economy was £312,918 in one year.</p>
Policy/Legal	None.
Risk	The key risk is loss of the benefits outlined in this paper if the service is unable to attract funding to continue.

H CONTACT

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4th February 2016

WORKPLAN FOR WEST LoTHIAN STRATEGIC PLANNING GROUP 2016

Date of SPG meeting	Meeting to set agenda	Title of Report	Lead Officer	Action
23 February 2016	10 February			
		Strategic Plan	Jim Forrest	
		Joint Commissioning Plans	Jim Forrest	
		Directions	Jim Forrest	
7 April	31 March			
		NHS Lothian Oral Health Strategy	Robert Naysmith	Work on the Oral Health Strategy is being led by the South East and Tayside (SEAT) Dental Public Health Network. RN will advise whether there is a paper ready for 7 th April.
30 June	9 June			

28 January 2016